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CORRESPONDENCE

Sir,

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We have read with great interest the article by M.H. Mullon *et al.* concerning anaphylaxis to patent blue dye during sentinel lymph-node biopsy for breast cancer. We concur with the author that all doctors should be prepared to treat anaphylaxis appropriately.

In our department we have performed 80 cases of sentinel lymph node biopsy between April 2000 and April 2001. In all cases one ml of 1% methylene blue dye was injected subdermally in the subareolar region.

A single injection of Technetium 99 non-colloid was injected subcutaneously at the areolar margin pre-operatively to aid identification.

In our series we have had no adverse reaction to methylene blue dye injection in 80 cases. A Medline search failed to identify a single case of anaphylaxis caused by the methylene blue dye used for any medical procedure.

Methylene blue dye is likely to be safer than patent blue dye.

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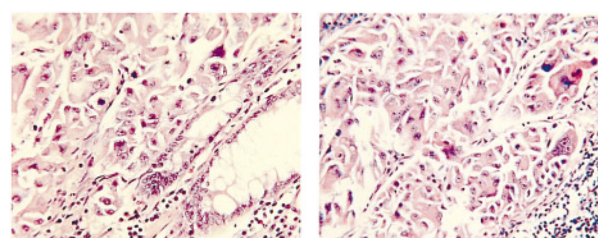
Sir,

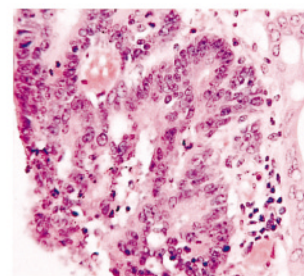
Colonic metastasis from a breast cancer—a case report and a few questions

Colonic metastases from breast cancer are rare, but cases have been reported at the rate of about one or two cases per year. Taal *et al.*[1] report 17 cases over a 15 year period, from the Netherlands Cancer Institute, which admits 6300 inpatients per year. The presenting symptoms and signs included non-specific diarrhoea, cramps, vomiting and palpable tumour. The primary tumour was usually lobular carcinoma and patients presented at a median of 53 months after primary treatment. Their median survival was 16 months.

A 56 year old housewife presented to our surgical clinic with a change in bowel habit and weight loss of 2 stone over the last 6 months. Colonoscopic biopsy of a friable lesion in the descending colon revealed an invasive adenocarcinoma with features suggestive of metastasis from a breast tumour. The patient had been treated for breast cancer (infiltrating duct carcinoma) 5 years previously with wide local excision, axillary clearance, breast radiotherapy and tamoxifen and was due to stop tamoxifen therapy shortly. A computerized tomography scan revealed multiple liver, lung, adrenal



2001 colonic tumour   1996 breast cancer



An example of colonic adenocarcinoma

Figure 1 Histological features.

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and para-aortic lymph node metastases and a bone scan showed multiple bony metastases. She underwent a palliative colonic resection and recovered well from the operation. The operative specimen revealed a 4 cm $\times$ 3 cm polypoid tumour in the descending colon involving 60% of the circumference and the full thickness of the bowel wall. Eight of 10 lymph nodes sampled were replaced by tumour. The gross appearances were fully consistent with those of a primary colorectal carcinoma with secondary involvement of local lymph nodes. Histological features, however, were those of a metastasis because of striking morphological similarity (Fig. 1) to the previous breast cancer and the absence of dysplasia in adjacent colonic epithelium. Unlike the original tumour, it was oestrogen and progesterone receptor negative. The surgery relieved her obstructive symptoms and she was referred for palliative chemotherapy.

It is important to consider this possibility in a patient with colonic tumour with a past history of breast cancer. This case also highlights some other points. Many patients with breast cancer remain disease free for long periods and then present with a shower of metastases. No theory or hypothesis adequately explains this phenomenon. Is it sudden loss of anti-angiogenic milieu? Case control studies have found an excess of recent depressive events in those with recurrent breast cancer.[2] Could psychoneuroimmunology play a role? If this patient had presented only 2–3 months later, it might have been tempting to attribute the metastasis to the effect of the routine stopping of tamoxifen, although the oestrogen receptor negative status of the colonic tumour would counter that possibility. The case also brought to our attention the fact that up to 30–70% of primary colonic cancers are oestrogen receptor positive, especially for oestrogen receptor β.[3,4] It appears from recent animal studies[5] that drugs such as tamoxifen or raloxifen might be useful in colonic malignancy.

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