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METASTATIC BREAST CANCER TO THE UTERINE CERVIX: A CASE REPORT

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A 49-year-old woman was diagnosed with invasive ductal carcinoma in the left breast with positive estrogen and progesterone receptors (ER, PR) and negative HER2, and Ki-67 10%. Computed tomography of the abdomen, chest, and bone scintigraphy did not show metastasis. Treatment was established with neoadjuvant chemotherapy, followed by sectorectomy, sentinel lymph node biopsy, and oncoplasty. Freezing was negative, but in the anatomopathological result, metastasis in the axillary lymph node was observed. Then, axillary lymphadenectomy was performed, and she underwent radiotherapy and hormone therapy. Around 6 months later, she remained asymptomatic and underwent oncotic colposcopy. It detected atypical squamous cells but was not able to rule out intraepithelial lesions (ASCH). The investigation was continued by means of colposcopy and conization that showed poorly differentiated carcinoma and alterations suggestive of metastatic mammary carcinoma to the uterine cervix. This diagnosis was confirmed with immunohistochemistry: HER2 negative, ER and PR 95%, and Ki 67 30%. Magnetic resonance imaging of the chest, pelvis, and abdomen, and transvaginal ultrasound showed no suspicious lesions. She is currently being diagnosed with breast nodule ultrasound with a Bi-RADS 4 and is still under anatomopathological investigation. **Discussion:** Metastasis to the female genital organ originating from a primary extragenital tumor is uncommon. The most common sites of invasive breast metastasis are the lung, liver, bone, and brain. Its occurrence in the uterine cervix is rare, probably due to a small blood supply and an afferent lymphatic system. Its prevalence is uncertain in the literature. Only strict gynecological surveillance of these asymptomatic women permits early detection of these secondary lesions. This case report shows the importance of considering rare sites of metastasis on follow-up given the different treatment protocols related to primary cancer and the clinical impact on prognosis. Besides, it is pertinent to know the exact nature of cervical cancer, mainly in women with a personal history of breast cancer.

Keywords: Breast cancer. Metastasis. Uterine cervix.