METASTATIC DEPOSITS OF ADENOCARCINOMA IN THE SKIN
(Case Report)

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Summary

A case of metastatic deposits of adenocarcinoma in skin is reported. The importance of biopsy in the diagnosis of a patient presenting with subcutaneous nodules is stressed.

In a patient having asymptomatic, multiple, subcutaneous nodules, the diagnoses usually considered include neurofibromatosis, multiple subcutaneous lipomas or occasionally cysticercosis. One of our patients who presented with subcutaneous nodules was proved to have a metastatic mucin-secreting adenocarcinoma. The purpose of this report is to highlight the importance of confirming the diagnosis in all such cases by biopsy.

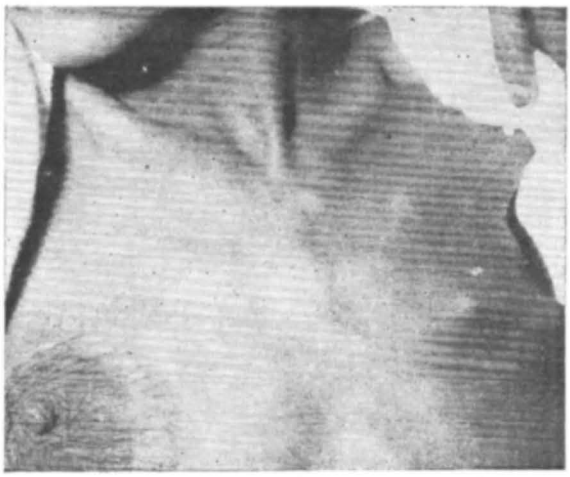

Fig. 1 Subcutaneous nodules

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Case Report

In May 1977, a 28-year-old housewife noticed a painless swelling in the left iliac fossa which kept progressively increasing in size. One month later, she noticed multiple, asymptomatic, subcutaneous nodules on the trunk, extremities and face. During this period she also experienced loss of appetite and weight. Her obstetric and menstrual histories were normal except for lactational amenorrhoea.

When seen in the hospital in July 1977, she had marked pallor and emaciation and the cervical and axillary lymph nodes were slightly enlarged. The swelling in the iliac fossa was cystic, globular and non-tender and had occupied the lower abdomen. It was found to be lying separate from the uterus. The subcutaneous nodules were fairly firm, non-tender and freely mobile and varied from 0.5 to 2.0 cm in diameter (Fig. 1). The general physical examination revealed no other abnormality.

A week after her admission, she noticed difficulty in opening the mouth but there was no dysphagia. She was found to be anaemic (Haemoglobin, 8.8 gm%). Urine and blood chemistry were normal. Roentgenographic studies of chest, temporomandibular joints, neck and pelvis were normal, while a plain X-ray of the abdomen showed a soft tissue mass in the lower abdomen. Biopsy from one of the subcutaneous nodules revealed metastatic mucin secreting adenocarcinoma (Fig. 2).

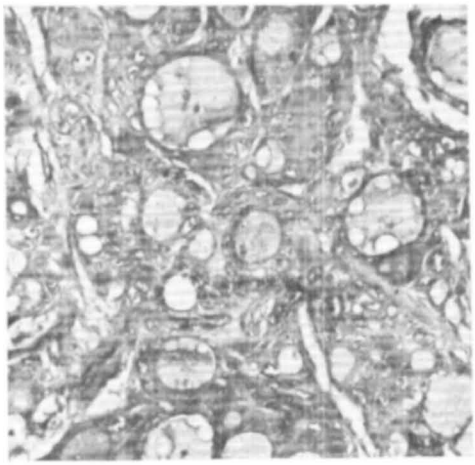

Fig. 2 Biopsy from the nodules

Her general condition and the widespread metastases did not permit further surgery.

Comments

Metastatic deposits in the skin have been reported from carcinoma of the breast, stomach, uterus, lungs, large intestines, kidneys[1], prostate[2], testes[3], bladder[4], pancreas[5] and ovaries[6], although skin is a rare site for metastatic deposits with the exception of carcinoma breast[7], stomach and large intestines[1]. In the patient being reported by us, the associated ovarian tumour seemed to be the primary site of carcinoma, although it is quite possible that the primary focus was somewhere else and the ovary also was one of the sites of secondary deposits. Sometimes, the metastatic deposits are the first clinical evidence of malignancy[3,8], but by then it is too late for surgery or radiotherapy. Antimetabolites are the only agents which can be tried in such cases but the use of these has several limitations.

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