Answers

We describe an elderly patient treated with capecitabine plus bevacizumab for breast metastasis from CRC.
CRC metastases to the breast is a very unusual occurrence but it should be kept in mind when a breast mass is diagnosed in a patient with a previous or concurrent diagnosis of CRC .

The particularity raised by the referee is " how a CRC can present an extensive breast metastasis with recurrence in the absence of serosal infiltration and negative mesenteric lymph nodes"

In our experience, being stage T4, the serosa was infiltrated by neoplasia: histological examination of the colon revealed a poorly differentiated adenocarcinoma, fully infiltrating the viscera up to the serosa: pTNM results: pT4a, pN0, pM1a (breast) ; stage: IV a ; G3; R0 (UICC 2017).

However breast involvement by extramammary malignant neo- plasms is distinctly unusual and especially because of the rarity of this phenomenon there are not enough explanations in the literature that can clarify the etiopathogenesis.
According to Mc Crea et al, metastasis can occur through two routes: cross-lymphatic (metastatic from contralateral breast) and blood-borne.
Melanoma is the most common source of bloodborne metastases to the breast, following by lung cancer, sarcomas, and ovarian cancer in decreasing order of frequency. Fewer lesions arise from sites such as the gastrointestinal (like colon rectal cancer) and genitourinary tracts.
In breast metastasization from primitive rectal colon tumor, it is essential to be an accurate diagnosis, although the prognosis of these patients is often severe.

We also made corrections according to your requests.

Best regards
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