A Rare Case of Breast Cancer Recurrence Presenting as Laryngeal Metastasis

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Introduction

- Breast cancer is the most common malignancy in women and the second leading cause of cancer death.
- Common metastatic sites: bone, lung, liver, lymph nodes; laryngeal metastasis is extremely rare accounting for <1% of all laryngeal tumors.
- Laryngeal involvement may be the first and only sign of recurrence, making diagnosis challenging.

Case Presentation

A 79-year-old woman with history of ER+, PR+, HER2-negative breast cancer (T2,N1,M0 Stage IIB) diagnosed in 2015, treated with mastectomy, adjuvant chemotherapy (docetaxel/cyclophosphamide), post-mastectomy RT & endocrine therapy, presented with progressive hoarseness & a 10-pound weight loss over 4 months. She denied dysphagia, decreased appetite, recent infections, neck trauma/ surgery, tobacco, alcohol use. On examination, the larynx was midline with mild left-sided tenderness, but no palpable regional adenopathy. Flexible laryngoscopy revealed left vocal cord swelling, reduced mobility & fullness of the left aryepiglottic fold. CT confirmed a left laryngeal mass destroying the thyroid cartilage, associated level II adenopathy and lytic metastatic lesions in the right 6th rib & T11 vertebra. Laryngeal biopsy confirmed poorly differentiated carcinoma, strongly ER+ (100%), moderately PR+ (30%), HER2-, high Ki-67 (30%) consistent with metastatic breast carcinoma. PET-CT showed intense FDG uptake in the laryngeal mass (SUVmax 15.1) & multiple skeletal metastases without visceral involvement. Intensity-modulated radiation therapy was administered to the larynx for local control & symptom palliation. Antiestrogen therapy with letrozole was initiated, with plans to add a CDK 4/6 inhibitor after completion of radiation. Given her diffuse bony disease, she was started on monthly denosumab, with radiation planned for symptomatic bony lesions.

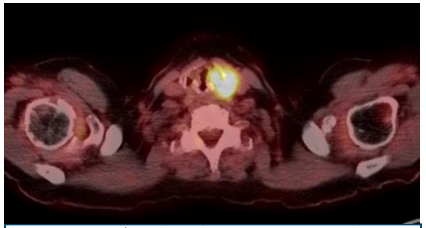


Figure 1. PET/CT axial image demonstrating intense FDG uptake in a destructive left laryngeal mass

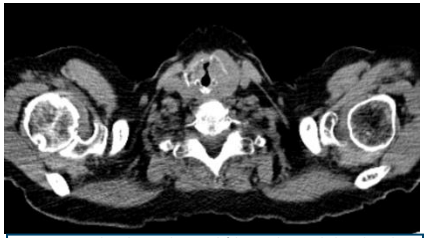


Figure 2. CT neck axial image showing a left laryngeal mass with thyroid cartilage destruction and asymmetric soft-tissue fullness of the left supraglottic region.

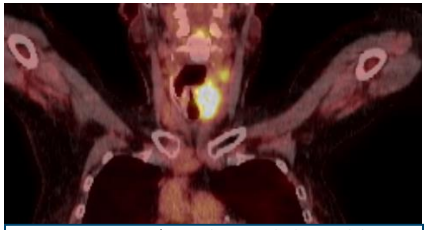


Figure 3 PET/CT coronal image revealing hypermetabolic activity within the left laryngeal lesion

Discussion

- Laryngeal metastasis from breast cancer is very atypical and rarely solitary.
- Symptoms such as hoarseness, cough, or dysphagia are nonspecific and often delay diagnosis.
- Receptor conversion can occur → biopsy of metastatic lesions is essential.
- Management is multidisciplinary: systemic endocrine therapy preferred for hormone receptor-positive disease and radiotherapy for symptom relief and local control.

Conclusions

- Improved breast cancer survival has increased risk of metastasis to uncommon sites, highlighting the importance of vigilant follow-up and a high index of suspicion for atypical presentations.
- Consider laryngeal metastasis in patients presenting with persistent hoarseness or unexplained laryngeal symptoms.
- Timely diagnosis and individualized therapy will optimize outcomes and maximize patient quality of life.

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