

## Clinical Image

# Unusual Cutaneous Scalp Metastases of Breast Cancer

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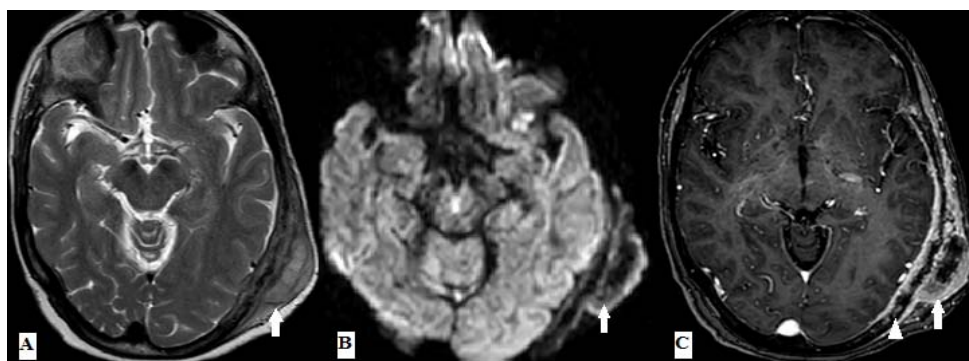
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## Clinical Image

A 64-year-old lady was referred to our department with an intermittently painful parietal left scalp mass that progressed 2 years prior. Several years prior, this patient underwent a mastectomy with

chemotherapy and radiotherapy for its breast cancer, associated to axillary lymph node metastasis. Clinically, the scalp mass was hard, immobile, and measured 4cm. The breast examination was unremarkable with no definite evidence of regional or distant lymphadenopathy. Cerebral MRI was performed, demonstrating a left parietal mass, with intermediate signal on T2, comprising zones with restricted diffusion, and heterogeneous enhancing after Gadolinium. This mass caused an infiltration of adjacent bone and meningitis, with no associated abnormality of the cerebral parenchyma.

Imaging modalities especially MRI is considered as the cornerstone in the diagnosis and the evaluation of this parietal mass extent.



**Figure 1:** Axial images of cerebral MRI, showing a parietal left scalp mass (arrow), with intermediate signal on T2 (A), comprising zones with restricted diffusion (B), and heterogeneous enhancing after Gadolinium (C). This mass caused an infiltration of adjacent bone and meningitis (head of arrow), with no associated abnormality of the cerebral parenchyma.