

Retinal Metastasis of Breast Cancer HER 3+ With Good Response to Trastuzumab, Pertuzumab ET Docetaxel

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Abstract: Retinal metastases are rare and have a very poor prognosis, involving both functional and vital prognosis, reporting the case of a patient who has a retinal metastatic relapse that responds very well to double block Her2 plus chemotherapy.

Keywords: anti-HER, retinal metastasis, breast cancer.

INTRODUCTION

The retinal metastasis is rare and has a very bad prognosis, involving both functional and vital prognosis. We report a case of retinal metastasis of breast cancer HER3 + effectively treated by the association Trastuzumab, Pertuzumab and Docetaxel

OBSERVATION

34-year-old patient followed since 2012 for left breast cancer Her 2 (+) / RH (-) treated by surgery, radiotherapy chemotherapy and adjuvant trastuzumab, after a free interval of 2 years the patient consults urgently for a sudden reduction in the visual acuity of the left eye.

The ophthalmologic examination found a reduction in visual acuity limited to 1/10, the ocular fundus exam showed a dense hyalite without retinal detachment, the ocular ultrasound allowed to retain the diagnosis of a probably secondary localization (fig1, fig2).

The rest of the somatic examination revealed cutaneous nodules located in the abdomen and the PATEY scar. The chest-abdominal-pelvic scan shows lung and ganglionic localizations. Brain and ocular MRI: secondary cerebral localizations without sign of compression with retinal localization (Fig3).

The anatomopathological study of a cutaneous nodule's biopsy confirmed the diagnosis of metastasis by a carcinoma compatible with a mammary origin Her2 (+) / RH (-).

Treatment: The cerebral localizations being asymptomatic the patient was put on chemotherapy 1st line: Docetaxel, trastuzumab, pertuzumab.

Evolution: clinical improvement after three cycles of treatment marked by the disappearance of the cutaneous nodules, the improvement of the visual acuity 5/10 and by a partial response according to the criteria RECIST on the scan evaluation.

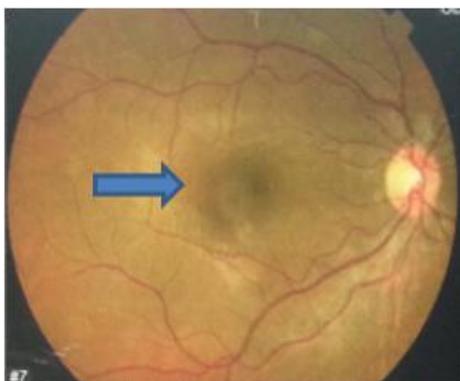


Fig-1: Asteroid hyalosis



Fig-2: Retinal Fluorescein angiography: retinal metastasis

DISCUSSION

Retinal metastasis remains exceptional localizations, on a series of autopsies of 716 patients only 4% of subjects had ocular metastasis [1].

This metastasis is often asymptomatic, sometimes they are revealed by a reduction in visual acuity, metamorphosis, phosphenes, ocular pain or unilateral blindness more or less complete.

At the moment, there is no real consensus on the therapeutic management of retinal metastasis.

However, it seems that systemic chemotherapy or orbital radiotherapy can provide answers [2].

The occurrence of brain metastasis in breast cancer Her2 (+) is a more common situation, but the survival seems improved since the advent of anti-Her2.

In our case observation, the pertuzumab-trastuzumab association seems to be effective on cerebral or even retinal localizations.



Fig-3: Ocular MRI: Retinal Metastasis of breast cancer

CONCLUSION

The retinal localizations of breast cancer are exceptional. Our observation distinguishes itself by obtaining a good response to the association Trastuzumab, Pertuzumab and Docetaxel on a patient with retinal metastasis of breast cancer HER3 +.

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