

Mojsak D.¹, Szynaka J.²

**A CASE REPORT OF LATE DISTANT RECURRENCE OF BREAST CANCER
DEVELOPING 18 YEARS AFTER MASTECTOMY**

¹2nd Department of Lung Diseases, Medical University of Białystok

²Department of Pathomorphology, Medical University of Białystok

Introduction: Tumours located in lungs pose an often finding in pulmonology. Such lesions may have primary or metastatic character. Lung cancer is one of the most common malignant neoplasms worldwide. Contrarily, lungs are also common site for metastases, which result from pulmonary spread from a variety of primary tumours. Determining the origin of the tumour might be challenging and requires histopathological examination. The most common primary cancers resulting in pulmonary metastases include breast cancer, colorectal carcinoma and renal cell carcinoma.

Case report: A 63-year old female with history of hypertension and asthma presented to the Department with complaints of dyspnoea, low tolerance of physical activity and fatigue. 18 years earlier she underwent right-sided mastectomy due to breast cancer. High resolution computed tomography was performed, revealing lesions, from which the largest was located in intermediate bronchus of the right lung. Afterwards the bronchoscopy was performed, during this procedure samples from altered site were collected. The patient was presented and discussed during interdisciplinary consultation which gathered specialist from the fields of pulmonology, oncology, thoracic surgery, radiology and pathology. Histopathological diagnosis was carcinoma with breast carcinoma immunophenotype.

Conclusions: Metastases can occur in a vast period of time after initial treatment and patient's oncological history should be always considered during diagnostic process. Proper cooperation between different specialties facilitates quick and precise diagnosis. Awareness of patient's history helps pathologist in selection of adequate immunostaining, which hasten the diagnostic process.