Metastatic Breast Cancer Presenting as Painless Jaundice

Daniel S. Wilen DO
Rowan University SOM

Donald J. McMahon DO
Rowan University SOM

Brian J. Blair DO
Rowan University SOM

Joanne Kaiser-Smith DO
Rowan University SOM

Darshan B. Roy MD
Rowan University SOM

Follow this and additional works at: https://rdw.rowan.edu/stratford_research_day

Part of the Hematology Commons, Hepatology Commons, Neoplasms Commons, Oncology Commons, and the Pathological Conditions, Signs and Symptoms Commons

Let us know how access to this document benefits you - share your thoughts on our feedback form.

Wilens, Daniel S. DO; McMahon, Donald J. DO; Blair, Brian J. DO; Kaiser-Smith, Joanne DO; and Roy, Darshan B. MD, "Metastatic Breast Cancer Presenting as Painless Jaundice" (2018). Stratford Campus Research Day. 10.
https://rdw.rowan.edu/stratford_research_day/2018/may3/10

This Poster is brought to you for free and open access by the Conferences, Events, and Symposia at Rowan Digital Works. It has been accepted for inclusion in Stratford Campus Research Day by an authorized administrator of Rowan Digital Works. For more information, please contact brush@rowan.edu.
Metastatic Breast Cancer Presenting as Painless Jaundice

Daniel S. Wilen, D.O.¹, Donald J. McMahon, D.O.², Brian J. Blair, D.O.², Joanne Kaiser-Smith, D.O.¹, Darshan B. Roy, M.D.³

¹Rowan University School of Osteopathic Medicine, Department of Medicine, Stratford, NJ
²Kennedy Health Alliance, Division of Gastroenterology, Voorhees, NJ
³Kennedy University Hospital, Division of Hematopathology, Cherry Hill, NJ

Introduction
Breast cancer is the most commonly diagnosed cancer in women in the United States. Treatment options are wide-ranging based on a multitude of factors, including extent of disease and receptor positivity. Following treatment, a relapse-free interval ≥2 years carries a more favorable prognosis. We present a case involving a female with history of breast cancer and receptor positivity. Following treatment, a review and meta-analysis of endoscopic and surgical bypass results. Cancer Treat Rev 2007; 33:213.

Case Report
- 56-year-old female presented for evaluation of painless jaundice, first noticed by family members within one week prior to arrival
- PMH significant for breast cancer 20 years ago treated with right mastectomy with adjuvant chemotherapy and radiation. Cleared by Oncology 5 years post-treatment
- Right upper quadrant ultrasound revealed poorly defined mass in right lobe of liver, sludge within gallbladder, and intrahepatic ductal dilatation suggesting distal common bile duct obstruction
- Follow-up MRCP showed extensive hepatic metastases with innumerable liver lesions
- Patient underwent ERCP, where a pancreatic duct stent was deployed but common bile duct could not be cannulated
- Internal/external biliary drainage catheter was placed by Interventional Radiology secondary to complete, abrupt obstruction of distal common bile duct
- Hepatic lesion biopsy was positive for primary mammary malignancy

Discussion
- A review of the literature revealed only a select number of cases where patients presented with painless jaundice deemed secondary to metastatic breast cancer. This is the first such case in which the patient already had a previous diagnosis of breast cancer, irrespective of prior treatment.
- In patients with malignant obstruction, biliary stenting has been shown to improve jaundice and deliver improved quality of life.
- For unresectable malignant biliary obstruction, palliative treatment options include surgical bypass, percutaneous drainage, and endoscopic drainage with plastic or metal biliary stents. Studies comparing these treatment options in this patient population concluded that endoscopic metal stents are the treatment of choice

Conclusions
- In patients with known malignancy, the development of jaundice may indicate hepatic or biliary metastasis with bile duct obstruction.
- While a multidisciplinary approach to treatment is necessary, biliary stenting to relieve obstruction is a viable option for palliation.

References