Metastatic breast cancer suggesting parasitic disease

Figure Atypical imaging findings in metastatic breast adenocarcinoma

Axial T1-weighted (A), fluid-attenuated inversion recovery (B), and T1 with contrast (C) MRI show multiple cystic intraparenchymal masses with some peripheral enhancement (C). Susceptibility-weighted imaging (D) shows low signal foci (arrows) due to punctate peripheral calcification. These correspond to areas of high density noted on the periphery of cysts on a CT done 6 months prior (E). The CT (E) and T1 with contrast MRI (F) done 6 months prior show interval progression in the size of the cystic masses.

A 62-year-old woman with a history of estrogen- and progesterone receptor-positive metastatic breast carcinoma with extranodal extension, status-post mastectomy and radiation 5 years prior, presented with right focal motor seizures. Neuroimaging and her history of raw meat consumption prompted consideration of neurocysticercosis and hydatid disease. Punctate peripheral calcifications and absence of edema surrounding the minimally enhancing cysts made metastatic breast cancer less likely (figure). However, the increased cyst size over 6 months, rim enhancement, new noncystic pulmonary and skeletal metastasis, and the absence of obvious scolices favored metastatic disease.^{1,2} Surgical decompression yielded yellow fluid. Pathology confirmed the diagnosis of metastatic adenocarcinoma with mammaglobin positivity.

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