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## Invasive lobular breast carcinoma presenting hepatic carcinomatosis: A case report

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Metastatic carcinomatosis to the liver is a pattern of malignant infiltration that tends to provoke liver fibrosis. It is a rare complication of multiple types of solid tumors and often seen in the absence of a discrete tumor mass in the liver. We report the case of a patient who presented the rare diagnosis of metastatic carcinomatosis for liver from breast cancer. A woman at the age of 42 years presented invasive lobular carcinoma, pT3 pN0 M0, positive immunohistochemistry 70% for estrogen receptor and 30% progesterone, HER2 and E-cadherin negative, and Ki67 of 5%. The patient during the fourth year of adjuvant hormone therapy with tamoxifen presented an increase in serum tumor marker (CA 125: 17–130), with no evidence of systemic disease on imaging tests. Due to the slightly cirrhotic contour of the liver on a computed tomography, a liver biopsy was performed for investigation. The early diagnosis of occult and diffuse dissemination to the liver was made by means of a percutaneous liver biopsy showing invasive breast cancer cells, with immunohistochemistry compatible with metastasis of lobular breast carcinoma, positive for hormone receptors, and doubtful for HER-2, with Ki67 of 20%. Metastatic carcinomatosis, unlike lesions of discrete liver masses, may not be detectable with imaging tests, and often biopsy or autopsy is needed to confirm the diagnosis. This case highlights a rare and difficult to early diagnosis pattern of hepatic carcinomatosis due to lobular breast carcinoma.

**Keywords:** breast cancer; lobular carcinoma.