

Calcified brain metastasis of breast cancer

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Brain metastases, the most frequent cause of intracranial neoplasms seldom calcify and classic histopathological series has revealed the incidence of calcification in brain metastasis to be just about 1% (Sastre-Garriga *et al.*, 2000); furthermore, development of breast cancer in men is a rarity.

A 30-year-old man with two year history of breast cancer and chemotherapeutic treatment was admitted in emergency room for the evaluation of moderate generalized headache which had started three days before. Neurological examination including funduscopy was unrevealing. The pathology of breast mass

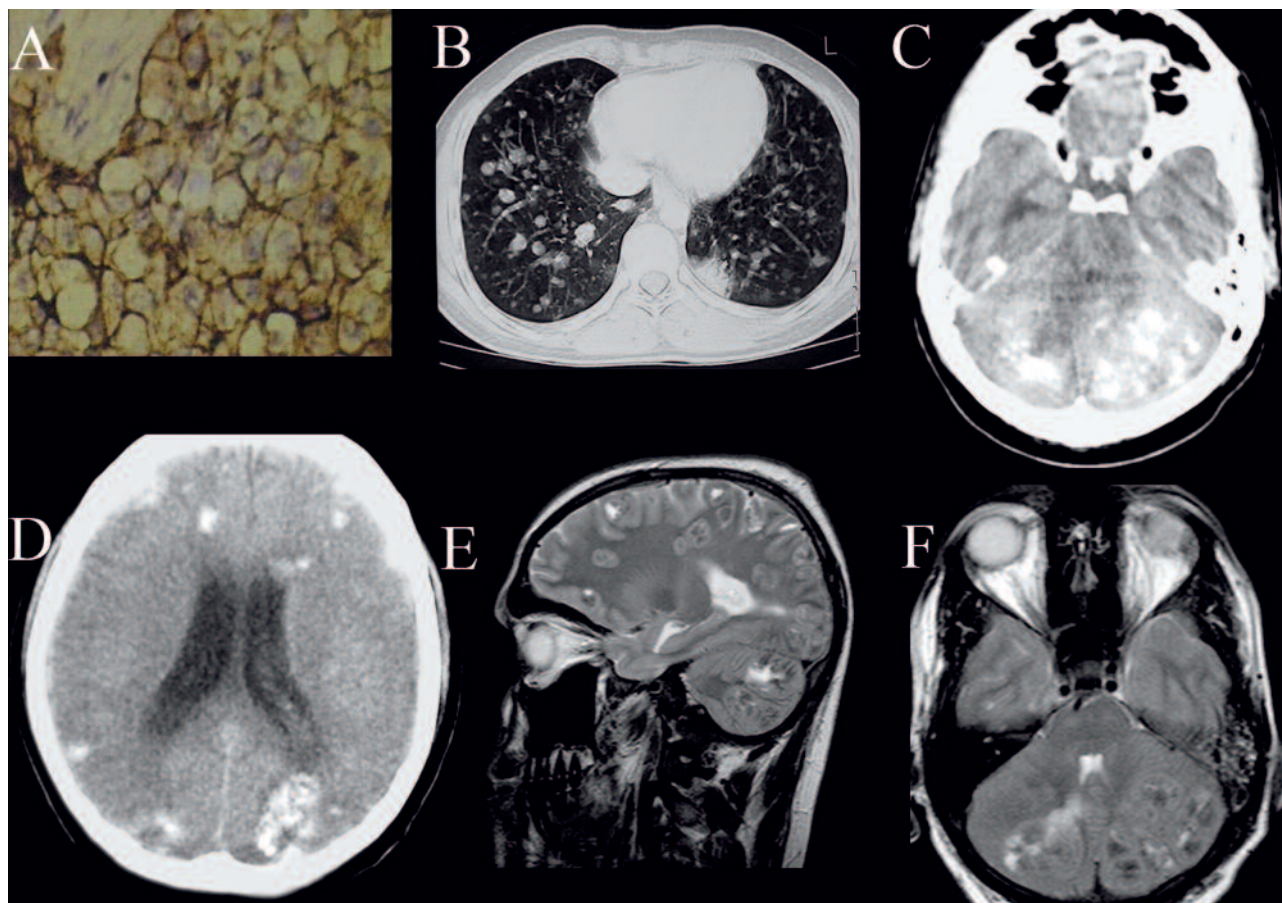


FIG. 1. — Breast pathology (part A), lung metastasis (part B), and brain CT scan (parts C, D) indicating metastatic calcifications as well as brain MRIs (T2 weighted) indicating metastatic calcifications (parts E, F).

had proved to be invasive ductal carcinoma of breast grade II (Fig. 1 – part A, cerb staining $\times 400$) and the investigation for generalized bone pain and dyspnea, had resulted in detection of multiple nodular metastases in lungs around one year ago (Fig. 1 – part B).

Brain CT scan performed for further evaluation of the headache, demonstrated multiple hyperdense lesions in supratentorial and infratentorial areas with the Hounsfield density compatible with calcification (Fig. 1 – parts C, D). Axial and sagittal T2/W brain MRIs confirmed the diagnosis of metastatic calcifications rather than hemorrhage (Fig. 1 – parts E, F).

Calcification of brain lesions in this patient might indicate the presence of brain metastases for a long duration in an asymptomatic stage resulting from the

indolent nature of the tumor or effective chemotherapeutic treatment.

REFERENCE

Sastre-Garriga J, Tintor M, Montaner J, Montalban X, Rovira A. *et al.* Calcified cerebral metastases. Study of two cases and review of the literature. *Neurologia*. 2000;15:136-139.

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