Case Report

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Carcinoma Oesophagus with Subcutaneous Metastasis: A Rare Case Report

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Abstract

Metastases to skin from primary internal malignancies are rare with the incidence ranging from 0.7% to 10%. Cutaneous metastasis are frequently found in melanoma, breast cancer, or mucosal cancers of the head and neck. Subcutaneous metastases from squamous cell carcinoma of the esophagus are extremely rare (less than 1% cases reported). A 55 year old male a known case of carcinoma oesophagus presented with one subcutaneous nodule over the left ala of nose, another was found incidentally on anterior abdominal wall below umblicus. FNAC from both nodules revealed metastatic squamous cell carcinoma.

Keywords: Carcinoma Oesophagus; Subcutaneous Metastasis; Squamous Cell Carcinoma.

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Introduction

Esophageal cancer ranks seventh in terms of incidence and sixth in mortality overall [1]. Patients with esophageal cancer usually present with locally advanced disease at the time of initial diagnosis. Extra-nodal metastases are seen in most of the patients and the liver and lungs are the more common sites of distant metastasis [2]. Subcutaneous metastasis in carcinoma oesophagus are very rare and has been seen reported in less than 1% cases [3]. In general, skin metastases from malignant tumors of the internal organs are rarely seen, with range between 0.7 and 9%. Metastatic spread to the skin occurs either hematogenously or via the lymphatic system and presents in the form of rapidly growing papules or nodules [4,5]. Here, we report an uncommon case of skin metastases from squamous cell carcinoma of upper oesophagus.

Case Report

A 55 year old male presented to us with one subcutaneous nodule, present on the left ala of nose and cough since last 20 days .Cough which was productive, not associated with any blood in sputum. In past he was diagnosed as high grade squamous cell carcinoma (SCC)–upper 1/3 oesophagus, stage III (T4bN2M0) in 2015. MDCT Thorax with abdomen revealed circumferential wall thickening of upper oesophagus extending from D1 to D4 vertebral level with length of approx 7cm causing significant luminal narrowing, with involvement of posterior wall of trachea with multiple enlarged perilesional lymph nodes and left cervical II lymphnode. He received concurrent chemo-radiotherapy with 50Gy / 25# along with 5 cycle of chemotherapy with cisplatin 50mg given once weekly. He was then on regular follow up. Now he presented with a swelling on the left ala of the nose from last 20 days.

On examination, a subcutaneous nodule was present on left ala of nose measuring approx 2 cm x 1 cm firm, fixed, tender, fixed to skin with no ulceration and discharge (Fig. 1). On abdominal examination another nodule was found which was 1 cm x 1 cm firm ,mobile, non tender present on anterior abdominal wall around 10cm below umblicus, with no increase in local temperature. There was no evidence of ulceration or discharge from the nodule. FNAC from both nodules revealed Metastastic Squamous cell carcinoma (Fig. 2). Following this a metastatic workup of the patient was done and a mass in left middle lobe of lung was found, possibly suggestive of lung metastasis. Rest of organs did not show any sign of metastasis or disease. Patient is now started on palliative chemotherapy with Paclitaxel and Carboplatin combination.

Fig. 1

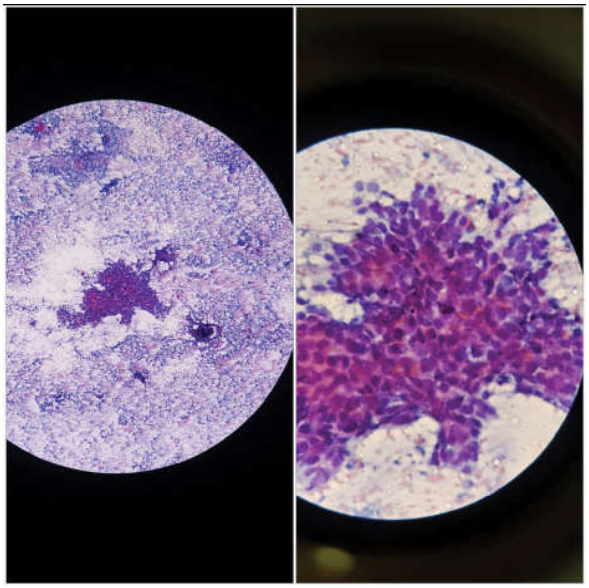

Fig. 2:

Discussion

Subcutaneous metastases are the uncommon and accounts for 0.7-9% of all malignant tumors of internal organs. Out of various cancers documented, most common cancers with this presentation are malignant melanoma, followed by breast cancer and other mucosal tumors of head and neck [6]. Esophageal carcinoma carries a poor prognosis with 5-year survival rates of 5-35% usually representing with lymph node and distant metastases at the time of diagnosis [7]. In distant metastasis, liver and lung are most commonly involved via hematogenous route [2]. Skin metastases from esophageal cancer affect less than 1% of all cases usually reported [3] and indicate rapid disease progression with poor prognosis. It can be found both in squamous and adenocarnimos of oesophagus (more commonly in adenocarcinomas variant of carcinoma oesophagus) [8-10]. Distant metastasis can occur via three pathways: lymphatic, arterial or venous routes. The metastasis at unexpected sites can be explained by arterial route, since arterial blood has been proved to be a better source of circulating tumor cells than venous blood [11]. Cutaneous manifestations of esophageal carcinoma may clinically represent as dermal papules, indurated nodules, inflammatory patches or rapidly growing subcuatenous masses. A metastatic workup should be done in patients who represent with skin soft tissue mass as they frequently presents as a painless, dermal tumor. Appropriate workup should include detailed medical history, physical examination, imaging, and histopathological analysis. In our patient, both skin lesions were evaluated by biopsy examination and imaging tests were used for metastatic workup. Only after the histopathological conformation the diagnosis of a skin metastasis in our patient was made which itself presents a rare entity of metastasis.

Conclusion

With the advancement of treatment facility in radiotherapy and improvement in survival in cases of carcinoma esophagus it becomes mandatary to look for subcutaneous metastasis during follow up along with other routine investigations.

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Conflict of Interest: NIL

References

1. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA: Cancer J Clin. 2018;68:394-424.
2. Quint LE, Hepburn LM, Francis IR, Whyte RI, Orringer MB. Incidence and distribution of distant metastases from newly diagnosed esophageal carcinoma. Cancer. 1995;76:1120-25.
3. Hu SC, Chen GS, Wu CS, Chai CY, Chen W T, Lan CC. Rates of cutaneous metastases from different internal malignancies: experience from a Taiwanese medical center. J Am Acad Dermatol. 2009;60:379-87.
4. Lookingbill DP, Spangler N, Helm KF: Cutaneous metastases in patients with metastatic carcinoma: A retrospective study of 4020 patients. J Am Acad Dermatol. 1993;29:228-36.
5. Schwartz RA: Cutaneous metastatic disease. J Am Acad Dermatol. 1995;31:161-182. 10.1016/0190-9622(95)90231-7.
6. Lookingbill DP, Spangler N, Helm KF. Cutaneous metastases in patients with metastatic carcinoma: A retrospective study of 4020 patients. J Am Acad Dermatol. 1993;29:228–36.
7. Stein RH, Spencer JM. Painful cutaneous metastases from esophageal carcinoma. Cutis. 2002;70:230-2.
8. Roh EK , Nord R , Ju k ic DM . Scalp metastases from esophageal adenocarcinoma. Cutis. 2006;77:106-8
9. Nisi G, Grimaldi L, Brandi C, Silvestri A, Brafa A, Calabrò M, et al. Cutaneous metastases of the superior lip from adenocarcinoma of the gastro-oesophageal junction. A case report. Chir Ital. 2007;59:883-6.
10. Fereidooni F, Kovacs K, Azizi MR, Nikoo M. Skin metastases from an occult esophageal adenocarcinoma. Can J Gastroenterol. 2005;19:673-6.
11. Gray E.S. Arterial or venous: where are the circulating tumor cells? eBioMedicine. 2015;2(11):1596–97.