

## CUTANEOUS METASTASIS FROM CARCINOMA PAROTID

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A 35-year-old male developed multiple, non-tender metastatic nodules on the skin overlying an adenocarcinoma of the parotid gland. The patient was still alive 2 years after clinical diagnosis.

**Key words :** Parotid, Metastases, Adenocarcinoma.

Cutaneous metastases are rare with the mean reported incidence around 2%.<sup>1</sup> The commonest causes of cutaneous metastases are carcinoma of the lung or breast. Cutaneous metastasis from carcinoma parotid is rather rare. We report this case, seen by us recently.

### Case Report

A 35-year-old south Indian male was operated in June 1983 for a swelling of the left parotid gland. Histopathology revealed an adenocarcinoma. External irradiation of 40 rads a day was given in 10 sittings, with only a little change. In January 1984, he developed several, non-tender, firm to hard, skin nodules 1-4 cm in diameter situated on the left side of the face, forehead, left eyelid and left half of the scalp (Fig. 1). Histopathologic study of one of the



**Fig. 1.** Metastatic skin nodules on the left side of the face.

nodules showed a normal epidermis with an adenocarcinomatous deposit in the dermis having the glandular pattern and hyperchromatic, atypical cells. Further external radiation and cancer chemotherapy did not produce any change in the skin metastases.

### Comments

Skin is the largest organ in the body with a blood supply per minute equivalent to that of the kidney. In spite of this, cutaneous metastases are rare, the skin being regarded only as the eighteenth most common metastatic site for all tumour types.<sup>2</sup> Cutaneous metastases may occur either early in the disease, even heralding presence of an internal malignancy, or late in the disease as in our case. Occurrence of a cutaneous metastasis carries a poor prognosis with death in about 3 months,<sup>3</sup> though long survival times have been reported.<sup>4</sup> Our patient was still alive 2 years after the skin metastasis appeared. He has subsequently developed bilateral lung secondaries.

In the 2 largest studies of cutaneous metastases involving 724 cases<sup>5</sup> and 588 cases,<sup>6</sup> cutaneous metastases from the salivary gland tumours accounted for only 2% and 1.3% respectively. However, there was no specific mention of carcinoma of the parotid.

Histopathology is always necessary to distinguish a cutaneous metastasis from entities like neurofibromas, dermatofibromas, cysticercosis and granulomas.

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The general response of cutaneous metastases to treatment is rather disappointing, and is usually related to treatment of the primary malignancy.

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