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Pituitary Metastasis from Breast Cancer Presenting as Left Visual Defect: A Case Report

<u>Dr Francesca Paula Bautista</u>¹, Dr Stefanie Lim Uy - To¹

1St. Luke's Medical Center - Quezon City, Quezon City, Philippines

Abstract:

Tumors metastasizing to the pituitary gland are uncommon. Majority of patients developing pituitary metastasis were clinically asymptomatic. It is challenging to diagnose pituitary metastasis due to the lack of symptom and radiologic specificity from primary tumors. Breast and lung cancer are the most common primary neoplasm metastasizing to the pituitary.

Objective: To discuss the signs and symptoms of pituitary metastasis as well as its diagnosis, treatment and disease course

Method: We report a case of a 56-year old female, diagnosed with left breast cancer stage III, estrogen receptor positive who underwent modified radical mastectomy of the left breast. She completed chemotherapy, radiation and herceptin therapy. Two years later, patient noted blurring of vision on the left eye.

Results: Ophthalomology consult was initially sought revealing unremarkable findings. Neurology requested for cranial MRI revealing an enhancing sellar/suprasellar mass, which may represent a pituitary macroadenoma. She then underwent pterional craniotomy, excision biopsy of tumor with frozen section. Histopathology report revealed metastatic carcinoma, breast primary. After the surgery, there was improvement of vision.

Conclusion: Although pituitary metastasis is a rare event in cancer progression, it should be one of the differential diagnoses in patients with malignancy especially in women with breast cancer presenting with ophthalmologic symptoms.