

Images for Diagnosis

Breast carcinoma metastases to the jawbones: a diagnosis challenge!

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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,



Fig. 1. Orthopantomogram: lytic mandibular bone lesion in the left molar area.



Fig. 2. CT scan: Unique osteolytic lesion of 19 by 11 mm of the left mandible around the first and second molar with ill-defined margins and a mandibular canal invasion.

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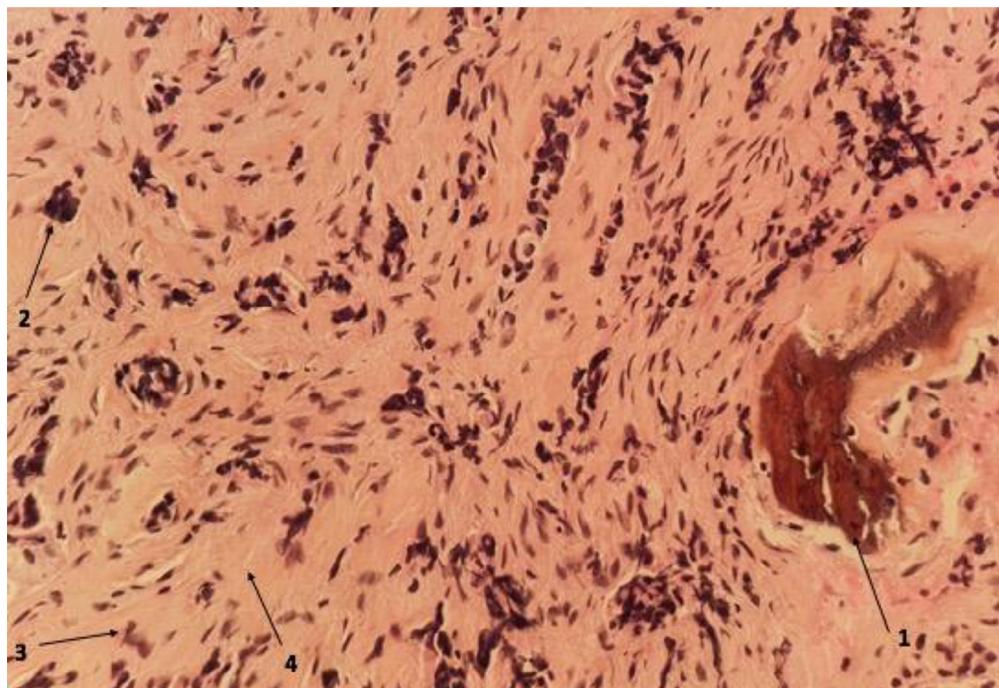


Fig. 3. Section from the mandibular biopsy depicting infiltrating ductal breast carcinoma. Stained with hematein, eosin, safran. Magnification $\times 400$. 1: bone 2: malignant cells 3: non malignant cells 4: stroma.

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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