CUTANEOUS METASTASIS IN OESOPHAGEAL CARCINOMA

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A 67-year-old male having eosophageal carcinoma had several, discrete, firm to hard cutaneous nodules distributed all over the body. Biopsy confirmed these nodules to be metastatic deposits from the eosophageal carcinoma.

Key words : Cutaneous, Metastasis, Oesophagus, Carcinoma.

Skin metastases from internal neoplasms is rare with the average incidence about 2 percent.[1] The commonest source of skin metastases is from bronchogenic carcinoma.[2] Skin metastasis from an oesophageal carcinoma is quite rare, which has prompted us to report this case.

Case Report

A 67-year-old south Indian male was admitted for the evaluation of dysphagia along with multiple skin nodules both of 3 weeks duration. Clinical examination showed the patient to be emaciated and anaemic. Virchow's node was absent. Several discrete, firm to hard swellings, 1-2 cm in diameter, some subcutaneous and some intracutaneous were widely distributed all over the body. Rectal examination was non-contributory. Barium swallow showed the classical rat-tail filling defect in the lower part of the oesophagus. Endoscopy showed an obstructive growth 30 cm from the incisors. Biopsy of the growth disclosed a well differentiated carcinoma. Excision biopsy of one of the skin nodules showed deposition of a well differentiated squamous cell carcinoma in the dermis suggesting a secondary deposit arising from carcinoma of the oesophagus.

Following a feeding gastrostomy and parenteral fluids, the patient's general condition slightly improved. Specific therapy was refrained from, owing to the poor general condition of the patient. The patient died 4 months later of sudden respiratory arrest possibly due to aspiration pneumonia. Autopsy request was refused.

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Comments

Cutaneous metastases are specific skin signs of an internal malignancy. Their development usually carries a poor prognosis with the average survival time approximating about 3 months.[3] Metastases to the skin can occur by direct extension, lymphatic or haematogenous routes or by innoculation. In our case, the metastases occurred by both haematogenous and lymphatic routes. Cutaneous metastases usually occur after the primary malignancy is clinically manifest; rarely these may be the lone presenting sign. Cutaneous metastases from an oesophageal carcinoma is uncommon. In the comprehensive monograph of Willis,[4] only one case of skin metastasis from an oesophageal neoplasm is recounted. Only 9 of 588 cases[5] and 15 of 724 cases[2] arose from an oesophageal carcinoma giving an incidence of 1.5 and 2 percent respectively.

Histopathological examination of any skin nodule is mandatory to arrive at the diagnosis of a skin metastasis.

References

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