

A Case of Neck Skin Metastasis as a First Metastatic Region in the Early Stage of Gastric Carcinoma

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ABSTRACT

Skin metastasis is an uncommon finding during the follow up of gastric carcinoma and if present, it is usually observed at the advanced stage of the disease. Herein, we present a 51-year-old man with stage I invasive gastric adenocarcinoma whose first metastasis occurred in the skin of the neck region eight months after the initial diagnosis. Eventually, the patient died 10 months after the diagnosis of skin metastasis because of intraabdominal recurrence of the gastric carcinoma.

Keywords: Gastric cancer, Skin metastasis, Early stage

ÖZET

İlk Metastaz Bölgesi Boyun Derisi Olan Erken Evre Mide Kanseri Olgusu

Mide kanserinde deri metastazı nadirdir ve eğer varsa, genellikle geç evrelerde ortaya çıkar. Burada: 51 yaşında, erkek, tanı anında evre I invaziv mide adenokarsinomlu, tanıdan 8 ay sonra ilk metastaz bölgesi boyun derisi olan bir olgu sunduk. Hastamız deri metastazı tanısından 10 ay sonra, mide kanserinin intraabdominal nüksü nedeniyle kaybedildi.

Anahtar Kelimeler: Mide kanseri, Cilt metastazı, Erken evre

INTRODUCTION

Gastric cancer is one of the leading causes of cancer-related deaths in the world. Prognosis may be poor despite early detection or complete resection of the cancer. It spreads by local extension, distant lymphatic, hemotogenous or peritoneal metastasis. The most common regions for distant metastases are liver, lung, bone and central nervous system; bone marrow and skin metastases are rare.^{1,2} Regarding the skin involvement of gastric carcinoma, paraneoplastic dermatologic lesions like dermatomyositis, acanthosis nigricans, migratory thrombophlebitis and pemphigoid have been described.^{3,4} Cutaneous metastases are usually nodular and appear in the umbilical or periumbilical region (Sister Mary Joseph Nodule).^{1,4} We herein present early stage gastric cancer patient who was diagnosed at the early stage of the disease but who developed initial skin metastasis in the neck region during the follow up.

CASE REPORT

A 51-year-old man with an invasive adenocarcinoma of gastric antrum (stage I) was primarily treated with total gastrectomy. Tumor invaded lamina propria (T1) and regional lymph node were not assessed (T1Nx). Eight months after the diagnosis, erythema and skin induration on his neck was observed (Figure 1A). Initially performed skin biopsy was reported to be consistent with inflammation but

the lesion was resistant to anti-inflammatory and antibiotic treatment. Accordingly, a repeat biopsy was performed and it revealed vascular invasion of an undifferentiated adenocarcinoma (Figure 2). Two months later, ascites, intraabdominal abscess and new skin lesions in the back region of the patient appeared. The abscess fistulised spontaneously. Thereafter, the patient received a chemotherapy protocol consisting of cisplatin, epirubicine and tegafur/uracil. Skin lesions and abdominal symptoms regressed after chemotherapy (Figure 1B). One month after chemotherapy, he was admitted to the hospital with abdominal pain and decreased performance status. Peritonitis carcinomatosa and ascites were diagnosed radiologically. *E. Coli* was identified in the ascites culture and fistulation relapsed. Then the clinical course of patient deteriorated rapidly and he died 18 months after the diagnosis of gastric cancer (10 months after the first skin metastasis).

DISCUSSION

Skin metastasis of gastric carcinoma is rare and usually coexists with other organ involvement. The incidence of skin metastasis is about 0.4-6% among the upper gastrointestinal system tumors.^{3,5,6} Skin metastasis of gastric carcinoma may be either solitary or multiple. Head, neck, eyebrow, axilla, chest, and fingertrip skin lesions have been reported as regions of involvement due to gastric carcinoma.^{4,5}

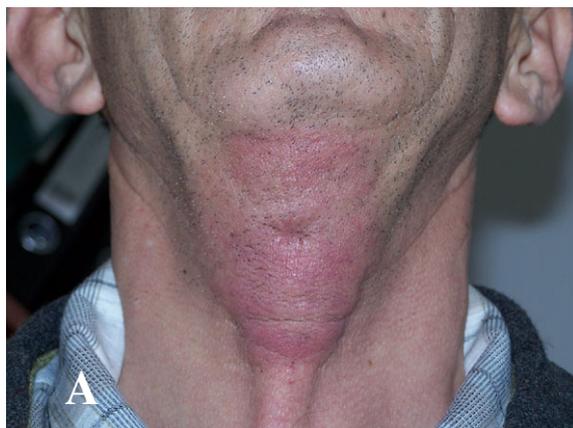


Figure 1. (A) Skin metastasis region with induration and erythema in the neck, before chemotherapy. **(B)** Three months after chemotherapy, induration and erythema resolved and hyperpigmentation was evident on the skin.

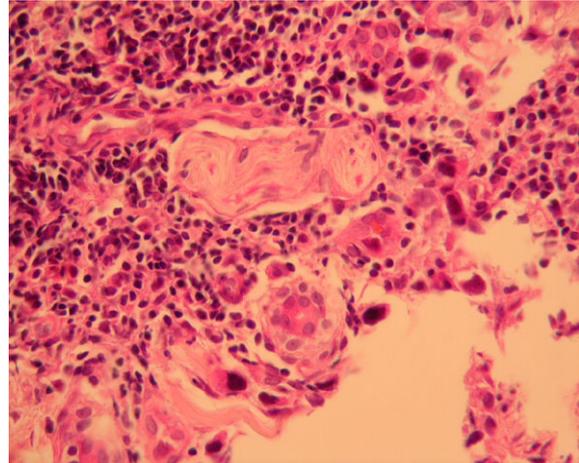
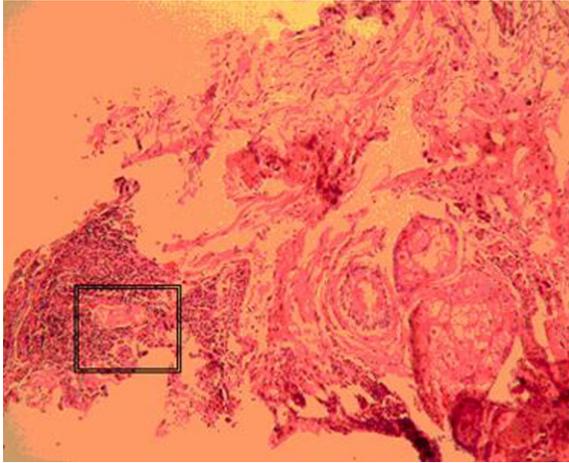


Figure 2. Infiltration of malignant tumor cells to the reticular dermis.

The most common skin metastasis is localized in the umbilical region and it is called as Sister Mary Joseph Nodule. In our case, skin metastasis appeared on the neck region.

Skin metastases of gastric tumors are usually of nodular type. Zosteriform or erysipelas like pattern, lesions like epidermoid cyst, condyloma accuminatum or a benign soft tissue tumor are very rare.⁶ In our case, the neck lesion was of erysipelas like pattern. Skin metastasis is usually a sign of poor prognosis. Similarly, our patient's prognosis was also poor, although he responded well to the chemotherapy.

In conclusion, presenting our case of gastric carcinoma who was initially diagnosed at his early stage but who later on had recurrence with skin isolated metastasis, we call attention of clinicians that during the follow up of these patients such rare lesions may be the early harbinger of disease relapse.

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