

Cutaneous Metastasis Revealing a Lung Tumor

Ramine Sboui¹, Sawssen Ben Marzouk¹, Wael Ferjaoui^{1*}, Adel Jelassi¹, Nizar Cherni², Mohamed Hedi Mannai¹ and Mohamed Bechir Khalifa¹

¹Department of General Surgery, Military University Hospital, Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia

²Department of Urology, Military University Hospital, Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia

***Corresponding Author:** Wael Ferjaoui, Department of General Surgery, Military University Hospital, Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia.

Received: September 21, 2023; **Published:** October 16, 2023

Abstract

We report in this article a rare case of cutaneous metastases of digestive cancers. It was diagnosed in a 60-year-old man with painful lesion in the right subscapular region.

Keywords: Cutaneous Metastases; Digestive Cancers; Lung Tumor

Introduction

Cutaneous metastases of digestive cancers are rare, occurring in 3 to 10% of all cancers combined. They sometimes reveal the cancer. They are indicative of an advanced stage of evolution. All cancers can give rise to cutaneous metastases. It is important to recognize them, especially when they are indicative of deep-seated neoplasia. A clinical and paraclinical workup to identify the primary tumor and assess its extension is essential.

Observation

Mr. A.C., aged 60, a chronic 30-pack-year smoker, presented with a painful lesion in the right subscapular region, rapidly increasing in size. On clinical examination, the lesion was a firm, painful skin mass 5 cm in diameter, located in the right subscapular region, with altered general condition and no tendency for spontaneous regression. The rest of the examination was normal, particularly the lymph nodes. Given the painful and expansive nature of the parietal mass, it was decided to resect it in its entirety, removing the skin part opposite (Figure 1). The histology of which was consistent with the secondary localization of an adenocarcinoma of pulmonary origin.

The frontal chest X-ray showed a left parahilar opacity, and the thoracic CT scan revealed a left parahilar necrotic tissue process. Bronchial fibroscopy revealed a tumour bud whose anatomopathological study was in favour of a bronchial adenocarcinoma. The extension workup concluded that the tumor was classified T4N3M1, with bilateral lymph node metastases and carcinomatous lymphangitis. The patient underwent palliative chemotherapy.

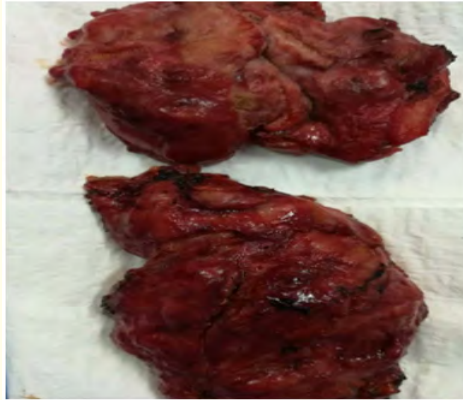


Figure 1: Photo corresponding to the resected part of the skin metastasis.

Discussion

Lung cancer has a poor prognosis and the 5-year overall survival rate is around 15% [1]. The most frequent metastatic sites are the brain, vertebral column, bones, liver, and adrenal glands. Cutaneous metastases are rare since [2]. The majority of cutaneous metastases originate from cutaneous melanoma, mucocutaneous carcinoma or neuroendocrine carcinoma. Any cancer can metastasize to the skin; in men, the latter situation should point towards lung or kidney cancer [3]. In women, the kidneys and ovaries should be targeted. There are several distinct routes of metastatic dissemination to the skin. Direct extension of neoplasia by contiguity is possible. Dissemination via the lymphatic or hematogenous route is the most common. Dissemination during surgery on the primitive neoplasm is another possibility [4]. A distinct pathway, typical of melanoma, is the migration of neoplastic cells along the outer surface of vessels. The clinical presentations of metastases are varied. Often, there is a close relationship between the primary cancer and the cutaneous metastatic sites. Metastatic nodules are generally few in number, and may adopt a variable regional grouping depending on the nature of the primary cancer. They are firm and usually painless. Up to a few centimetres in diameter, they appear suddenly. Their growth is usually rapid, with no tendency to spontaneous regression [5]. Metastases from lung neoplasia are mostly found in the thorax [6], while those from the colon and rectum are most often found in the abdominal wall, particularly where there is scarring, and in the perineal region. Sister Mary Joseph's nodule, located at the umbilicus, often originates from neoplasia of the stomach, large intestine, ovary or pancreas. As skin metastases are not always painful when they first appear, they do not need to be treated. Rapidly growing, extensive skin metastases may, however, cause significant pain, in which case palliative comfort treatment may be proposed [7]. The prognosis for cutaneous metastases remains poor, with a high mortality rate, especially as these cutaneous metastases are often associated with other lymph node and pleural metastases and are rarely isolated. Indicators of poor prognosis include non-resectability, small-cell histology and multiple or distant metastases. Mean survival is short, typically 5 - 6 months after diagnosis of cutaneous metastasis [8]. Recent advances in chemotherapy have improved survival and prognosis.

Conclusion

Despite their rarity, cutaneous metastases should be suspected in the presence of unexplained skin nodules, straggling ulcerations or infiltrated, indurated erythematous plaques. A skin biopsy should be performed to confirm the metastatic nature of the disease, and a clinical and paraclinical work-up should be carried out in search of primary neoplasia. Skin metastases are a poor prognostic sign, and most often occur at a late stage in the development of tumour pathology.

Bibliography

1. Cureus | Skin Metastases As First Manifestations of Adenocarcinoma of the Lung: A Case Report (2023).
2. Wang Y and Xue R. "Cutaneous Metastases from Lung Adenocarcinoma". *Case Reports in Dermatological Medicine* 12 (2020): 8880604.
3. Brownstein MH and Helwig EB. "Metastatic tumors of the skin". *Cancer* 29.5 (1972): 1298-1307.
4. Zemmez Y, et al. "Métastases cutanées révélant un adénocarcinome bronchique". *The Pan African Medical Journal* 24 (2016): 2.
5. Brahmi YE., et al. "Métastase pariétale d'un adénocarcinome bronchique". *The Pan African Medical Journal* 32 (2019): 100.
6. Martínez-Morán C., et al. "Cutaneous Metastasis in a Patient with Lung Cancer". *Actas Dermo-Sifiliográficas* 109.4 (2018): 372-374.
7. Oualla: Cutaneous metastases of internal cancers:... - Google Scholar (2023).
8. Zhong L., et al. "Cutaneous Metastasis from Lung Adenocarcinoma". *Clinical, Cosmetic and Investigational Dermatology* 15 (2022): 1869-1872.

Volume 6 Issue 11 November 2023

©All rights reserved by Wael Ferjaoui., et al.