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Dermatology Practical & Conceptual

Cutaneous Metastases as a First Sign of Gastric Adenocarcinoma

Marta Prtajin[1], Daniela Ledić Drvar[1], Daška Štulhofer Buzina[1], Ružica Jurakić Tončić[1], Ivana Ilić[2], Romana Čeović[1]

1 Department of Dermatology and Venereology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

2 Department of Pathology and Cytology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

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Corresponding Author: Professor Romana Čeović, MD PhD, Department of Dermatology and Venereology, University Hospital Centre Zagreb, School of Medicine, University of Zagreb Kišpatićeva 12, 10000 Zagreb, Croatia. E-mail: romana.ceovic@gmail.com

Case Presentation

A 61-year-old female patient was referred to our department with newly developed erythematous nodules on the skin of the back of her neck (Figure 1A). Concurrently, she reported unintentional weight loss, faster intestine transit time, and painful gastric spasms. She had no severe diseases history. After a year of extensive diagnostic procedures, she was diagnosed with diffuse gastric adenocarcinoma. Histopathological examination of her skin biopsy revealed cutaneous metastasis, which was confirmed with cytokeratin (CK)-7 immunohistochemical positivity (Figure 1B). Over the following year and a half, our patient underwent surgery, followed by several chemotherapy cycles. Multiple cutaneous metastases on her trunk were treated with radiotherapy, resulting in severe post-irradiation reaction. Unfortunately, despite all treatment, she passed away.

Teaching Point

Cutaneous metastasis may be the first sign of a silent primary tumor [1]. Metastatic dissemination to the skin occurs by lymphatic or hematogenous spread, direct contiguity, pericytic mimicry, or iatrogenic implantation. Metastases may appear before primary tumor identification in approximately 10% and simultaneously in 25.1% cases, but generally later in the disease course [2]. Lung cancer is accountable for most cases in men and breast cancer in women. Cutaneous metastases mostly present as nodules [1,2]. Some gastrointestinal tumors may give metastases to the umbilicus, presenting as Sister Mary Joseph nodule [1]. Clinical morphology, location, and histopathological and immunohistochemical findings of cutaneous metastases alongside patient's sex and age are essential for diagnosing primary neoplasm [2]. Dermatologists have an important role in early recognition and differentiation of correct diagnosis [1].

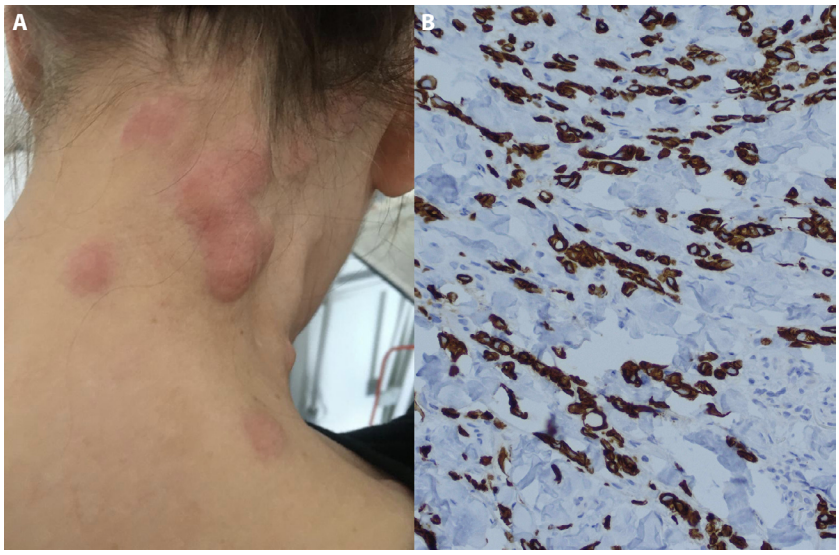

Figure 1. (A) Clinical presentation. (B) Positive immunohistochemical staining for CK-7.

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