

UNEXPECTED INTRAMUSCULAR PECTORALIS MUSCLE METASTASIS OF GALLBLADER CARCINOMA

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Introduction: Sarcomas are expected in an adult presented with a huge mass of skeletal muscle in origin. However, it can be a case of metastasis even though it is rare. We encountered a very rare case of gallbladder carcinoma (GBC) metastasis to the intramuscular pectoralis muscle.

Discussion: A 64 years old lady presented with a complaint of rapidly increasing right chest painful swelling for 3 months duration. Associated with loss of appetite and loss of 10kg weight. Clinically, a firm swelling at the anterior right chest wall measuring 10cmx6cm, fixed to the underlying pectoralis muscle. No signs of infection. Blood investigations showed ALP of 388, others were within the normal range. MRI reported as right pectoralis major mass with local infiltration with a differential of rhabdomyosarcoma. A Trucut biopsy was performed. Surprisingly, histopathology reported as metastatic adenocarcinoma- upper gastrointestinal in origin. PET scan revealed a malignant lesion in the gallbladder. Diagnostic laparoscopy showed a gallbladder tumour with local infiltration and peritoneal nodules. She was subjected to palliative chemotherapy. Unfortunately, she succumbed three months later. Intramuscular metastatic carcinoma of the gallbladder is rare. Most intramuscular metastasis originates from lung cancer, colon cancer and melanoma (Arpaci et al, 2012). We presented a rare case of intramuscular gallbladder carcinoma which rapidly progressing. They are usually asymptomatic until it is presented late with distant metastatic and poor prognosis. Chemotherapy is the mainstay for stage IV/unresectable GBC.

Conclusion: Intramuscular metastasis is very rare, and it carries a poorer prognosis. Tissue diagnosis and staging guide the management of cancer patients. PET scan is useful to locate the site of the primary source of metastasis.