


## Images for Diagnosis

# Breast carcinoma metastases to the jawbones: a diagnosis challenge!

Géraldine Labrosse<sup>1,\*</sup> , Romain Lan<sup>2,3</sup>

<sup>1</sup> Aix Marseille Univ, APHM, Timone Hospital, Odontology Department, Functional Unit of Oral Surgery, Marseille, France

<sup>2</sup> Aix Marseille Univ, APHM, Timone Hospital, Odontology Department, Functional Unit of Prosthetic, Marseille, France

<sup>3</sup> ENT and Oral Surgery Service, Edmond Garcin Hospital, Aubagne, France

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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.

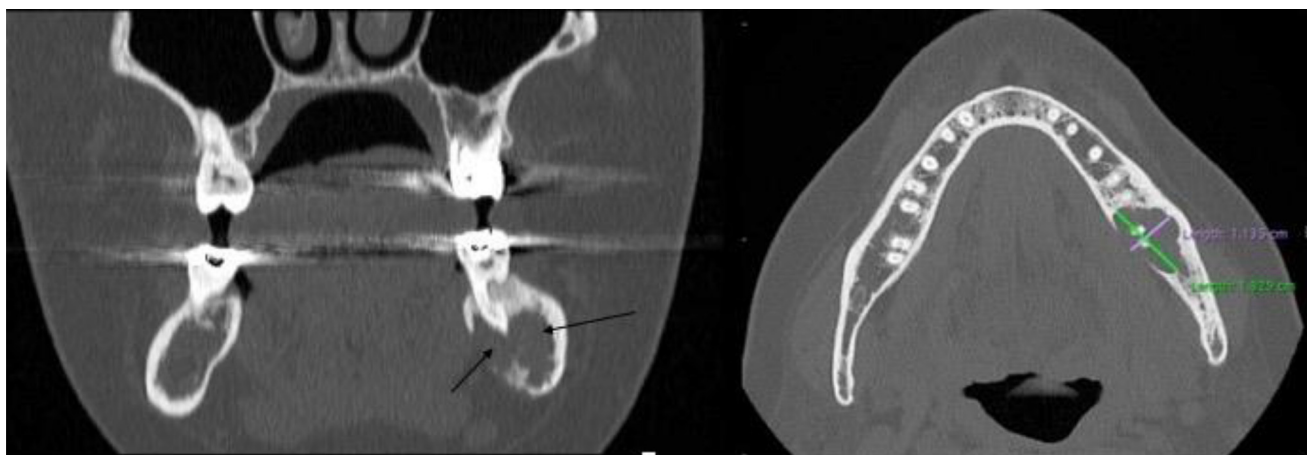
Clinical examination did not reveal any suspect lesion. The second left mandibular molar was mobile and vital.

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,

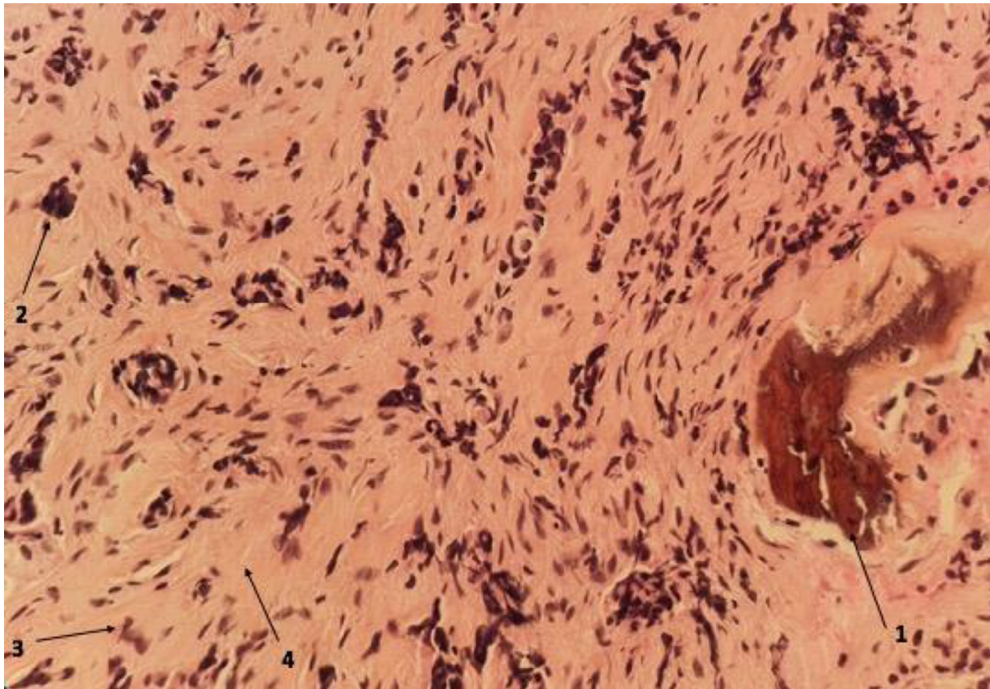


**Fig. 1.** Orthopantomogram: lytic mandibular bone lesion in the left molar area.



**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.

\* Correspondence: [geraldine.labrosse26@gmail.com](mailto:geraldine.labrosse26@gmail.com)



**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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