

## Cutaneous Metastasis (About 10 Cases)

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### Abstract

Cutaneous metastasis is a condition where cancers originating from various parts of the body spread to the skin. There are rare but not unusual. The objective of our study is to study the epidemiological, clinical and evolutionary profiles of cutaneous metastases. Through this retrospective study rendered over 6 years period from 2011 to 2016. 10 patients were selected from the dermatology department of Moulay Ismail's Hospital in Meknes. We deduced the following: The sex-ratio M/F is 2.3, the average age is 60.9 years. Skin metastases appeared mostly during the evolution of the primary tumor. The preferred seat of the MCs in study was the trunk. The clinical appearance was mostly nodular. Adenocarcinoma (60%) was the most frequent histological form followed by squamous cell carcinoma (40%). Evolution was unfavorable, as 40% of the 60% of patients followed died at about 3 months after diagnosis of MCs. Skin metastases are a sign of poor prognosis, and occur most often at a late stage during the development of tumor pathology, but on the other hand, MCs may reveal underlying neoplasia. Its asymptomatic character makes early screening difficult.

**Keywords:** Cutaneous metastases, screening, adenocarcinoma, poor prognosis, squamous cell carcinoma.

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## INTRODUCTION

Cutaneous metastases are secondary tumors spread to and within the skin, they are considered as a rare localization of internal cancer.

Recognizing cutaneous metastasis isn't usually hard, on the other hand, identifying the precise nature and the primary cancer is the challenging part [1].

## MATERIALS AND METHODS

This is a retrospective study spreading on a 5 year period, from 2011 to 2016; the cases studied are of patients in both dermatology department and oncology in Moulay Ismail Military Hospital. The study excluded any file that had: missing clinical information (age, clinical history, clinical description), absence of histological confirmation, absence of immunohistochemical traces of the complement in case of inconclusive histological findings, and undone or incomplete cancer staging.

The diagnosis was established based on histological findings and immunohistochemical studies.

We have specified for each patient clinical and epidemiological data, the primary cancer, the time frame as well as the evolving profile of the patient.

## RESULTS

Ten cases in total, grouping 7 men and 3 women with a sex ratio M/F of 2.3. The age median was 60.9 y.o (54- 85 y.o). The cutaneous metastases revealed the primary cancer in 40 % of our patients, while in 50 % they occurred at the same time as the primary malignancy and in one patient (10%) , the metastasis was a sign of recurrence of an old treated primary cancer (after 6 years).

The cutaneous metastases were situated on the trunk (in 5 cases), on the scalp (4 cases), on the neck (3 cases) and on the superior limbs (in 2 cases) while the face was the least affected (1 case).

In the majority of cases (80%), the skin metastases were multiple, painless, rubbery, firm or hard nodules, the skin didn't show any abnormalities (Figure 1-4).



**Fig-1: Cutaneous metastasis of the scalp**



**Fig-2: Cutaneous metastasis of the neck**



**Fig-3: Cutaneous metastasis of the thorax**



**Fig-4: Cutaneous metastasis of the forearm**

The common internal cancers that cause skin metastasis in decreasing order of frequency according to our study: lung cancer (4 cases), skin cancer (2 cases), breast cancer (2 cases), digestive cancer (1 case) and the vulva (1 case). Adenocarcinoma was the most frequent histological type (60%) followed by epidermoid carcinoma (40%).

Radiological investigations showed that the skin metastases were associated in all of our series of patients with other metastases situated on different

organs, thus portending a poor prognosis, 60 % died after 3 months after the diagnosis of cutaneous metastasis while 40% were lost to follow-up.

## **DISCUSSION**

The prevalence of cutaneous metastases remains difficult to determine; the various studies built didn't have a homogeneous database, about a dozen were more concerned about metastasis linked to internal cancers. While they're not of unusual occurrence, they continue to be rare [1].

Cutaneous metastasis generally appear while a neoplastic tumor is developing, and usually much later in the course of the disease [1], they can also foretell a recurrence of a tumor.

Nodular presentation of the disease is the most common clinical manifestation, but this doesn't stand as a general rule, cutaneous metastasis are marked by their clinical polymorphism and can be seen with specific patterns: "carcinoma erysipeloïdes, en cuirasse or sclerodermoid carcinoma (morphé-like), zosteriform tumors, sister Mary Joseph nodule" [2, 3, 4]. This clinical conglomeration may delay the diagnosis and histology findings alone can endorse it.

The anterior region of the thorax and the abdomen are respectively the prevalent areas of skin metastases stated by peculiar studies [1]. In our study the majority of the skin tumors developed near the primary cancer, this isn't always accurate, many studies showed that the emplacement of the tumors can concern any area of the body and aren't necessarily localized in the specific site.

In conformity with literature, the commonest primary tumor in men was none than lung cancer followed by digestive tract while in women breast cancer topped the rest [1].

Histological investigations are capital to rectify the diagnosis, but they don't always tell the origin of the primary tumor hence the fundamental key that immunohistochemical studies play in the setting of the diagnosis, confirming the cellular nature especially in undifferentiated histology.

Cutaneous metastases commonly mimic a systemic dissemination of the tumor pathology, signaling poor prognosis with higher risk of mortality [6, 7].

## CONCLUSION

Although rare, cutaneous metastases occur alongside the progression of the tumor pathology. These skin tumors may signal a problem underneath, in a number of patients, the skin metastasis is the first clinical sign of an unknown primary cancer. The benign morphology of the tumor may lead the physician to false assumptions thus delaying the right diagnosis.

The prognosis of cutaneous metastasis is poor, colossal efforts must be attempted to sensitize the population and also the medical profession.

## COMPETING INTERESTS

The authors declare that they have no competing interests.

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