*Case Report*

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# Carcinoma Oesophagus with Subcutaneous Metastasis

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**Abstract**

Metastases to skin from primary internal malignancies are rare with the incidence ranging from 0.7% to 10%.Cutaneous metastasis are frequently found in melanoma, breast cancer, or mucosal cancers of the head and neck. The reported incidence of subcutaneous metastases from squamous cell carcinoma of the esophagus is less than 1%. We report here a 55 year old male with carcinoma oesophagus presented with one subcutaneous nodule over the tip of nose and another on anterior abdominal wall below umblicus. Cytology from both nodules revealed metastatic squamous cell carcinoma.

**Keywords**: Esophagus; Subcutaneous Metastasis; Squamous Cell Carcinoma.

## Introduction

Esophageal cancer is the ninth most common malignancy and sixth most frequent cause of cancer death in the world, accounting for 7% of all gastrointestinal cancers [1]. Based on latest datas available it is postulated that there has been a rapid increase in the incidence of esophageal adenocarcinoma in Western countries accounting for 45-55%, though till now squamous cell carcinoma is regarded as most common histologic subtype of esophageal cancer. It is associated with a high mortality rate and the relative 5 year survival for all stages is reported as 15%. Patients with esophageal cancer usually present with locally advanced disease at the time of initial diagnosis. Common sites if distant extra-nodal metastases are liver and lung[2]. Subcutaneous metastasis in carcinoma oesophagus is very rare and has been reported in less than 1% cases [3]. In general, skin metastases from malignant tumors of the internal organs are rarely seen, with range between 0.7 and 9%. They can occur at any age but most frequently found between 6th- 7th decade of life. Metastatic spread to the skin occurs either hematogenously or via the lymphatic system and presents in the form of rapidly growing papules or nodules [4]. Here we report an uncommon case of skin metastases from squamous cell carcinoma of oesophagus.

## Case Report

A 55 year old male presented to us as with complaint of subcutaneous nodule on the tip of nose and cough since last 15 days .Cough was productive, and not associated with blood. In past he was diagnosed as high grade squamous cell carcinoma (SCC) of upper oesophagus, stage III (T4bN2M0) in 2015 for which he received concurrent chemo-radiotherapy with 50Gy / 25 fractions on Telecobalt Unit along with 5 cycle of chemotherapy with cisplatin 50mg given once weekly upto August 2015. Since then he was on regular follow up. He now presented with a swelling and cough from last 20 days.

On examination, a subcutaneous nodule is present on tip of the nose measuring 2 x 1 cm firm, tender, fixed to skin with no ulceration or discharge (Figure 1). On abdominal examination another nodule 1 x 1 cm firm, mobile, non tender on anterior abdominal wall 10cm below umbilicus, with no evidence of ulceration or discharge. There is no organomegaly or

adenopathy seen. Fine Needle Aspiration Cytology (FNAC) from both nodules revealed Metastastic Squamous cell carcinoma (Figure 2). Metastatic workup of the patient showed a mass in left middle lobe of lung suggestive of lung metastasis. Rest of organs did not show any sign of metastasis or disease. Patient is able to take solid diet orally. We have now started palliative chemotherapy with Paclitaxel (260mg/$m^2$) and Carboplatin (AUC 5) combination.

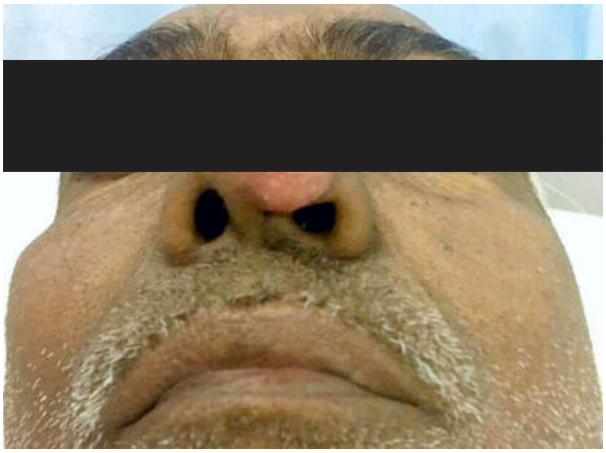

**Fig. 1:** Nodule on tip of nose

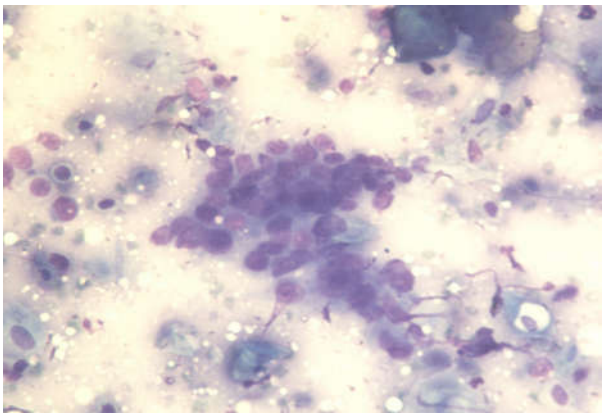

**Fig. 2:** Cytological smear showing

## Discussion

Subcutaneous metastases are uncommon and commonly seen in malignant melanoma, followed by breast cancer and mucosal tumors of head and neck [5]. Esophageal carcinoma carries a poor prognosis with 5-year survival rates of 5-35% usually representing with lymph node and distant metastases at the time of diagnosis. Liver and lungs are most commonly involved organs in metastasis through hematogenous route from carcinoma esophagus [2]. Skin metastases from esophageal cancer affect less than 1% of cases [3] and indicate rapid disease progression with poor prognosis. Skin metastasis is more common in adenocarcinoma variant then squamous cell carcinoma [5]. According to Omranipour et al abdominal wall is the most common site for cutaneous metastasis of gastro intestinal tract tumors followed by chest but involvement of extremities and face is not generally found [6]. A study by Lookingbill et al in 7,316 patients with skin cancer and metastases, found no individuals with a primary esophageal cancer [7]. In another study of 4,020 patients Lookingbill found only 3 cases of skin metastasis from esophageal squamous-cell carcinoma. Most of the cases presenting with cutaneous metastasis are from lower third esophagus, that is tumors that develop at or near the gastroesophageal junction

Cutaneous manifestations of esophageal carcinoma may clinically represent as dermal papules, indurated nodules, inflammatory patches or rapidly growing subcuatenous masses. In patients presenting with subcutaenous metastasis with esophageal primary the median survival is found to be 4.7 months only [8]. Metastatic subcuteanous nodules may occur before the onset of esophageal symptoms such as dysphagia and weight loss or after the diagnosis is made and the usual time is around 2.9 years after the onset of primary lesion [9] and points towards aggressiveness of the tumor.

A metastatic workup should be done in patients who represent with skin soft tissue mass as they frequently presents as a painless, dermal tumor. Appropriate workup should include detailed medical history, physical examination, imaging, and histopathological analysis. Treatment at this stage is mainly with palliative chemotherapy and radiotherapy. Combination chemotherapy is regarded as most effective regimen for advanced oesophageal cancer with a higher response rate when compared with monotherapy. Fine needle aspiration provides a relatively quick, non-invasive, inexpensive method to aid in diagnosis and staging . In our patient, both skin lesions were evaluated by biopsy examination and imaging tests were used for metastatic workup. Only after the histopathological conformation the diagnosis of a skin metastasis in our patient was made which itself presents a rare entity of metastasis. The patient is still under treatment.

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