

## What Is Your Diagnosis?



A 69-year-old black man presented with a history of skin irritation and pruritus of his left neck and shoulder. The patient was started on antibiotics for presumed cellulitis and referred to the dermatology department. He described his initial symptom as a sensation of fullness on the left side of the face starting 1 year earlier after having a bug removed from his ear. He reported the onset of visible neck swelling 6 to 7 weeks prior.

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## The Diagnosis: Metastatic Adenocarcinoma



Cutaneous metastases occur in 0.7% to 9% of cancer cases. Melanoma and lung cancer are the most common sources of metastases in men, while breast cancer and melanoma are the most common sources in women. Of cancers metastasizing to the skin, 0.8% are the presenting sign of the primary malignancy.<sup>1,2</sup> This group is significant to dermatologists who may be called on to diagnose internal cancer and thus must be aware of the characteristic locations and clinical findings that should arouse suspicion for cutaneous metastases.

Cutaneous metastases may have varied presentations with the most common being single or grouped nodules that often are misdiagnosed as benign cysts or primary skin tumors such as basal cell carcinoma or melanoma. Inflammatory lesions representing lymphatic involvement of the skin often are misdiagnosed as cellulitis given their presentation of warmth, edema, and erythema.<sup>3</sup> Other reported presentations of cutaneous metastases include lesions resembling various benign dermatoses including eczema, herpes zoster, and intertrigo.<sup>4</sup> In the case reported here, the lesion was a large inflamed plaque that is rarely described as a form of cutaneous metastasis from primary cancers other than breast tumors that may have inflammatory metastatic lesions on the anterior aspect of the chest wall.

The location of a skin lesion also may suggest metastasis. The abdomen and pelvis are common

sites for cutaneous metastases in both men and women, with the head and neck being next most common for men.<sup>2,5</sup> The extremities are rare locations for metastatic disease and occurrences on the extremities are most commonly melanoma.<sup>5</sup>

When cutaneous metastasis is recognized as the presenting sign of internal malignancy, the prognosis is poor with an average survival of 3 months.<sup>5</sup> All physicians must keep in mind that metastases can masquerade as common skin findings and there should be a high level of clinical suspicion in patient populations at risk for internal cancer.

### REFERENCES

1. Lookingbill DP, Spangler N, Sexton FM. Skin involvement as the presenting sign of internal carcinoma: a retrospective study of 7316 cancer patients. *J Am Acad Dermatol.* 1990;22:19-26.
2. 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 (2, pt 1):228-236.
3. Brownstein MH, Helwig EB. Spread of tumors to the skin. *Arch Dermatol.* 1973;107:80-86.
4. Sariya D, Ruth K, Adams-McDonnell R, et al. Clinicopathologic correlation of cutaneous metastases: experience from a cancer center. *Arch Dermatol.* 2007;143:613-620.
5. Brownstein MH, Helwig EB. Patterns of cutaneous metastasis. *Arch Dermatol.* 1972;105:862-868.