

Metástasis cutáneas como forma de presentación de una neoplasia digestiva diseminada

Skin metastases as initial presentation of disseminated gastrointestinal neoplasm

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CASE REPORT

A 89-year-old man presented to the emergency room department with a 1-month history of spontaneous 13x10 mm crusty, nodular lesion in his right hand palm (left image). Two weeks before presentation he had initiated an ambulatory evaluation because of a pulmonary mass in the right upper lobe. The lesion was painful, had intermittent bleeding, with no fever nor suppuration. He had received a 7-days course of amoxicillin/clavulanate without any improvement. The patient was referred to the Dermatology Department, where a skin biopsy was performed: skin tissue infiltration by metastatic adenocarcinoma, probably from gastrointestinal origin (according to immunohistochemistry). Because of the age and bad prognosis, and according to the patient preferences, more invasive tests were avoided. The lesion partially improved with local radiotherapy, but new nodules appeared at his left eyebrow (left image) and at the 4^o finger of his right hand. Due to the bad progression, palliative treatment was initiated and the patient finally deceased.

DISCUSSION

Cutaneous metastases are a very rare form of presentation of disseminated neoplasms. Breast cancer and melanoma are the most common primary neoplasms, followed by lung, colon, head and neck. Cutaneous metastases portend a poor prognosis and are often an indicator of widespread disease. Treatments include excision of the metastases, chemotherapy, immunotherapy, radiation, and/or palliative care.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS

The ethical standards of the Research Committee and the Helsinki Declaration of 1975 were complied with in carrying out this work.

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