



RARE OCCURANCE: CUTANEOUS METASTASIS TO SCALP AND UPPER LIP FROM GASTRO-ESOPHAGEAL CARCINOMA

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ABSTRACT

Skin metastasis from internal malignancy is rare and commonly includes breast, lung and colorectal cancer. Scalp and lip as a site of metastasis is even rarer and may represent a poor prognosis. We report a case presenting with scalp and lip swelling which on further workup was diagnosed as gastroesophageal carcinoma. Even with standard treatment patient succumbed to the disease within 3 months of diagnosis. Skin metastasis represents advanced disease with a poor outcome. Extensive workup is required to establish the diagnosis at the earliest to for better treatment outcomes.

Key words:

Scalp metastasis, gastroesophageal carcinoma

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INTRODUCTION

Metastasis to cutaneous regions from internal malignancy is very rare with frequency of around 0.7 to 9%. The malignancies which are usually associated with the cutaneous metastasis includes breast, lung, and colorectal cancer (1). Adenocarcinoma of gastro-esophageal junction and stomach can present with metastasis to skin but the incidence reported in literature is very less. The skin involvement from the gastric and gastro-esophageal cancer (1-3) usually involves the nearby cutaneous structures which may include the abdominal wall in the form of non-specific nodules (4). The scalp and upper lip are very unusual sites of cutaneous metastasis. The incidence of scalp metastasis was around 4% in the report published by Brownstein and Helwig (5). Till date only few case reports have been done with these rare sites of metastasis (6-9). Only one case report of upper lip metastasis from gastro-esophageal junction was found in the literature (10). The current report presents a case of scalp and upper lip metastasis from gastric cancer and a review of the related literature.

Case report

A 41 year old male presented to our institute, with complains of decreased appetite for 2 months, swelling over the scalp and upper lip for 1 month and weight loss of 10kg in last 2 month. Patient was non diabetic, non hypertensive and had no addiction to tobacco or alcohol and no positive family history of malignancy. The ECOG performance status(11) was 2. On

general examination few nodular, firm and nontender nodule were present over left frontoparietal region of the scalp (Fig1) measuring 1.5x1cm in dimension. Another firm, irregular, non tender swelling was present over the left side of upper lip (Fig.2) measuring 3x2cm in dimension. The abdominal examination revealed a vague ill-defined mass in the epigastric region. Routine investigation were done with complete blood count showing anemia. Biochemistry parameters were within normal range. Upper GI endoscopy showed ulceroproliferative growth in the gastro-esophageal junction, fundus and body of stomach suggestive of neoplasm. CECT was performed which showed irregular thickening and growth involving gastro-esophageal junction and body of stomach measuring 4 cm in maximum dimension with few regional lymphadenopathy. Biopsy was suggestive of adenocarcinoma stomach grade 2. CECT brain was performed which showed presence of soft tissue attenuating lesion in the left temporal region of scalp measuring 2.5x1.1cm. FNAC was performed from the scalp (Fig.3) and the lip swelling (Fig.4), both of which reported metastatic adenocarcinoma. No other site of metastasis could be found. With all these workup patient was confirmed as a case of metastatic adenocarcinoma gastro-esophageal junction with metastasis to scalp and upper lip. The renal profile (with normal GFR) and cardiac evaluation (with ejection fraction - 61%) were within normal limit. Patient was started with DCF (docetaxel, cisplatin and 5FU) regimen with palliative intent. Patient tolerated the 1st cycle wel but he succumbed to the

disease after the 1st cycle of chemotherapy within 1.5 months of presentation.



Fig1. scalp metastasis



Fig2. lip metastasis

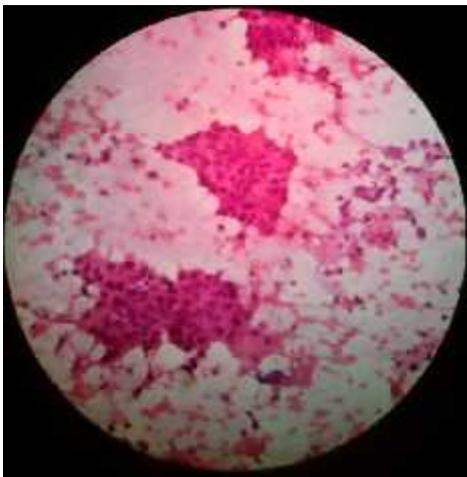


Fig3. FNAC of scalp metastasis

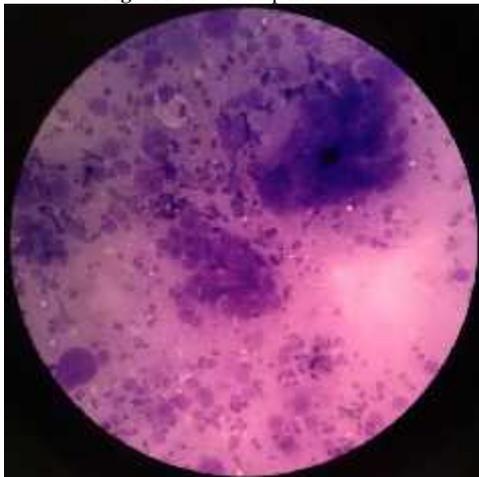


Fig4. FNAC of lip metastasis

DISCUSSION

Skin is the largest organ in human body but the incidence of metastasis is very low. Metastasis to scalp is even rarer with incidence being <2% of patients with malignant metastases. The most common tumor associated with the scalp metastasis is lung cancer which is associated with 23.53% of all scalp metastasis. After lung cancer the other malignancies commonly associated with scalp metastasis includes colorectal (11.76%), liver (7.84%) and breast (7.84%) cancer. Those in which no primary could be found accounts for 29.41% of all tumor with scalp metastasis (12). Scalp metastasis can manifest as atypical nodules or plaques, or alopecia neoplastica in rarer cases (8). The scalp lesions have the propensity to grow unnoticed for long period of time as patients tend to ignore the relatively asymptomatic nodules without any characteristic feature and also being covered by hairs. These lesions are usually taken as non significant skin disease and this leads to delay in diagnosis and treatment of the underlying malignancy. The usual delay of 4-10 months have been observed from the finding of scalp nodule and the diagnosis of internal malignancies according to previous literature (6-8). So, it is important to workup for any skin lesion with presentation between 1-34 months as they can represent the metastatic site of the internal malignancy under evaluation (2). Metastasis to skin is associated with poorer prognosis. Most of the patients with skin metastasis from primary lung, esophageal or cervical malignancies succumb to their disease within three months of the diagnosis of cutaneous metastasis. Bordin and Weitzner found that the survival following the diagnosis of cutaneous metastasis averaged 11.4 weeks with a range of 2 to 34 weeks (13). The mean survival time was around one month in the three of four previously reported cases of gastric malignancy with scalp metastasis (2). Due to loss of follow-up the survival of other patient remains unknown. The median survival time was two months in the three patients with gastric cancer following the diagnosis of scalp metastasis. In the present case the patient succumbed to the disease within 3 months from the diagnosis of scalp and upper lip metastasis.

Cutaneous metastatic lesions are seen in late stage of cancer, and indicates that there is extensive spread of the internal malignancy. Most of the patients presenting with scalp metastasis also have metastasis to other organ concomitantly. So extensive radiological evaluations, including CT, MRI and positron emission tomography-CT, should be done which may provide more valuable information regarding other sites of metastasis. The major treatment option recommended is the systemic chemotherapy (2, 3). Frey *et al* reported a patient of gastric cancer with cutaneous metastasis who responded well to systemic chemotherapy and survived for >12 months (6). In cases where scalp lesions induce uncontrolled symptoms, such as pain, or appear as the only metastatic site, local excision/radiotherapy may be considered. However, no significant change in survival has been reported with any particular treatment available.

Review of the literature demonstrates the rarity of scalp and upper lip metastasis in gastric cancer. Although cutaneous lesions usually reflect a more widely spread disease, they may also present as the first sign of cancer. Patient with cutaneous metastasis usually also have other sites of metastasis. But in rare case they may present only with the cutaneous metastasis without any evidence of metastasis elsewhere. For this patient

extensive metastatic workup did not find any metastasis other than the cutaneous ones described. For patients with known internal malignancies, skin lesions often require further evaluation. Pathological biopsy must be performed when necessary. Extensive evaluations, including general physical examination and radiological examination, are important for such patients. Scalp metastasis often indicates very poor prognosis with a mean survival time of less than three months. Systemic chemotherapy is the major treatment, but no particular treatment has been reported to change survival rates.

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