Case Report

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Cutaneous Metastasis of Pancreatic Carcinoma Seen in the Left Gluteal Region and Axilla

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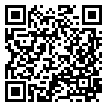

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ABSTRACT

Pancreatic cancer is usually high-grade and metastatic when diagnosed. Skin metastasis is very rare and is usually found in the periumbilical area. Non-umbilical metastasis is extremely rare. Only 19 cases have been reported in the literature. Only one case in the buttock has been described: thus our case is the second one known.

In this note, we present a cutaneous metastasis of a pancreatic cancer case that was admitted to the clinic with a mass each on the left buttock and in the left axilla, surgically treated for palliation. We include a review of the literature.

Keywords: Axilla, buttocks, cutaenous metastasis, pancreatic carcinoma

ÖZET

Sol gluteal bölge ve aksillada görülen pankreas karsinomunun cilt metastazı

Pankreas kanserleri tanı konulduğunda genellikle ileri evre ve metastatik durumadır. Cilt metastazı oldukça nadir görülmekte olup, genellikle periumbilical alanda görülmektedir. Non-umbilical metastaz ise oldukça nadirdir. Literatürde günümüze kadar 19 olgu bildirilmiştir. Gluteal yumuşak doku bölgesinde ise yalnızca bir olgu bildirilmiş olup, sunduğumuz olgu 2. olgudur. Bu sunumda sol gluteal yumuşak doku ve sol aksilla bölgesinde kitle ile başvuran hastada tanı koyduğumuz ve palyatif amaçlı cerrahi eksizyon uyguladığımız pankreas karsinomunun cilt metastazı olgusunu literatür eşliğinde sunmayı amaçladık.

Anahtar kelimeler: Aksilla, kalça, cilt metastazı, pankreas karsinomu

Introduction

Pancreatic cancer is the fourth most common cause of cancer-related deaths (1). Pancreatic cancer is usually high-grade and metastatic at diagnosis (1-3). Skin metastasis of pancreatic cancer is extremely rare (1,4). It is usually found in the periumbilical area and is called Sister Mary Joseph nodule (3,5,6). Non-umbilical metastasis is extremely rare. Nineteen cases have been reported in the literature, only one of which was in the gluteal region; hence our case is the second one known (7). In this note, we present a pancreatic cancer case with cutaneous metastases on the left buttock and in the left axilla, surgically treated for palliation.

Case Report

The sixty-seven-year-old male patient attended our clinic with complaints of swelling and pain in the left gluteal region and in the axilla. In the patient's history, there was no diagnosed disease. According to the anamnesis, the swelling in the left gluteal region, which had gradually grown, had been present for 10 months and the swelling in the left axilla for 2 months. On physical examination, an exophytic, purple colored, ulcerated, draining mass 12x8 cm in diameter was present in the gluteal region (Figure 1). There was also a purple colored, painful superficial swelling, 4x3 cm in size, in the inferior part of the left axillary region (Figure 2). Metastasis was primarily considered due to the patient's age. A staging chest CT was performed but was unremarkable. On the Abdominal CT, an expansile mass sized 40x30 mm that included necrosis in the center was detected in the tail of the pancreas. A malignant lymph node sized 21x10 mm was detected behind the mass. No other pathology was detected. Incisional biopsy for the mass in the gluteal region and a tru-cut biopsy for the mass in the axillary region were performed. As a result of both pathologic examinations, metastases of carcinoma were diagnosed (Figures 3-4). On the PET CT, active involvement was detected in the

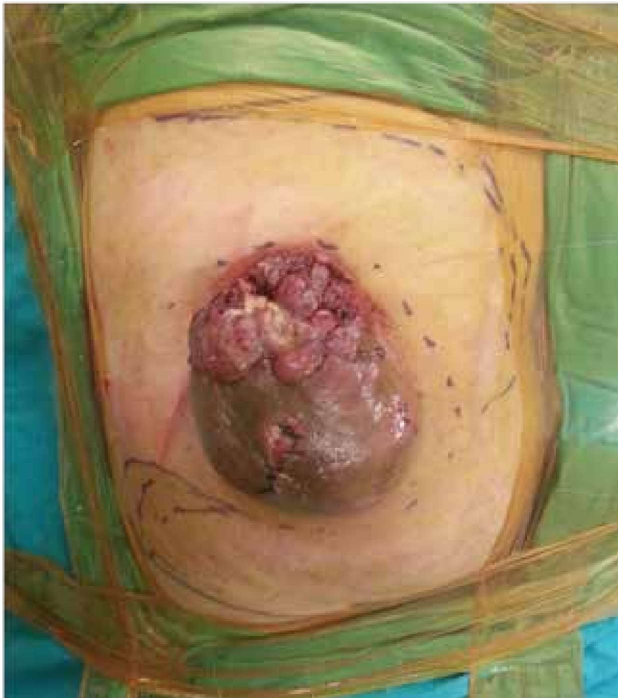

Figure 1: Macroscopic preoperative appearance of the lesion on the left buttock

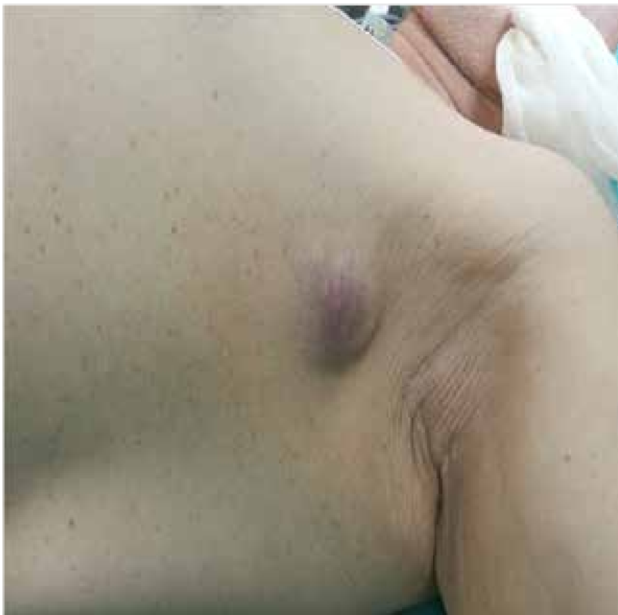

Figure 2: Macroscopic preoperative appearance of the lesion in the left axillary region

pancreas, in environmental lymph nodes, and in the masses. As a result of the assessment by general surgery and oncology clinics, high-grade metastatic pancreatic cancer was diagnosed

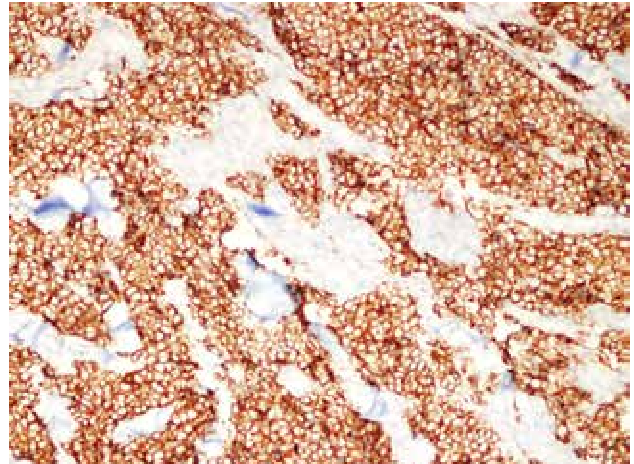

Figure 3: Tumor cell revealed significant synaptophysin immunoreactivity (SYN 200)

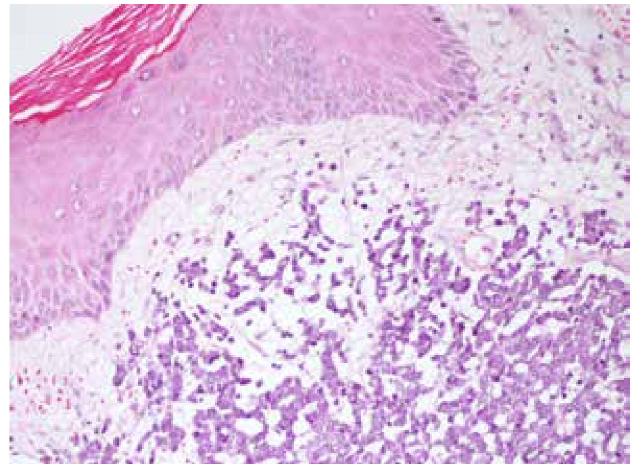

Figure 4: Small blue round cells infiltrating the dermis (HxE 200)

and surgical intervention was not planned. Palliative surgical treatment for draining the mass in the gluteal region and resection of the painful mass in the axillary region was planned. Wide excision and fasciocutaneous flaps were used for the mass in the gluteal region and wide excision was performed for the mass in the axillary region (Figure 5). No complication was detected after surgery and chemotherapy was started in the oncology clinic after the wounds healed.

Discussion

Recently the incidence of pancreatic cancer has been increasing and pancreatic cancer is the fourth most common cause of

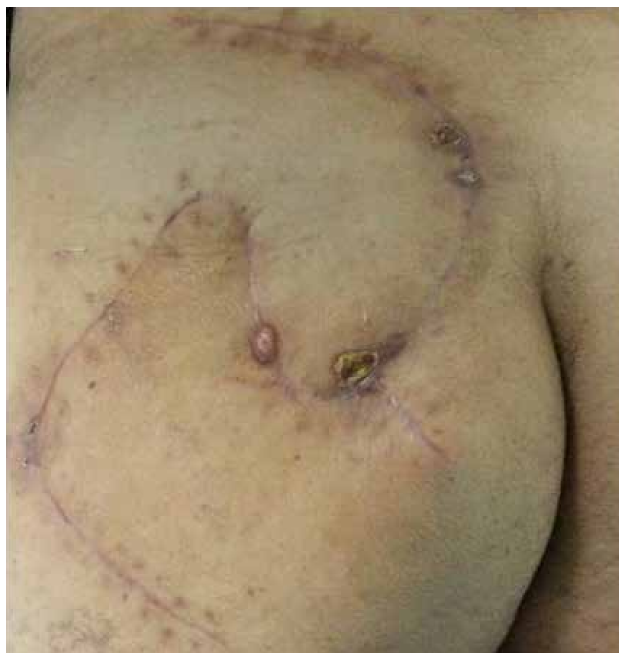

Figure 5: Macroscopic appearance of the lesion in the left buttock at control 2 months postoperatively

cancer-related deaths (1,4). This cancer is usually high-grade and metastatic when diagnosed. Life expectancy in metastatic pancreatic cancer is usually 3-6 months (1,4). The aim of treatment is palliation, pain control, and support of the patient's life comfort. In our patient, the large, ulcerated, and draining lesion in the left gluteal region reduced his quality of life. The axillary mass caused severe pain and was removed to control pain.

Pancreatic cancer often metastasizes to lymph nodes, lung, liver, kidneys, adrenal glands, and bones. Skin metastases are extremely rare (2,7). The mechanism of the development of skin metastases is still not clear. In the literature, 3 different mechanisms are indicated: direct invasion, distant metastasis, and focal metastasis. Distant metastasis is the least common mechanism for skin lesions (6).

Lookingbill et al. (6) found a rate of skin metastases of 0.48% in 420 patients with pancreatic cancer. Skin metastases are usually multiple and located in the periumbilical area. These lesions are called Sister Mary Joseph nodules. Non-umbilical metastasis is extremely rare.

Bdeiri et al. (2) reported 19 non-umbilical pancreatic metastases in 2013. Only one case in the buttocks was reported by Florez et al. (7), and our case is the second one known.

In conclusion, pancreatic cancer causes metastases quite fast, and it is usually metastatic when diagnosed, probably due to the fact that it tends to be high-grade. Skin metastasis is usually seen in the periumbilical region, and non-umbilical metastasis is extremely rare. We present a case that underwent palliative surgery after having been admitted to the clinic with a mass on the left buttock and one in the left axilla. We also present a review of the literature for non-umbilical metastases of pancreatic cancer.

Contribution Categories	Name of Author
Follow up of the case	O.B., C.A., O.A., A.C.A., M.A.G.
Literature review	O.B., C.A., A.C.A., M.A.G.
Manuscript writing	O.B., C.A., O.A., A.C.A.,
Manuscript review and revisation	O.B., O.A., M.A.G.

Conflict of Interest: Author declared no conflict of interest.

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