

IMAGES IN DERMATOLOGY

Exuberant Cutaneous Metastasis of Gastric Adenocarcinoma



Metástasis cutánea exuberante de adenocarcinoma gástrico

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A 61-year-old female patient, with a history of advanced poorly differentiated gastric adenocarcinoma, diagnosed 20 years ago, underwent total gastrectomy, hysterectomy and cystectomy with adjuvant chemotherapy, with no evidence of recurrence or distant metastasis. Observed in the Dermatology Emergency Department by erythematous cutaneous nodules and plaques disseminated on the flanks, genital region and lower limbs, associated with exuberant lymphedema of the right lower limb, with 6 months of evolution (Fig. 1). Skin biopsy revealed cutaneous metastasis of adenocarcinoma with an immunohistochemical profile compatible with gastric origin. She underwent 2 cycles of chemotherapy with oxaliplatin and capecitabine but, due to refractory thrombocytopenia, therapy with pembrolizumab was replaced. However, death occurred 2 weeks after the 1st cycle, and 7 months after the first observation, due to disease progression.

Malignant gastric neoplasms usually metastasize to the liver, peritoneal cavity and lymph nodes, with skin metastases being rare (<1%). Clinically, the cutaneous metastases of these neoplasms usually manifest as erythematous-violaceous dermal or subcutaneous nodules, in the periumbilical region (Sister Mary Joseph nodule) or supraclavicular (Troisier sign) or, rarely, as carcinoma



Figure 1

erysipeloides on the head, trunk or abdomen. Metastasis at multiple sites or at the extremities, as in this case, is particularly rare. Cutaneous metastasis usually occurs 3–10 years after the diagnosis of the primary neoplasm, and this patient has, among the cases described in the literature, the longest interval between the diagnosis of the primary neoplasm and the one of the cutaneous metastasis (20 years). Thus, the importance of cutaneous manifestations as well as the unpredictability of metastasis in neoplastic diseases is recalled.

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