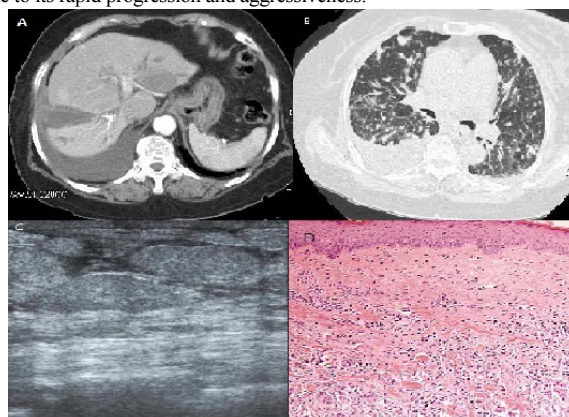


Inflammatory Breast Cancer Initially Presenting as Malignant Ascites

Department of Internal Medicine, Daedong Hospital

*Hae Won Lee, Ji Yeon Kim

Malignant ascites can be associated with tumors of the ovary, colon, lung, breast, and liver. Inflammatory breast cancer is a rare form of breast cancer. It does not typically present as a lump as other breast cancers do and is often misdiagnosed as inflammation. We report a case of a 77-year-old female patient admitted for dyspepsia. Her vital signs were stable. Initial blood tests showed WBC 12,500/mm³, ESR 22 mm/hr, AST 27 IU/mL, ALT 38 IU/mL, and ALP 963 IU/L. Tumor markers including CA 19-9, CA125, and CEA were all within normal range. Abdominal CT showed moderate amount of ascites with multiple metastatic lymph nodes (Fig. A). During admission, she developed shortness of breath and warmth in her left breast which had a "peau d'orange" appearance. Chest CT revealed a large amount of right pleural effusion with multiple lung nodules, suggesting lymphagitic carcinomatosis (Fig. B). Ascitic and pleural fluid analysis results indicated malignant pleural effusion but only atypical cells were found on cytology. Breast ultrasound showed diffusely increased echogenicities of soft tissue and engorged lymphatics without a definite mass, consistent with inflammatory breast cancer (Fig. C). A punch biopsy of the breast skin revealed adenocarcinoma with extensive invasion of dermal lymphatics (Fig. D). The patient expired a month later, refusing any neoadjuvant chemotherapy. Physicians should consider malignancies including inflammatory breast cancer even when presenting without any breast symptoms due to its rapid progression and aggressiveness.



A case of metastatic prostate cancer initially presenting as chylothorax

¹Department of Internal Medicine, ²Department of Nuclear Medicine, and ³Department of Hematology and Oncology, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, Korea

*Yu-jin Yang¹, Minjung Seo², Hee-jeong Jeon¹, Jin-Hee Noh¹, Seol Hoon Park², Yunsuk Choi³, Jae-Cheol Jo³, Jin Ho Baek³, Su-Jin Koh³, Hawk Kim³, Young Joo Min³

Chylothorax is caused by disruption or obstruction of the thoracic duct, which results in leakage of chyle in the pleural space. The most common etiologies are malignancy and trauma. Among the causative malignancies, lymphoma is the most common, followed by primary lung cancer, mediastinal tumors, and other metastatic malignancies. Conversely, prostate cancer has rarely been reported as the cause of chylothorax. We here report a case of metastatic prostate cancer initially presenting as chylothorax, and being disappeared pleural effusion after androgen deprivation therapy. We also discuss the various rare manifestations of metastatic prostate cancer.

Reference	Presentation	Onset of manifestation	Age	Treatment	Outcomes
(7)	Skin	Late	73	Radiotherapy	Pain relief
(8)	Endobronchial mass	Initial	84	Not stated	Not stated
(9)	Ascites	Initial	57	ADT	PR
(10)	Kidney	Late	67	Nephrectomy	PR
(12)	Brain	Initial	70	Radiotherapy & ADT	PR
(13)	Brain	Initial	70	Surgical resection	PR
(14)	Pituitary gland	Late	66	Radiotherapy	PR
(15)	Small bowel	Late	42	Chemotherapy	Not stated
(16)	Testis	Late	56	Radiotherapy & ADT	PR

