CHRONIC EMPYEMA IN A PATIENT WITH METASTATIC BREAST CANCER ON BEVACIZUMAB TREATMENT

Noriko Yoshimura1, Yoshiharu Kawabuchi2, Tomohiro Kondo3

1JA Hiroshima General Hospital, Department of Breast Surgery
2JA Hiroshima General Hospital, Department of Respiratory Disease

Empyema is a rare but troubling complication of bevacizumab. We herein report a case of chronic empyema in a patient with metastatic breast cancer on bevacizumab treatment. A 60-year-old female who was diagnosed with metastatic breast cancer (ER+, PgR+, HER2-, Ki67<14%, metastasized to lung, pleura, brain and bone) was treated with bevacizumab + paclitaxel chemotherapy. Three months later during the chemotherapy, pleural effusion on chest X-ray and inflammatory response on labo test persisted. It was empyema intractable to several thoracic drainage for more than three months, the patient underwent radical operation using a technique of latissimus dorsi muscle transfer. The operation could improved her general condition and lead to next medication. The patient’s disease responded well to the multidisciplinary treatment including hormonal therapy (aromatase inhibitor) and maintained her quality of life. Our case suggested severe empyema as a possible cause of bevacizumab and rare cases like our patient scarcely reported in Japan. The radical operation for empyema could be successful strategy.