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# PALPEBRAL METASTASIS 11 YEARS AFTER DIAGNOSIS OF DUCTAL BREAST CARCINOMA

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**Introduction:** We seek to report a rare case of metastasis of infiltrating ductal carcinoma of the breast in the eyelid with a presentation 11 years after diagnosis of the primary tumor. Ocular metastasis needs to be recognized, because although it has limited survival, a timely diagnosis and treatment can significantly improve the quality of life of these patients. **Case report:** M.S.V., female, 59 years old, presented with locally advanced right breast cancer, clinical stage T3N1M0, with a histopathological diagnosis of infiltrating ductal carcinoma by percutaneous biopsy in 2008. Initially submitted to neoadjuvant chemotherapy, with complete clinical and histopathological response. Then, radical mastectomy was performed with right axillary lymphadenectomy and immediate breast reconstruction associated with contralateral breast symmetrization; adjuvant radiotherapy and hormone therapy with tamoxifen. She would be a carrier of pathogenic variant heterozygous BRCA 2, but preferred not to perform other risk-reducing therapies. She had a favorable evolution, with good therapeutic response, and continued to undergo periodic clinical and imaging exams, without changes. In 2019, she presented right eyelid ptosis, with a diagnosis of eyelid tumor. Complementary exams with evidence of an infiltrative lesion with mild expansive effect on magnetic resonance imaging of the orbit; secondary implants in the frontal region of the skull evidenced in bone scintigraphy and magnetic resonance imaging; in addition to high AC 15.3 = 274.42. A biopsy of the eyelid lesion was performed, with histopathological results of metastatic adenocarcinoma of breast origin and an immunohistochemical panel with the presence of estrogen receptor, Ki67 5%, no expression of HER2 and progesterone receptor, in addition to the presence of GATA3. Currently under treatment with Fulvestrant. The case infers great importance, due to the rarity of the metastatic site, which indicates a poor prognosis. Furthermore, it appeared more than twice it was expected after detection of the primary tumor. Although rare, these lesions can be the first sign of systemic disease.