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Gastric Adenocarcinoma Deposits Presenting as Multiple Cutaneous Nodules: A Case Report with Review of Literature

Multipl Kutanöz Nodüllerle Kendini Gösteren Mide Adenokarsinomu: Olgu Sunumu

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ABSTRACT

Metastases to the skin from internal tumors are uncommon, yet they may be the first presentation of such malignancies. They usually arise from the breast, lung and large bowel. Cutaneous metastases from gastric adenocarcinoma are extremely rare. We report a case of gastric adenocarcinoma that at presentation had multiple clinically benign looking skin nodules. Fine needle aspiration cytology of the cutaneous nodule revealed metastatic deposits. The current literature on cutaneous metastases of gastric carcinoma is reviewed in this case report.

Key Words: Skin, Metastasis, Gastric cancer, Fine-needle, Aspiration cytology

ÖZ

Organlardan deriye metastaz nadirdir ancak malignitenin ilk çıkış şekli olabilir. Genellikle meme, akciğer ve kalın barsak kökenlidir. Mide adenokarsinomunun deri metastazı ise çok ender görülür. Burada, tanı esnasında çok sayıda deri metastazı olan bir mide adenokarsinomu olgusu sunulmaktadır. Deri nodülünün ince iğne aspirasyon sitolojisi metastazı göstermiştir. Bu olgu sunumunda mide kanserlerinin deri metastazlarına ait literatür derlenmektedir.

Anahtar Sözcükler: Deri, Metastaz, Mide kanseri, İnce iğne, Aspirasyon biyopsi

INTRODUCTION

Cutaneous metastases may occur as the initial manifestation of internal malignancy or late in the course of the disease. Furthermore, they can be the first sign of disseminated neoplasm or an important presenting feature of recurrence after successful therapy. The course of cutaneous metastases may also be used as a reflection of the behavior of the internal lesions, in particular their response to systemic chemotherapy. Presence of cutaneous metastases may progress the stage of an internal malignancy and hence affect its prognosis. In general, cutaneous metastases are associated with advanced systemic cancers and the expected survival is less than one year (1,2).

This case is reported for its rarity of presentation and to highlight the importance of cutaneous metastases as a poor prognostic sign for the patient.

CASE REPORT

A 66-year-old woman came with a history of fever and generalized weakness since 1 month. The patient gave a history of having undergone surgery for gastric ulcers 17 years back. The histopathology report was unavailable.

Examination revealed enlarged cervical and supraclavicular lymph nodes. Multiple subcutaneous nodules (around four) were seen over the abdomen largest measuring 2x2 cm, firm in consistency and freely mobile.

A hard mass was palpable in the epigastric region, measuring about 8x5 cm, fixed to the underlying structures. The patient also had pleural effusion and ascites.

Computed Tomography (CT) scan of the abdomen revealed a soft tissue mass lesion in the retropancreatic, periportal, pre-aortic and bilateral para-iliac regions along with multiple mesenteric lymphadenopathies, minimal left sided hydronephrosis, bilateral pleural effusion and

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moderate ascites. A provisional diagnosis of disseminated malignancy was given.

Ultrasound guided fine needle aspiration cytology (FNAC) of the retroperitoneal mass along with FNAC of cervical, supraclavicular lymph nodes and cutaneous nodules were done.

Cytology findings: Fine needle aspiration smears showed pleomorphic round to oval cells arranged in groups, glandular and papillary patterns (Figure 1) with vesicular nucleus showing prominent nucleoli and scanty eosinophilic cytoplasm (Figure 2). A few signet ring cells were also observed. A possibility of gastric/pancreatic adenocarcinoma with lymph node and cutaneous metastases was suggested.

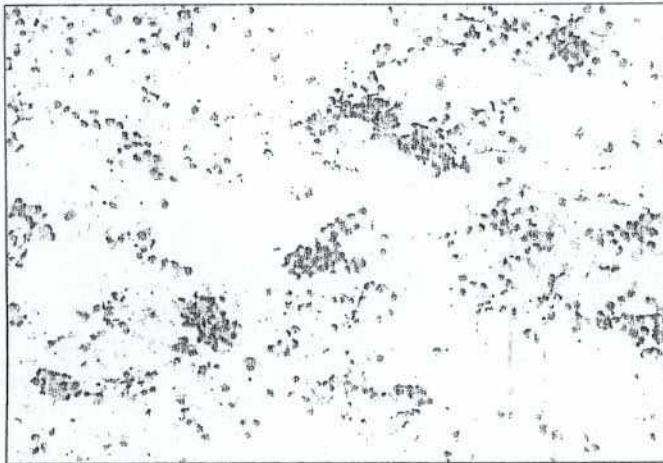


Figure 1: Microphotograph of fine needle aspiration smears showing tumor cells arranged in groups, glandular and papillary patterns (H&E, x100).

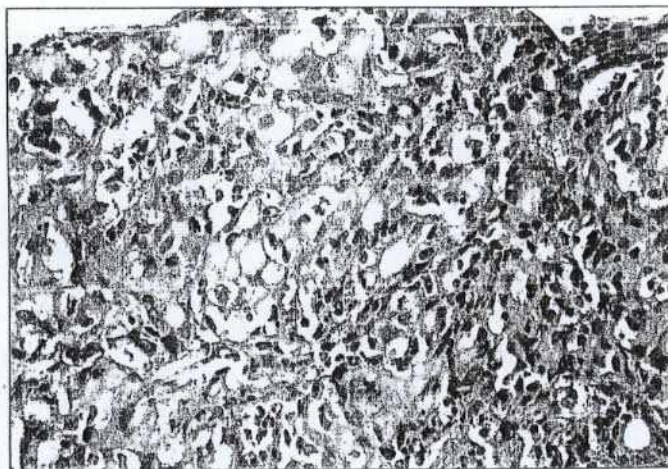


Figure 3: Microphotograph of biopsy showing fragments of gastric mucosa with signet ring cells seen infiltrating the stroma (H&E, x400).

Upper Gastrointestinal (GI) endoscopy showed a large stomal ulcer on the body of stomach. Biopsy sent revealed fragments of gastric mucosa showing tumor cells arranged in groups (Figure 3). Cells were pleomorphic with round to oval nucleus having fine chromatin and moderate amount of eosinophilic cytoplasm. Signet ring cells were also seen infiltrating the stroma. Mucin was demonstrated by mucicarmine stain (Figure 4). The above features were compatible with mucin secreting gastric adenocarcinoma with cutaneous metastases. Subsequently the patient died before the surgery could be performed.

DISCUSSION

Skin or cutaneous metastases refer to growth of cancer cells in the skin originating from an internal cancer. In most cases, cutaneous metastases develop after the initial

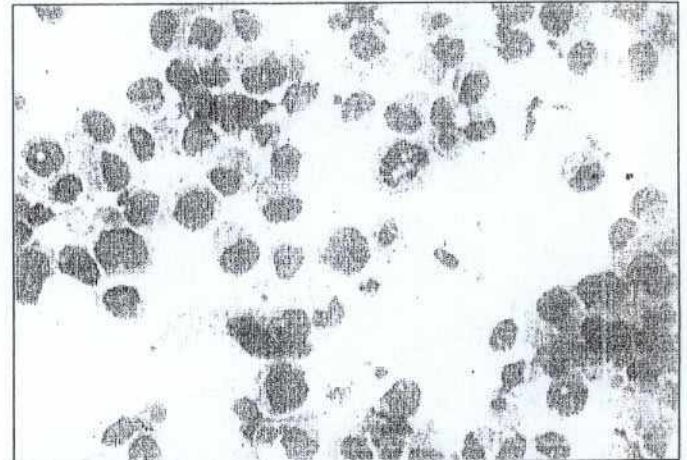


Figure 2: Microphotograph of fine needle aspiration smears showing pleomorphic round to oval cells (MGG, x1000).

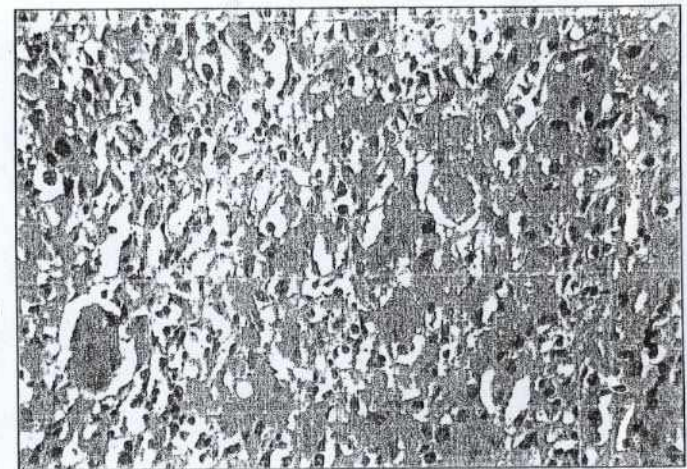


Figure 4: Microphotograph of tumor cells showing mucin (Mucicarmine, x1000).

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