

Case Report

Skin metastases from esophageal and esophagogastric junction cancer

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Introduction

A large proportion of esophageal cancers present initially in an advanced stage (1). Extra-nodal metastases are seen in 20% of the patients (2,3), the liver and lungs are the more common places (2,3). Cutaneous metastases (CM) are rarely reported (4-12).

We report two cases of skin metastases from esophageal cancer.

Case report

Case 1

A 68-year-old male patient presented with dysphagia for 3 months. Upper endoscopy and computerized tomography disclosed a mid-thoracic esophageal squamous cell carcinoma with extension to the airway rendering the tumor inoperable. No extra-nodal metastasis was noticed. The patient presented concomitantly with two red non-painful fast-growing nodules with ulceration in the nose and neck (Fig 1). Biopsy disclosed a squamous cell carcinoma considered a metastasis due to the atypical and rapid growth for a primary skin lesion since histology cannot differentiate

both conditions. The patient was sent to oncologic clinical treatment.

Case 2

A 73-year-old male patient presented with skin lesion 2 years after a total gastrectomy and distal esophagectomy for esophagogastric junction cancer followed by adjuvant chemotherapy (T3N1M0). Physical examination revealed an extensive area of the abdomen covered by red plaques (Fig 2). Biopsy disclosed an adenocarcinoma. No other site of recurrence was detected. Patient was referred to clinical oncologic treatment.

Discussion

The skin is an uncommon site of metastases. CM was found in only 10% of a large series with over 4000 cases of metastatic cancer (4). Skin metastases from esophageal cancer affect less than 1% of the cases (9,13). It may originate from squamous cell carcinoma as well as from adenocarcinoma (4-12). Skin metastases from esophagogastric junction tumors with similar characteristics to gastric cancer have also been described (7) as for that matter skin metastases from gastric tumors have also been rarely reported (9,14,15). A myriad of presentations may be seen, however, nodules are the most common form (5,8,10). Any location in the body may be affected (4).

The presence of CM denotes an advanced disease. Survival is dismal with an average of 4 months (4). Surgeons must be aware that cutaneous lesions may represent the first sign of systemic spreading of esophageal carcinoma (4,9).

No potential conflict of interest.

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Figure 1. Cutaneous metastases from an esophageal squamous cell carcinoma



Figure 2. Cutaneous metastases from an esophagogastric junction adenocarcinoma

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