

MONOMORPHIC CUTANEOUS METASTASES WITH DEFFERENT PRIMARIES

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Telangiectatic type of secondary cutaneous metastases is described with primary malignancies in different organs in a female and in a male. The clinical and histopathological features of the secondary metastases are described along with the features of the primaries manifesting as adenocarcinoma of breast in the former and squamous cell carcinoma in the larynx in the latter.

Key words : Telangiectatic secondaries, Carcinoma breast, Carcinoma larynx

Introduction

The primary carcinomas in certain organs like the breast, liver, stomach, large intestine, kidney, prostate, uterus and ovary are observed to produce metastasis in the skin.¹ Secondary metastasis encountered on the skin might give a clue to the primary neoplasm, but it may not be possible to recognise the primary with cutaneous secondaries like telangiectatic type and this type of deposits has been described here in connection with primaries at different sites with totally different types of histological features.

Case I

A 38-year-old cachectic woman presented with redness and thickening of the skin over the

chest since 3 months. Systemic examination was normal. Dermatological examination revealed well demarcated brawny edema, erythema and induration of the skin with erythematous papules and vesicles over the presternal region and anterior chest wall. Both the breasts were hard and fixed to the underlying structures. Retraction of the nipples were observed. Axillary lymph nodes were enlarged, hard and deeply fixed bilaterally.

Hematological and biochemical investigations were normal. Skiagram of chest ultrasonogram of abdomen were also normal. Fine needle aspiration cytology (FNAC) of lymphnodes revealed polygonal cells with hyperchromatic nuclei embedded in a fibrocollagenous stroma. Mammogram showed the breast tissue adherent to the underlying bones with evident retraction of the nipples. Histopathology of the section from breast tissue

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revealed invasive ductal adenocarcinoma, while skin biopsy showed tumour cells in the upper dermis within the lymphatics and blood vessels. This patient was referred to radiotherapy unit for further management.

Case 2

A 69-year-old man presented with dysphagia and hoarseness of voice, raised skin



Fig. 1. Erythematous, indurated plaques over right side of the neck extending upto right nipple in case 2

lesions over right side of neck and thickening and redness of the skin of upper chest since 2 months. Systemic examination was normal

Examination revealed erythematous papules and plaques over the right side of neck. Erythema, brawny edema and

induration were present over periorbital region, right ear and extended down upto right nipple (fig.1). Cervical and axillary lymphnodes were hard and fixed. A mass was observed in the larynx with indirect laryngoscopy. All other systems were clinically normal.

Haematological and biochemical investigations were normal. Biopsy of the laryngeal mass revealed squamous cell carcinoma. Skin biopsy showed large vascular spaces lined by endothelial cells packed with malignant cells

with hyperchromatic nuclei (Fig.2). This patient was also subjected to radiotherapy and was last to follow up.

Discussion

Cutaneous secondaries are rare and their presence indicates poor prognosis and the patient may suc-

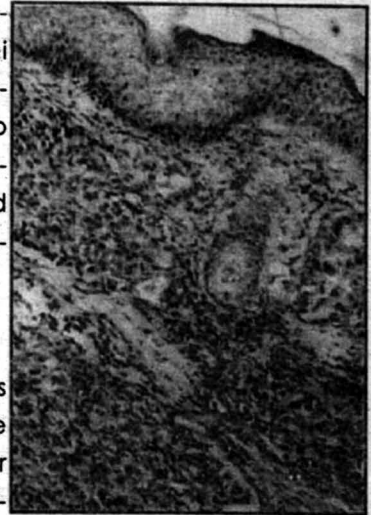


Fig.2. Microphotograph showing large vascular space in the upper dermis packed with malignant cells (H & E x400)

cumb within very short period of time. Out of the 4 types of secondaries reported in carcinoma breast telangiectatic type is rare.² These telangiectatic secondaries in association with squamous cell carcinoma of the larynx are still a rarity and has not been report so far. The academic interest in these cases are the similar type of cutaneous secondaries with malignant neoplasms in different organs ie. adenocarcinoma in breast and squamous cell carcinoma in larynx.

References

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