A 44-year-old female patient was referred after the serendipitous discovery of a lytic mandibular bone lesion (Fig. 1).

She was treated in 2013 via radiotherapy, chemotherapy and surgery for a left infiltrating ductal breast carcinoma.

Clinical examination did not reveal any suspect lesion. The second left mandibular molar was mobile and vital.

A CT scan showed a unique osteolytic lesion with ill-defined margins (Fig. 2). The biopsy revealed a metastatic deposit of malignant cells matching her ductal breast carcinoma (Fig. 3). The PET scan did not show any other lesion.

Oral physicians must look for and take into account a history of breast cancer and propose a complementary exploration at the slightest clinical sign, even if it is not very evocative. Pain,
swelling, and tooth mobility are frequent but not pathognomonic symptoms of jawbones metastasis. The orthopantomogram seems to be a tool of predilection in the early diagnosis of jawbones metastasis.

**Conflict of interest**

The authors declare that they have no conflicts of interest in relation to this article.

**Informed consent**

The authors declare that informed consent has been obtained.

**Ethical committee approval**

The authors declare that Ethical approval not required.

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*Fig. 3.* Section from the mandibular biopsy depicting infiltrating ductal breast carcinoma. Stained with hematein, eosin, safran. Magnification ×400. 1: bone 2: malignant cells 3: non malignant cells 4: stroma.