Facial cutaneous metastasis of rectal adenocarcinoma

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ABSTRACT

Skin metastasis caused by carcinomas is associated with poor prognosis and is a rare and late clinical finding. Skin metastases occur in only 4–6.5% of stage IV colorectal cancer. We present an unusual case of stage IV unresectable rectal adenocarcinoma metastasised to the head and face. One and a half years after diagnosis, new skin lesions developed on his face. Biopsy showed mucinous adenocarcinoma consistent with rectal malignancy. And he died 3 months after the diagnosis of cutaneous metastasis. This case emphasizes the importance of the effect of skin lesions on prognosis in patients with a history of malignancy.

Keywords: Neoplasm metastasis; rectal neoplasms; scalp; skin.

Culorectal cancer (CRC) is a globally important public health issue and it is the fourth most frequently diagnosed cancer. In fact, the incidence of CRC decreased at a rate of approximately 2.9% per year or greater between 2005 and 2014 [1]. By the time they are diagnosed, more than 10% of cases are already metastatic tumors. The sites most often affected by the advanced disease are the liver, lungs and central nervous system. Skin metastases caused by abdominal malignancies are rare and occur in less than 5% of patients. Usually associated with poor prognosis. Skin metastasis of adenocarcinoma of the rectum is even rarer and occurs in less than 4% of patients. It is frequently found in the abdominal wall and umbilicus [2]. In this case we report a patient with metastatic rectum cancer with cutaneus metastasis of head and face.

CASE REPORT

A 45 year old man admitted with rectal bleeding who was diagnosed with adenocarcinoma of the rectum. The patient underwent total-body positron emission tomography– computed tomography (PET–CT) scan to restage the tumoral disease. The PET–CT test showed surrenal metastasis and lung metastasis. K-Ras and N-Ras was revealed as wild type and the paliative chemotherapy was started as 5-fluorouracil, leucovorin, oxaliplatin and cetuximab 12 cycle. After 12 cycle chemotherapy PET–CT showed new multiple mediastinal and hilar lymph nodes, a large tissue mass between kidney and splen. The second line chemotherapy was used for progressed disease. 5-fluorouracil, leucovorin, irinotecan and bevacizumab was started. After six cycle of regimen new lymph nodes appeared in his abdomen and his intraabdominal mass become greater. His treatment changed to Regorafenib 120 mg/day. 5 months later on his physical examination a subcutaneous lump was seen on his scalp and mandibula (Fig. 1). Compueterized tomography of the brain revealed a 13x7.5
cm mass in the left parietal region that disrupted the calvarial bone (Fig. 2). A biopsy of the scalp lesion with a diameter of 0.5 cm was obtained. Histological examination of biopsied tissues showed metastasis of rectal adenocarcinoma (Fig. 3). His performance become worsening, he hospitalized and palliative support treatment was started. He died 3 months after the diagnosis of cutaneous metastasis.

DISCUSSION

The incidence of skin metastasis ranges from 0.7% to 10.4% of all cancer patients [3]. Only 3% of colorectal cancers spread to the skin. Facial lesions are extremely uncommon. Literature mentions only a few cases. And it should be differentiated from primary carcinoma of skin. Colorectal adenocarcinomas usually spread their metastases to the liver, peritoneum, pelvis, lung and bone within the first 2 years after resection of the primary tumor [4]. Although skin metastasis of adenocarcinoma of the rectum are more rare, the most common site of skin metastasis is the middle or lower dermis of the abdomen and the perianal skin. The pelvis, chest, back, upper extremities, head and neck, and rarely glans penis, face, and hand are the other skin sites of colorectal metastasis [5]. Cutaneous metastases clinically appears as a subcutaneous or intradermal nodule, a nodulocystic lesion, an ulceration, a cellulitis-like lesion or fibrotic processes. In this case it is occured as a subcutaneous nodule and destroyed the bone. Biopsy is the gold standard diagnostic method for cutaneous metastasis. In this paper the site of metastasis was on head and face and it is confirmed by biopsy.

Cutaneous metastases have been shown to be associated with poor prognosis [6]. Management of metastatic colorectal cancer including skin metastasis is based on systemic chemotherapy [7]. For isolated lesions,
Nesseris et al. suggest wide local excision, but systemic chemotherapy should be considered for patients with multiple cutaneous metastases or nonresectable lesions [8]. Schoenlaub et al studied 200 cases of cancers with cutaneous or subcutaneous metastasis. Of the patients with colorectal primary tumours, median survival was 4.4 months [9].

Our case is rare because of skin site of metastasis. Cutaneous metastasis is a rare but important phenomenon. And the clinicians should pay special attention to all skin nodules, nonhealing ulcers, and persistent indurate erythema.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with human participants or animals performed by any of the authors.

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