

Case report**Subcutaneous Metastases from Rectal Carcinoma: A Case Report**

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Abstract

Subcutaneous metastasis of rectal adenocarcinoma is an infrequent event as it occurs in less than 4% of all patients with rectal malignancy. When present, it signifies an advanced disease and carries poor prognosis. We hereby, present the case of a 51-year-old woman with subcutaneous lesion that turned out to be rectal adenocarcinoma metastases. She was then managed as an advanced case.

Keywords: subcutaneous metastases, rectal, carcinoma, palliative, skin neoplasm.

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Date of submission: 18th Aug 2011Date of acceptance: 23rd Sept 2011Date of publication: 3rd Oct 2011**Introduction**

Cutaneous metastasis of malignant disease is rare. It occurs in less than 4% of rectal adenocarcinomas (1). This condition has no distinctive characteristic to other cutaneous lesion. Commonly these metastatic lesions featured as small subcutaneous intradermal nodules, that are generally asymptomatic, firm and painless. Cutaneous metastases from rectal adenocarcinoma usually spread to subcutaneous via hematogenous and or lymphatic systems. Other manifestation of such lesion are through direct extension from the underlying tumor or accidental implantation. The location of the lesion is important as it can give a clue of the primary site. Most often rectal adenocarcinoma metastases of the skin is found on the anterior abdominal wall and around the umbilicus. The presence of skin metastases signifies a widespread condition with carries poor prognosis.

Cutaneous metastases occur generally within 2 years from the time of primary tumour resection. If this happens, it should alert the clinician of the possibility of skin metastases. As cutaneous metastases can be a

primary hint for the diagnosis of the visceral cancer (2), they may also indicate inappropriate of ongoing therapy and recurrence of the disease thought to have been eradicated. We present a case of a lady with subcutaneous interscapular metastatic rectal adenocarcinoma.

Case Report

A 51-year-old female came with a history of progressing interscapular skin lesion of 5-month duration. She also reported significant tenesmus and recent weight loss. Colonoscopic examination revealed an obstructing rectosigmoid tumour. Histopathological biopsy revealed adenocarcinoma of the rectum. CT scan of the abdomen suggested rectal carcinoma extending to involve the rectosigmoid colon (Figure 1) with mesorectal and preaortic lymph nodes metastasis. She underwent an emergency laparotomy and excision of the skin lesion at the same time. At surgery, the tumour was found to be unresectable and the patient ended up to having only a defunctioning sigmoid colostomy. She was then subjected to palliative care. The skin lesion revealed a



Figure 1: Arrow shows rectosigmoid mass

metastatic adenocarcinoma. The patient succumbed to the disease 3 months later.

Discussion

Rectal cancer metastases to skin mostly occur at abdominal wall and around the umbilical. Other anatomical sites include the scalp, neck, chin, trunk, abdominal resection scar and around the shoulder (1). According to past researchers, late presentation of subcutaneous metastasis can be noted during follow-up after successful treatment of primary tumour majority of which have 36 months free from the disease, usually they are associated with others part of organ metastasis (3). Although colorectal cancer with skin metastasis is rare, still colorectal cancer is considered among the most common visceral cancer that metastases to the subcutaneous. Once, the rectal cancer metastasize to subcutaneous tissue, it is most often indicative of wide spread pathology. Those with unresectable primary cancer, the prognosis is usually grim. Treatment for the majority of the patient is almost exclusively pursues palliative goals and survival is dictated by the primary cancer. The skin metastasis is usually managed symptomatically. In the case of resectable primary tumour, early detection of

skin metastases is crucial as survival can be prolonged with combination of surgical resection, radiotherapy and chemotherapy.

Conclusion

Cutaneous metastasis is a rare yet devastating condition occurring in less than 4% of patient with rectal cancer. It is generally an advanced disease when it occurs. As it is an advanced disease, palliative treatment seems to be the most appropriate manner. Range of survival after the diagnosis of skin metastasis are between 3 to 18 months. Clinician who deal with progressing skin lesion should pay special attention as this may represent visceral malignancy metastasis and biopsy may suggest the origin of the primary malignancy.

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