

CUTANEOUS METASTASES IN BRONCHOGENIC CARCINOMA (Five case reports)

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Five cases of cutaneous metastases from bronchogenic carcinoma are reported for their rarity and clinical interest. In 3 cases the histopathology showed an adenocarcinomatous deposit; in the remaining 2 cases, the histopathology showed a squamous cell carcinomatous deposit. Only 1 of the 5 patients was a female.

Key words : Metastasis, Cutaneous, Lung, Carcinoma.

Combination of 5 large-scale autopsy studies gives the incidence of cutaneous metastasis as 2 percent,¹ the skin being regarded as the tenth² most frequent metastatic site for all tumour types. Carcinoma of the lung accounted for only 4-5 percent of cutaneous metastases.³ Le Roux⁴ in a study of 4000 cases of bronchogenic carcinoma found only 60 cases with specific skin involvement, an incidence of 1.5 percent. The histopathology was that of adenocarcinoma in only 5 percent of the cases studied.⁵

Case Reports

Case 1

A 50-year female, non-smoker, developed skin nodules on the scalp 1 year ago and nodules in the epigastric and suprapubic regions during the past 5 months. She developed cough, scanty phlegm and a mild chest pain for the past 4 months. Histopathology of the skin nodules showed an adenocarcinomatous deposit in concordance with the pulmonary histology. The patient died 18 months after the skin nodules came, due to a cerebrovascular accident.

Case 2

A 35-year male, smoking 20 cigarettes and *beedis* a day for the past 18 years, developed chest symptoms for the past 4 months and a

skin nodule in the right infra-axillary region for the past 10 days (Fig. 1). Histopathology showed an adenocarcinomatous deposit (Fig. 2).



Fig. 1. Skin nodule in the right infra-axillary region.

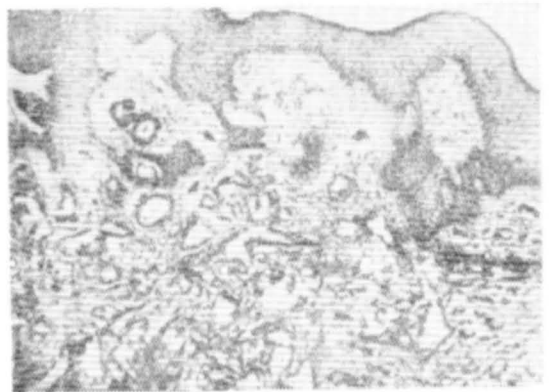


Fig. 2. Adenocarcinomatous deposit in case 1 (H & E, X 50).

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Death occurred 2 months after the skin nodule came.

Case 3

A 45-year male, smoking 30 cigarettes a day for the past 30 years developed chest symptoms for the past 2 months and a skin nodule on the front of the right thigh for the past 2 weeks. Histopathology showed an adenocarcinomatous deposit. Death occurred one month after the skin nodule came, possibly of cerebral metastasis.

Case 4

A 53-year male, smoking 30 *beedis* a day for the past 15 years developed chest symptoms for the past one year and skin nodules in the right infra-axillary region for the past 3 months. Histopathology showed a squamous cell carcinomatous deposit. The patient died of sudden respiratory arrest 4 months after the skin nodule came.

Case 5

A 50-year male, smoking 30-40 cigarettes a day for the past 25 years developed chest symptoms for the past one and a half years and an ulcerated skin nodule on the right deltoid region for the past 5 months (Fig. 3). Histopathology showed a squamous cell carcinomatous deposit

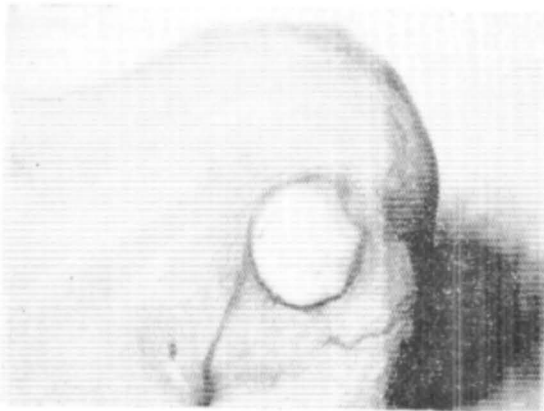


Fig. 3. Ulcerated skin nodule on the right deltoid region (case 5).

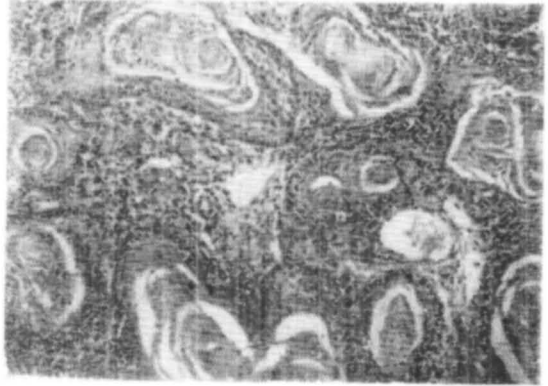


Fig. 4. A squamous cell carcinomatous deposit in case 5 (H & E, X 150).

(Fig. 4). The patient was still living at follow-up 7 months after the skin nodule came.

Comments

The diagnosis of cutaneous metastasis may cause confusion with tumours of adnexal, fibrous and neural origin and even cutaneous hydatidosis. Among these, clinical identification of the cutaneous secondaries is difficult, though the painless hard nodules with primarily uninvolved epidermis and the rapid fatal termination may be helpful.^{6,7} Histopathology is the ultimate arbiter though clinico-pathologic correlation is important. Even in histopathology of the skin metastasis, it is sometimes difficult to recognise features of the primary, apart from identifying a squamous cell carcinoma, an adenocarcinoma or an undifferentiated carcinoma; a few exceptions include skin deposits from the kidney, choriocarcinoma, melanoma and mucinous adenocarcinoma of the gastrointestinal tract where the features of the primary are usually clearly seen in the metastatic deposit.

The survival time following the development of cutaneous metastasis varies from the shortest period of 2 weeks to as long as 18 months,⁶ the mean survival time being around 3 months.³ The cutaneous metastasis may occur late in the disease or it may be an early or even a sole

presenting sign, at times tending to even precede the development of overt manifestations of the primary.⁸

Though ours was a random collection, 3 of our 5 cases were adenocarcinomatous deposits, paucity of which is observed in Le Roux's large collection.^{4,5} Another interesting feature was observed in case 1 where the skin nodule was the presenting feature, the chest symptoms manifesting later. Hence, the need for dermatopathologic study of any skin nodule.

References

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