

Kidney-Related Metastatic Colorectal Cancer: A Case Study

Ali Mohammed*

Department of Urology, Mohammed the First University, Morocco

Abstract

Breast cancer metastasis typically occurs in the lungs, bones, brain, and liver. Breast metastases to the kidney are uncommon. A case of metastatic kidney cancer is described by us. A 33-year-old woman with breast cancer who underwent a left mastectomy at the age of 30 and received chemotherapy to treat pulmonary and cerebral metastases. Two lesions in the right kidney were seen on the CT scan. He imitated a primary tumor in the kidney. Metastases from breast cancer were confirmed by percutaneous kidney tumor biopsy. Systemic chemotherapy was used instead of kidney surgery to treat the condition.

Keywords: Breast; Cancer; Metastasis; Kidney

Introduction

The normal locales of bosom malignant growth metastases incorporate bones, lung, mind, and liver. Breast metastases rarely cause renal metastases [1]. Second cancers and unusual metastatic patterns are appearing more frequently as the number of breast cancer survivors grows. We present a case of breast cancer that had spread to the kidney and resembled a prostate renal tumor.

Case report

Three years ago, a 33-year-old woman with left breast cancer underwent a radical mastectomy and an axillary lymphadenectomy. Due to multiple pulmonary and cerebral metastases, the patient had chemotherapy after surgery. Six months later, during a follow-up exam, a computed tomography (CT) scan revealed two tumor-like lesions in the right kidney [2]. Two lesions, tissue, heterogeneous hypoechoic, hypovascular, and measuring 25 and 32 mm of major axes, were objectified by a Doppler ultrasound using a high frequency probe from 6 to 12 MHz on an AFFINITI 50G device [3].

A poorly differentiated carcinoma with atypical cells, a high nucleus-to-cytoplasm ratio, and prominent nucleoli in the renal parenchyma was found in a percutaneous renal tumor biopsy. The histological characteristics of the sample were identical to those of its breast cancer that had been removed three years prior [4]. The hypothesis of a breast carcinoma metastasis in the kidney was confirmed by immunohistochemistry: the anti-CK7 antibody that is thought to be positive for cells that could be breast cancer. The most commonly used breast cancer antigens, the 15-3 cancer antigen (CA 15-3) and the carcino embryonic antigen (CEA), were both normal. The procedure was avoided. She has been lost to follow-up due to metastases that have spread to the lungs and brain despite the chemotherapy.

Discussion

The clinical manifestation of renal metastasis is uncommon, despite the fact that microscopic kidney metastasis to breast cancer is quite common at autopsies. Metastatic kidney breast cancer appears symptomatically and radiologically in some studies. Low back pain and hematuria are common signs, but some patients don't show any symptoms at all [5].

The CT and ultrasound findings are vague. The right renal lesions in our patient were discovered by CT scan. A biopsy or nephrectomy is frequently required to make the diagnosis of renal metastases from breast cancer, which is difficult to make with radiological examinations.

Bilateral multiple circumscribed rounded masses are the most common pattern of metastatic renal tumors. Our patient's kidney tumor was two-tissue damaged, a less common symptom of a metastatic kidney tumor. The primary kidney tumor in our patient was hypovascular and slightly hypoechoic heterogeneous on Doppler ultrasound, which was consistent with transitional cell carcinoma, invasive renal cell carcinoma, collector duct carcinoma, and malignant lymphoma [6]. In our patient, a percutaneous renal biopsy revealed poorly differentiated carcinoma with atypical cells, a high nucleus-to-cytoplasm ratio, and prominent nucleoli in the renal parenchyma, all of which shared the same histological characteristics as her breast cancer was removed after three years. The hypothesis of a breast carcinoma metastasis in the kidney was confirmed by immunohistochemistry: the anti-CK7 antibody that is thought to be positive for breast cancerous cells. The occurrence of metastases is an unfavorable prognostic factor because the effectiveness of treatment in these cases is low and the average time between the generalization of the disease and death varies, according to the data in the available literature, from 5 to 24 months approximately. In our patient, she was lost to follow-up. As for metastases of mammary carcinomas in the kidneys, it can be linked to the physiological properties of the kidney, namely renal blood flow, which represents a large precise assessment of the adequacy of chemotherapy is troublesome in light of the fact that the number of cases introduced is little.

Conclusion

It is possible for metastatic kidney cancer to present with damage to the kidney that looks like a primary tumor. Patients who have a history of breast cancer should have renal biopsies histopathological examined because systemic treatment is preferable to nephrectomy.

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*Corresponding author: Ali Mohammed, Department of Urology, Mohammed the First University, Morocco, E-mail: ali98@gmail.com

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