Metastatic breast cancer suggesting parasitic disease

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.\textsuperscript{1,2} Surgical decompression yielded yellow fluid. Pathology confirmed the diagnosis of metastatic adenocarcinoma with mammaglobin positivity.

Benjamin L. Bick, MD, Shamir Haji, MD, Ruple S. Laughlin, MD, Robert E. Watson, MD, Neeraj Kumar, MD, Rochester, MN

Author contributions: Dr. Bick: image acquisition and draft content contribution. Dr. Haji: draft conceptualization, creation, and revision. Dr. Laughlin: critical revision of the manuscript for important intellectual content. Dr. Watson: critical revision of the manuscript for important intellectual content. Dr. Kumar: critical revision of the manuscript for important intellectual content and study supervision.

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence & reprint requests to Dr. Kumar: kumar.neeraj@mayo.edu

Metastatic breast cancer suggesting parasitic disease
Benjamin L. Bick, Shamir Haji, Ruple S. Laughlin, et al.
Neurology 2012;79;2366
DOI 10.1212/WNL.0b013e318278b696

This information is current as of December 10, 2012

Updated Information & Services
including high resolution figures, can be found at:
http://n.neurology.org/content/79/24/2366.full

References
This article cites 2 articles, 0 of which you can access for free at:
http://n.neurology.org/content/79/24/2366.full#ref-list-1

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
CT
http://n.neurology.org/cgi/collection/ct
Metastatic tumor
http://n.neurology.org/cgi/collection/metastatic_tumor
MRI
http://n.neurology.org/cgi/collection/mri

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints
Information about ordering reprints can be found online:
http://n.neurology.org/subscribers/advertise