Cutaneous metastases occur in 1–12% of lung cancers. Pathogenesis is by lymphovascular invasion, with poor differentiation and upper lobe tumours increasing the risk of metastasis. Histology most commonly shows adenocarcinoma, then squamous/small-cell, followed by large-cell carcinoma. Lesions present with or before the primary in 20–60% of cases, can be single or multiple and are usually painless. Common sites include chest, back, head and neck. Treatment modalities include surgery, chemotherapy and radiotherapy, and treatment varies based on prognosis and symptoms. Non-resectability, small-cell histology and multiple/distant metastases confer a poor prognosis.

Learning points

▸ Cutaneous metastases should be suspected in those with suspicious skin lesions and presentation suggestive of a malignancy.

▸ Diagnosis of an unknown primary malignancy can be hazardous, impacting functional status and subsequent treatment. Consideration should be given to obtaining biopsies from the safest possible site first.

REFERENCES
