

Cutaneous metastasis in adenocarcinoma rectum

Sundeep Malla,[✉] Abdul Razik, Surabhi Vyas

Radiodiagnosis, All India Institute of Medical Sciences, New Delhi, Delhi, India

Correspondence to
Dr Surabhi Vyas,
surabhi_vyas@yahoo.com

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DESCRIPTION

A 35-year-old male patient, a known case of mucinous adenocarcinoma rectum, who had undergone laparoscopic abdominoperineal resection 2 months back, presented with multiple well-defined, firm, nodular skin lesions distributed over the face, chest, abdomen and back, along with epigastric pain over a period of 1 month (figure 1A, B). The patient had been advised capecitabine and oxaliplatin regimen as adjuvant chemotherapy after the surgery, which he refused. In view of the clinical history, a provisional diagnosis of cutaneous metastasis was made. Contrast-enhanced CT of the abdomen showed two large, solid-cystic lesions in the left lobe of liver and multiple cutaneous, subcutaneous, intramuscular as well as intraperitoneal solid-cystic lesions in the abdominal wall, some showing calcification (figure 1C). Biopsy of one of the cutaneous lesions showed mucinous adenocarcinoma metastasis. He refused palliative chemotherapy and ultimately succumbed 3 months later.

Cutaneous metastasis is rare, with carcinoma lung being the most common cause. It occurs in about 6% of patients with colorectal cancer, the abdominal wall being the most common site.¹ Cutaneous spread usually occurs through venous as well as lymphatic dissemination and is often detected several years after the surgical removal of the primary tumour, the mean interval being 33 months.^{2,3} Mucinous histology has been associated with the highest incidence of cutaneous metastasis.⁴

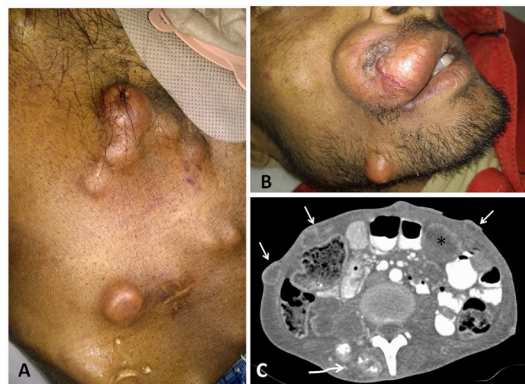


Figure 1 (A) Clinical photograph of the abdomen showing multiple, well-defined, firm, nodular skin lesions adjacent to the stoma site. (B) Clinical photograph of the face showing multiple similar nodular skin lesions. (C) Axial contrast-enhanced CT of the abdomen showing multiple, well-defined enhancing cutaneous and subcutaneous (arrows), intramuscular (curved arrow) as well as intraperitoneal (asterisk) lesions, some showing calcification.

Patient's perspective

My husband was diagnosed with cancer of the rectum. We were devastated. Finally, he underwent chemotherapy and radiotherapy and subsequently underwent surgery. We were very happy and thought that all our problems were over. Few months after the surgery, he developed a few swellings in skin on face and abdomen. We visited our doctor, and he conducted multiple tests and said that the cancer had spread to the skin. He was given chemotherapy but his health deteriorated, and he passed away a couple of months later. It was a horrible experience for me.

Learning points

- ▶ Any cutaneous nodule in a postoperative case of adenocarcinoma rectum should be thoroughly evaluated as it may be the earliest sign of recurrence.
- ▶ Cutaneous metastasis is usually a sign of distant dissemination, and such patients carry a poor prognosis.

It may be the first sign of recurrence in operated cases of carcinoma rectum and signifies a poor prognosis.⁵ Hence, a thorough evaluation of any new skin nodule in such patients is mandatory.

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REFERENCES

- 1 Saeed S, Keehn CA, Morgan MB. Cutaneous metastasis: a clinical, pathological, and immunohistochemical appraisal. *J Cutan Pathol* 2004;31:419–30.
- 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):228–36.
- 3 Kauffman CL, Sina B. Metastatic inflammatory carcinoma of the rectum: tumor spread by three routes. *Am J Dermatopathol* 1997;19:528–32.
- 4 Dehal A, Patel S, Kim S, et al. Cutaneous metastasis of rectal cancer: A case report and literature review. *Perm J* 2016;20:74–8.
- 5 Hashimi Y, Dholakia S. Facial cutaneous metastasis of colorectal adenocarcinoma. *BMJ Case Rep* 2013;2013. doi: bcr2013009875 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822271/>.



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