



## Isolated Midbrain Metastasis from Breast Cancer: a Classic Spotter Diagnosis

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### Abstract

Isolated midbrain metastasis from breast cancer is a rare occurrence. We present a classical clinical image of a woman who presented with breast cancer with synchronous isolated midbrain metastasis.

**Keywords** Metastatic breast cancer · Oculomotor palsy · Midbrain secondaries

The brain is one of the common sites of metastases from breast cancer next only to the bone, liver, and lung. Solitary brain metastases are now common with the increasing use of surveillance imaging. But isolated midbrain metastasis is still a rare occurrence [1]. We present a classical clinical image of a woman who presented with breast cancer with synchronous isolated midbrain metastasis.

A 50-year-old perimenopausal lady presented to the neurologist with drooping of the right eyelid and diplopia. She was evaluated neurologically and found to have isolated third cranial nerve palsy on the right. A CECT done on the brain reported a single space-occupying lesion in the midbrain. When probed further, she revealed a right-sided breast lump (Fig. 1). She was then referred to the surgical oncology department. Clinical evaluation did reveal a right-sided locally advanced breast cancer with peau'd orange. A trucut biopsy was done which confirmed invasive ductal carcinoma. Even

though the patient was lost to follow-up, the clinical picture is a classic spotter diagnosis and hence presented.

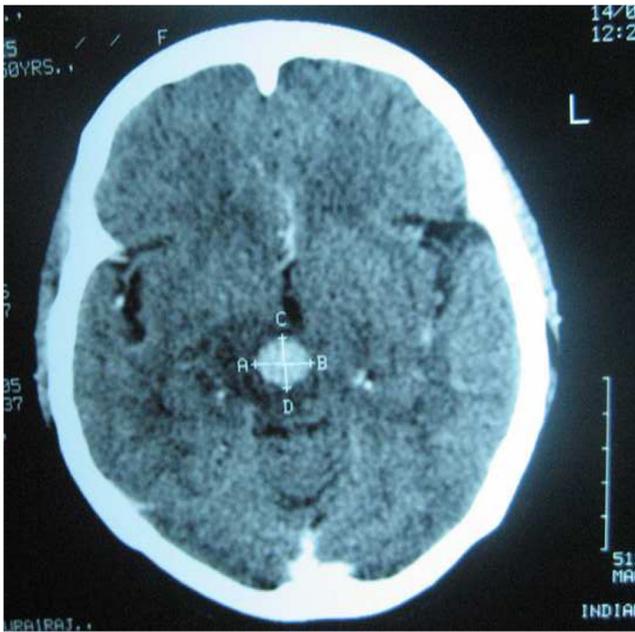


**Fig. 1** Right-sided LABC with III cranial nerve palsy

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**Fig. 2** Isolated midbrain SOL consistent with a clinical impression of metastasis

There are enough literature and guidelines to optimize the treatment of brain metastasis in breast cancer. But due to the

paucity of numbers, isolated midbrain metastases from breast cancer has not been addressed so well [2]. However, in the era of precision radiation and targeted therapy, isolated mid brain metastasis (Fig. 2) is still potentially curable provided they present early. A multimodal approach including SBRT to the metastatic lesion in the midbrain along with systemic therapy will be the best practice in such a case [3].

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