Carcinoma Erysipelatoides Resulting from Gastric Adenocarcinoma: An Unusual Clinical Presentation

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Key Words

Carcinoma erysipelatoides · Stomach adenocarcinoma · Laryngeal skin

Abstract

Objective: To report a rare case of carcinoma erysipelatoides on the laryngeal skin caused by stomach adenocarcinoma. **Clinical Presentation and Intervention:** A 48-year-old male, who had undergone a gastrectomy 18 months prior to admission for stage IIIA gastric adenocarcinoma, presented with a reddish induration of the cervical skin, lymphadenopathy in both supraclavicular areas and widespread subcutaneous nodules. Abdominal computerized tomography and chest radiography did not reveal any organ metastasis or peritoneal carcinomatosis. 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 improvement was observed over the cervical area after three courses. The patient tolerated the systemic chemotherapy well and has been followed for two months. **Conclusion:** We recommend combination chemotherapy in patients with cutaneous metastasis of gastric adenocarcinoma as a safe and effective treatment.

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Introduction

Gastric carcinoma is a common malignancy worldwide [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 carcinoma erysipelatoides, which is generally caused by breast carcinoma and has rarely been linked to the primary cancers of other organs, except for some cases with pulmonary [4] and colon adenocarcinoma [5] and genitourinary cancer [6]. Carcinoma erysipelatoides caused by stomach adenocarcinoma is an extremely rare condition. As far as we know, only two cases of carcinoma erysipelatoides due to gastric adenocarcinoma have been reported so far [7, 8], and no case of carcinoma erysipelatoides on cervical skin due to gastric adenocarcinoma has been reported yet.

We report an unusual case of erysipelatoid 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 presentation.

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Fig. 1. Macroscopic feature of carcinoma erysipelatoides on cervical skin.

Fig. 2. Tumoral cell infiltration in dermis with edema and dilatation of lymphatics (large arrow) and signet ring cells (small arrow). HE. $\times 200$.

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 intralesional 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 followed for only 2 months, he has tolerated the systemic chemotherapy well without any compromise.

Conclusion

We recommend combination chemotherapy in patients with cutaneous metastasis of gastric adenocarcinoma as a safe and effective treatment.

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