Carcinoma Erysipelatoides Resulting from Gastric Adenocarcinoma: An Unusual Clinical Presentation

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Abstract

Objective: To report a rare case of carcinoma erysipelo-
toides on the laryngeal skin caused by stomach adenocar-
cinoma. Clinical Presentation and Intervention: A 48-
year-old male, who had undergone a gastrectomy 18
months prior to admission for stage IIIA gastric adeno-
carcinoma, presented with a reddish induration of the
cervical skin, lymphadenopathy in both supraclavicular
areas and widespread subcutaneous nodules. Abdomi-
cal computerized tomography and chest radiography
did not reveal any organ metastasis or peritoneal carci-
nomatosis. A biopsy of the induration revealed atypical
epithelial cells with edema and dilatation of lymphatics.
The patient was given combination chemotherapy of
etoposide, adriamycin, and cisplatin, and significant im-
provement was observed over the cervical area after
three courses. The patient tolerated the systemic chemo-
therapy well and has been followed for two months.

Conclusion: We recommend combination chemotherapy
in patients with cutaneous metastasis of gastric adenocar-
cinoma as a safe and effective treatment.

Key Words
Carcinoma erysipelo-toides • Stomach adenocarcinoma •
Laryngeal skin

Introduction

Gastric carcinoma is a common malignancy world-
wide [1]. Advanced disease can result in metastases to
many areas of the body, most often the liver, lungs, bone,
and adrenal glands [2]. Skin involvement in the form of
subcutaneous nodules is not frequent, although Sister
Mary Joseph’s nodule is a well-known phenomenon [3].

An uncommon form of cutaneous metastasis is carci-
noma erysipelo-toides, which is generally caused by breast
carcinoma and has rarely been linked to the primary can-
cers of other organs, except for some cases with pulmo-
nary [4] and colon adenocarcinoma [5] and genitourinary
cancer [6]. Carcinoma erysipelo-toides caused by stomach
adenocarcinoma is an extremely rare condition. As far as
we know, only two cases of carcinoma erysipelo-toides due
to gastric adenocarcinoma have been reported so far [7,
8], and no case of carcinoma erysipelo-toides on cervical
skin due to gastric adenocarcinoma has been reported
yet.

We report an unusual case of erysipelo-toid metastasis
to the cervical skin in a 48-year-old patient who had been
diagnosed with stage IIIA gastric adenocarcinoma and
had undergone a gastrectomy 18 months prior to presenta-
tion.
**Case Report**

A 48-year-old male presented to Karadeniz Technical University Farabi Hospital, Turkey with a reddish induration of the cervical skin (fig. 1). He had undergone a subtotal gastrectomy 18 months previously for stage IIIA poorly differentiated adenocarcinoma, signet ring cell type. In addition to the skin lesion there was lymphadenopathy in both supraclavicular areas and widespread subcutaneous nodules. Abdominal computerized tomography and chest X-ray did not reveal organ metastasis or peritoneal carcinomatosis. A skin punch biopsy from the plaque on the laryngeal region revealed atypical epithelial cells within the dermis with edema and dilatation of lymphatics (fig. 2). These cells were described as signet-ring cells because of PAS-diastase-stained intracytoplasmic mucin. The characteristics of these cells were similar to the cells found on his previous gastric resection.

The patient had received 6 courses of etoposide, adriamycin, and cisplatin (EAP) chemotherapy after gastrectomy, and this same treatment was administered upon histological confirmation of skin metastasis. Significant cutaneous improvement was observed over the cervical area after 3 courses of chemotherapy. He tolerated the chemotherapy very well and has been followed for 2 months.

**Discussion**

Cutaneous metastasis from internal cancers is uncommon and usually due to melanoma, lung, breast, or colon cancer [3]. In 7,316 non-melanoma cancer patients, less than 1% of patients had cutaneous metastases at the time...
of diagnosis [9]. As with other remote metastasis, skin metastasis due to gastric cancer shortens survival of the patient. A patient administered intraliesional interleukin-
2 died within 2 months of treatment [8], but another patient responded well to systemic chemotherapy and had a long survival [10]. Although our patient has been fol-
lowed for only 2 months, he has tolerated the systemic chemotherapy well without any compromise.

Conclusion

We recommend combination chemotherapy in pa-
tients with cutaneous metastasis of gastric adenocarcino-
ma as a safe and effective treatment.

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