

Erythematousquamous plaque on a closed ostomy site

A 68-year-old man with a history of urothelial carcinoma of bladder with extension to the left ureter was treated with laparoscopic radical cystectomy, partial left ureterectomy and nephrostomy. Five years later, he presented with an erythematousquamous plaque on a previous ostomy site that had already been closed, located in the left abdominal region [Figure 1].

Biopsy of the lesion revealed permeation of the epidermis by tumour cells with vesicular nuclei, visible nucleoli and large vacuolated cytoplasm that were scattered in single cells and in small groups in the epidermis. In the superficial dermis there was an intense inflammatory infiltrate consisting mainly of lymphocytes [Figure 2].

Question

What is your diagnosis?



Figure 1: Erythematousquamous plaque in a previous ostomy site that had already been closed, located in the left abdominal region.

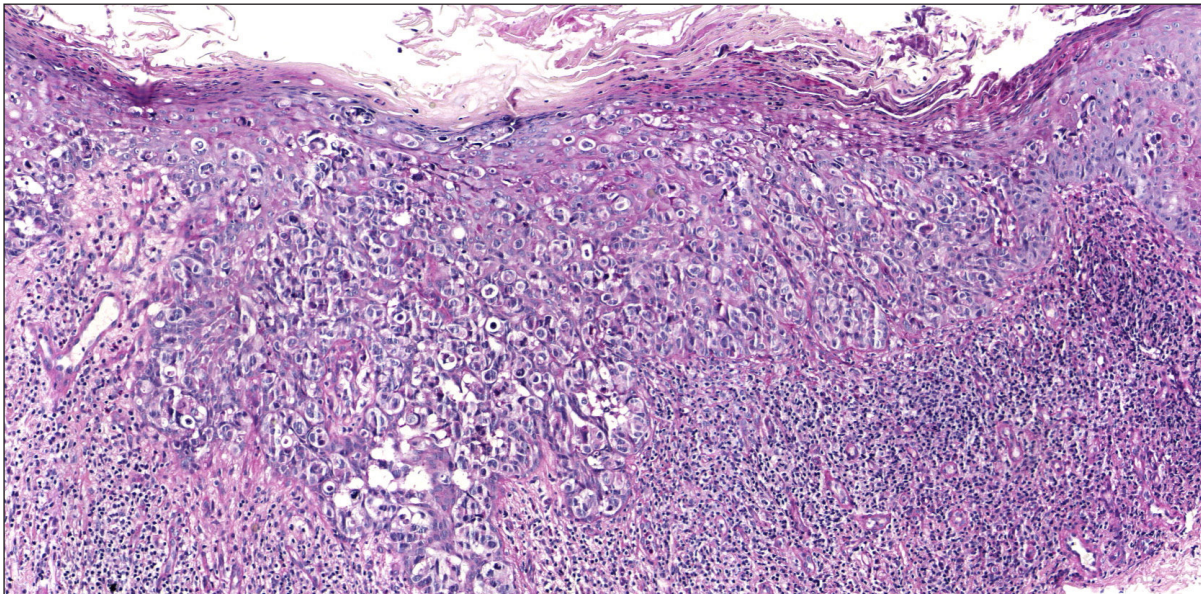


Figure 2: Permeation of the epidermis by tumour cells with vesicular nuclei, visible nucleoli and large vacuolated cytoplasm. In the superficial dermis there was an intense inflammatory infiltrate (haematoxylin and eosin stain, x100).

How to cite this article: Linares-Navarro R, Olmos-Nieva CC, García-Sanz M, Gutierrez-Carrillo G, Rodríguez-Prieto MA. Erythematousquamous plaque on a closed ostomy site. Indian J Dermatol Venereol Leprol. 2024;90:91–2. doi: 10.25259/IJDVL_47_2023

Received: January, 2023 **Accepted:** March, 2023 **Epub Ahead of Print:** May, 2023 **Published:** December, 2023

DOI: 10.25259/IJDVL_47_2023 **PMID:** 37317758

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Diagnosis

Pagetoid extension of urothelial carcinoma from ureter to skin.

Discussion

Cases of secondary Paget's disease in relation to urothelial carcinoma are well known. However, cases of urothelial carcinoma with pagetoid extension to the skin by direct contiguity are very rare. After a rigorous search of the literature, we were only able to find two cases, both in peristomal skin.^{1,2}

Melicow *et al.* first described the pagetoid variant of urothelial carcinoma in situ in 1952.³ In our case it was considered as a pagetoid extension by contiguity of urothelial carcinoma, due to the location of the cutaneous lesion outside the typical areas of Paget's disease, coinciding with the area of adhesion of the ureter to the abdominal wall.

However, the neoplasm in the residual ureter and the one present years ago in the bladder did not present a pagetoid pattern. This phenomenon has also been described in the case reported by Ito *et al.*,¹ who proposed that pagetoid cells may have developed de novo from urothelial carcinoma in the ureter and subsequently spread to the skin.

Immunohistochemistry can help us discriminate between primary and secondary Paget's disease, the latter corresponding to a pagetoid extension of an extracutaneous neoplasm. The positivity of CK 7, CK20 and P63 is characteristic of secondary Paget's disease and makes it necessary to rule out the presence of malignant internal neoplasm.^{4,5}

In view of the findings, it was decided to perform a laparoscopic distal left ureterectomy and resection of the skin lesion in the same surgical time [Figure 3].

Histological analysis of the ureter was compatible with a high-grade solid urothelial carcinoma infiltrating the skin with pagetoid extension. Immunohistochemistry was equivalent to that of the skin lesion: positive in neoplastic cells for Cytokeratin 7 (CK7), Cytokeratin 20 (CK20), P63 and GATA-3. Gross cystic disease fluid protein 15 (GCDFFP-Q15) was negative.

The patient experienced clinical resolution. Adjuvant therapy was discouraged due to the patient's history of renal insufficiency. One year after surgery, he is clinically and radiologically stable.

As clinicians, we should be aware of the possibility of recurrence in patients with a history of urinary tract cancer, in the presence of pagetoid lesions in the peristomal area.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

Financial support and sponsorship

Nil.

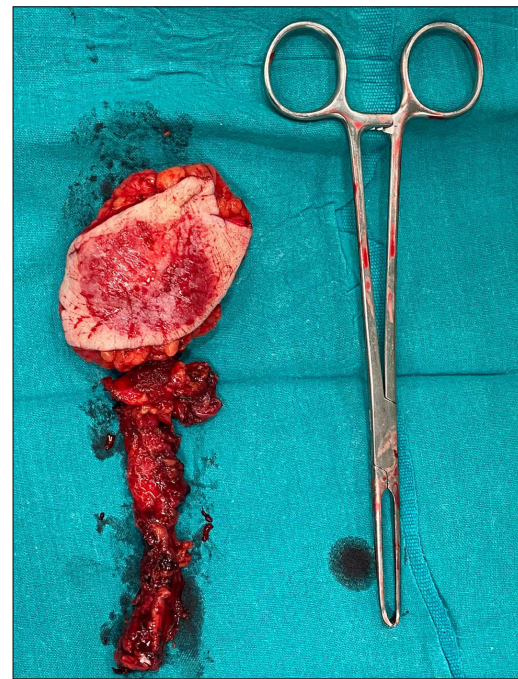


Figure 3: En bloc resection of the residual ureter and skin was performed.

Conflicts of interest

There are no conflicts of interest.

Ruben Linares-Navarro, Claudia Cecilia Olmos-Nieva, Miguel García-Sanz¹, Gonzalo Gutierrez-Carrillo¹, Manuel Angel Rodriguez-Prieto

Departments of Dermatology, ¹Urology, University Hospital of León, Calle Altos de Nava S/N, León, Spain.

Corresponding author:

Dr. Ruben Linares-Navarro,
Department of Dermatology, University Hospital of León,
Calle Altos de Nava S/N, León, Spain.
rubenlinaresnavarro@hotmail.com

References

1. Ito F, Kihara K, Shiomi K, Ishizaki S, Tanaka M, Aiba M, *et al.* Peristomal pagetoid spread of urothelial carcinoma of the ureter. *Rare Tumors* 2013;5:162–4.
2. Kanda S, Okubo K, Hida T, Kono J, Takahashi T, Mitsumori K, Shimada T, Nishimura K. A Case of secondary extramammary Paget's disease around the cutaneous stoma after radical cystectomy. *Hinyokika Kyo* 2017;63:381–6.
3. Melicow MM, Hollowell JW. Intra-urothelial cancer: carcinoma in situ, Bowen's disease of the urinary system: discussion of thirty cases. *J Urol* 1952;68:763–72.
4. Ohnishi T, Watanabe S. The use of cytokeratins 7 and 20 in the diagnosis of primary and secondary extramammary Paget's disease. *Br J Dermatol* 2000;142:243–7.
5. Yanai H, Takahashi N, Omori M, Oda W, Yamadori I, Takada S, Matsuura H, Yoshino T. Immunohistochemistry of p63 in primary and secondary vulvar Paget's disease. *Pathol Int* 2008;58:648–51.