Breast cancer is the most common tumor in women. Its lobular variant is the second most frequent type of invasive breast cancer, with a prevalence rate of 5–15%. Gastrointestinal tract metastases are a rare occurrence, although more frequent in lobular histology. The reason is unknown, but can be related to a particular tropism of lobular cells.

**Introduction**

**Case report**

**Identification**
- 43-year-old woman
- no previous medical history or medication
- maternal grandmother and aunts with breast cancer.
- breast ultrasound 3 months before with no signs suggesting malignancy

**Anamnesis**
Two-month history of nausea, postprandial epigastric pain, constipation and unspecified weight loss. Left palpebral ptosis. Computed Tomography of the orbit revealed pseudo-tumor.

**Total Colonoscopy**
Areas of oedema, erythema, hard to the touch of the biopsy forceps in the ascending and transverse colon, hepatic and splenic flexures.

**Histology**
Colon infiltration by lobular breast cancer

**Contrast-enhanced thoraco-abdominopelvic computed tomography**
Stomach with parietal thickening in the pyloric region

Colic parietal thickening more evident in transverse

**Mammography and Breast Magnetic Resonance Imaging**
Biopsies: invasive lobular carcinoma.

Chemotherapy and radiotherapy to the orbit

Only 5% to 15% of breast cancer patients have distant metastases at diagnosis. Metastases of lobular breast cancer are commonly encountered at the level of lungs, bones, brain and liver, whereas lesions in the gastrointestinal tract are rarely seen. The stomach and the small intestine are the most common metastatic sites of lobular carcinoma, whereas large intestine metastases are very rare. The median interval between the diagnosis and the development of GI metastasis was reported to be six years. Given all the aspects mentioned, the authors consider that this is an extremely rare case.

**Conclusion**

References: