Cutaneous Metastases from Gastric Carcinoma: An Unusual Presentation

Abstract:
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We report the case of a 71-year-old gentleman who initially developed cutaneous metastases from gastric carcinoma on his chin and cheek resembling sebaceous cysts.

Introduction
Cutaneous metastasis from gastric carcinoma is uncommon with skin rarely involved by metastatic cancers. Gastric carcinoma is known for its propensity for recurrence in the tumour bed. Haematogenous spread includes sites such as the liver. We describe a 71-year-old gentleman who initially developed cutaneous metastases from gastric carcinoma on his chin and cheek resembling sebaceous cysts, and subsequently developed lesions on his thorax and abdomen.

Case Report
A 71-year-old gentleman was admitted for palliative oesophageal stenting for dysphagia in March 2006. He was diagnosed six months prior with differentiated adenocarcinoma of the proximal stomach with widespread lymphovascular space invasion and extensive serosal involvement: proximal and distal margins were free. A proximal gastrectomy, omentectomy and nodal dissection were performed in October 2005. New liver lesions and pulmonary nodules were subsequently noted on computerised tomography one month prior to stenting in February 2006. At that time, two skin lesions on the left chin and right cheek were thought to be infected sebaceous cysts. These were excised and drained under local anaesthetic. Biopsies showed metastatic adenocarcinoma consistent with spread from a gastric primary. During the admission, additional skin metastases on the thorax resembling infected sebaceous cysts were noted. These were also of recent onset with the patient himself being unaware of them (Figure 1).

Figure 1: Example of one of the nodules on the right hemithorax resembling an infected sebaceous cyst.

Discussion
Cutaneous metastasis from a gastric primary is extremely rare; incidence is 1.1% in the Caucasian population with carcinomas most commonly metastasising to the skin in males being melanoma, lung, colorectal and those of the oral cavity usually indicates advanced malignancy but has also been reported as the first indicator in up to 7.8% of cases has mainly been in carcinomas of the lung, kidney and ovary. Regarding cutaneous manifestation specifically being the first sign of gastric adenocarcinoma, we found only three reported cases. Cutaneous manifestations of visceral metastasises can vary in both location and clinical presentation. Skin lesions can present either locally near the primary or at a distant site with F. Although these cancers can also lead to distant metastases, cancers such as renal cell carcinoma show a strong predilection for distant metastases primarily. Gastric carcinoma most often metastasizes to the liver, peritoneal cavity and regional lymph nodes with cutaneous metastases being very unusual.

Reported cases to date have presented with either local regional metastases and distant metastases to the head, neck, axilla, thorax and extremities. Ours is unique as the metastases were both local, to the abdomen and distant, to the thorax and face. Many cutaneous metastases resemble benign dermatological conditions. Clinically, they can present as non-ulcerated or ulcerated nodules, plaques, neoplastic alopecia, carcinoma erysipeloides, herpetiform or zosteriform lesions, and inflammatory cellulitis-like lesions. In our case, nodules on the face and trunk clinically presented as infected sebaceous cysts, while histology confirmed otherwise.

The difficulty in early detection of cutaneous metastases is because they often mimic common dermatological conditions, like sebaceous cysts. Interestingly, cutaneous lesions in association with gastrointestinal neoplasm are also found in Muir-Torre syndrome. This is an important differential diagnosis in younger patients with a history of familial adenomatous polyposis. Gastric primary and cutaneous lesions mimicking sebaceous cysts. As with other metastases, neoplastic skin lesions of gastric carcinoma usually indicate advanced disease, though there has been a reported case of long-term survival after systemic therapy in a patient with isolated cutaneous metastases. Prognosis varies greatly, depending on the pattern and distribution of the metastases but in the majority of cases, cutaneous metastasis indicates a very poor prognosis as seen from our palliative case with our patient surviving only a further three months after his stenting. In order to improve prognosis, it is vital to perform a complete skin examination and educate patients regarding monitoring and reporting any new skin changes to their doctor. Cutaneous metastasis may be the first presentation of an internal malignancy or indicate recurrence of a previous malignancy. In either case, prompt assessment and follow up is critical.

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References