

BREAST CANCER PRESENTING WITH UNUSUAL CUTANEOUS METASTASES: CASE REPORT

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ABSTRACT

The most frequently seen metastases sites breast carcinoma are lungs, bone, liver and brain. Although skin involvement by metastatic breast carcinoma is rare, in women breast carcinoma is the most common source of cutaneous metastases. Skin involvement by metastatic breast disease is rare and only less than 3.5 % of primary breast carcinomas are preceded by diagnoses of cutaneous metastases. Cutaneous metastases occur in up to 9 % of visceral malignancies, but are rarely the first manifestation. This occurs more common in men than in women especially at cancer of lung, kidney and ovary . 58 year-old female patient with hemorrhagic lesions in her scalp is presented. She did not have a diagnosed breast carcinoma. Pathological examination of the specimen resulted as metastatic breast carcinoma presenting as cutaneous metastases.

Key words: breast cancer, cutaneous metastasis, presentation

İLT METASTAZI İLE PREZENTE OLAN MEME KANSERİ

ZET

Meme kanseri genellikle akciđer, kemik, karaciđer ve beyin dokusuna metastaz yapar. Metastatik meme kanserinin cilt tutulumu nadir olmakla birlikte, metastatik cilt tutulumlarının en sık nedeni kadın meme kanseridir. Metastatik meme kanserinde cilt tutulumu ancak olguların %3,5'inden azında izlenir. Cilt metastazı visceral malignansilerin %9'undan azından izlenmekle birlikte, ilk olarak cilt metastazı ile prezentasyon ok daha nadirdir. Cilt metastazı ile prezentasyon erkeklerde kadınlara gre daha sık izlenmekte olup sıklıkla akciđer, bbrek ve over carsinomlarında izlenir. Bu yazıda 58 yaşımda kafa derisinde hemorajik lezyonları olan daha nce meme carsinomu tanısı olmayan bayan hasta takdim edilmiřtir. Yapılan cerrahi biyopsinin patolojik inceleme sonucu metastatik meme kanseri olarak gelmiřtir.

Anahtar szckler: meme kanseri, cilt metastazı, prezentasyon

Breast carcinomas spread by contiguity, lymphatic channels and blood-born metastases (1). The most common dissemination sites are the lungs, bone and liver (1). Although cutaneous metastases by metastatic breast carcinoma is rare, in women breast carcinoma is the most common source of cutaneous metastases (2,3). But only less than 3.5 % of primary breast carcinomas are preceded by the diagnoses of cutaneous metastases (2,3).

We report a case of breast carcinoma presenting with cutaneous metastases as hemorrhagic lesions in her scalp.

Case Report

58 year-old female patient admitted to our out patient clinic with hemorrhagic lesions in her scalp (figre 1). The patient underwent an excisional biopsy. Histopathology diagnosed as malignant epithelial tumor with pagetoid infiltration of epidermis and rare ductal differentiation. On palpation there was a firm and tender but freely mobile 2x3 cm mass located at the 4-5 o'clock position of the left breast. Mammogram revealed a spiculated lesion in a diameter of 2.5 cm in the left breast and multiple nodular lesions

in the right breast. Sonography of the left breast revealed a hypoechogenic solid nodule in a size of 21x11x10 mm located at the 4-5 o'clock position, 1 cm near the areola in the left breast, and multiple hypoechogenic solid nodular lesions in the right breast. Sonogram of the liver revealed multiple metastatic lesions. A chest computed tomographic scan revealed multiple metastatic lesions in latero-basal segment of the left lung and pleural thickness in the right lung. Whole body bone scintigraphy showed multiple metastatic lesions. The mass in the left breast was excised, and pathologic examination showed a infiltrative ductal carcinoma . The patient referred to the oncology clinic.

Discussion

Cutaneous metastases occur in up to 9 % of visceral malignancies, but are rarely the first manifestation (4,5). Such an event is far more common in men than in women for cancer of lung, kidney and ovary (2,3).

Cutaneous metastases may rarely represent the first evidence of malignancy (6). In one study, 6.3 % of patients with breast cancer had skin involvement at time of diagnosis , but 3.5 %

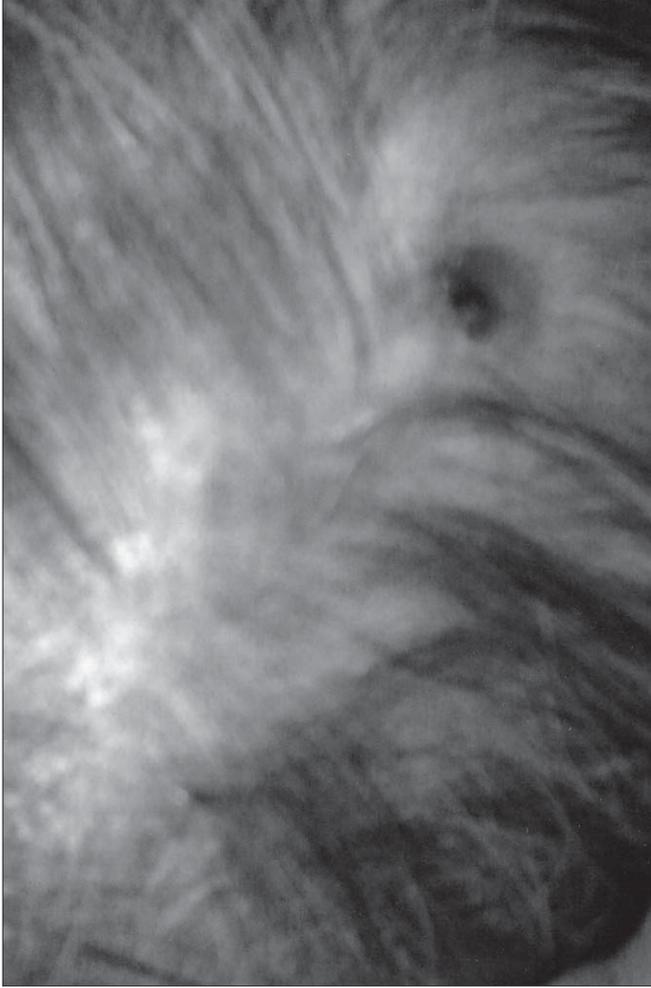


Figure 1. Lesions on the scalp of the patient.

had this as the presenting sign (6). As in the previous reports the first symptom was the cutaneous lesions in the scalp in our patient.

The skin was only the eighteenth most common metastatic site in Abrams' report for breast carcinoma (7). The most common type of metastatic carcinoma from the breast to the skin is inflammatory carcinoma (7). Contrary to our case, skin metastases of the breast show an undifferentiated carcinoma pattern, and rarely an adenocarcinoma pattern (7).

Histopathologic diagnosis is difficult to identify the site of primary tumour. Immunohistochemical studies may be helpful. Cutaneous metastases are usually stained with antibodies to keratin proteins, as well as with anti-carcinoembryonic antigen, anti-epithelial membrane antigen antibodies and ER/PR (8).

Cutaneous metastases preferentially occurs in the skin overlying or proximal to the area of the primary tumour by direct extension or through lymphatic vessels (8). Brownstein and Helwig reported 168 cases with cutaneous metastases, the lesions tended to appear on the anterior chest wall and associated with generalized metastatic disease (8,9). In our patient, cutaneous metastases appeared in the scalp and in addition to the skin, there was liver, lung and bone metastases, too.

Conclusion

In conclusion, in women breast carcinoma is the most common source of cutaneous metastases. Cutaneous metastases are often associated with visceral disease, their prognosis is among the most favourable of this malignancy .

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