



SKIN CANCER (OTHER THAN MELANOMA)

## CELLULITIS-LIKE CUTANEOUS METASTASIS OF MALIGNANT BREAST NEOPLASIA: AN INITIAL PRESENTATION AFTER MAMMOPLASTY SURGERY.

*Rafet Koca<sup>(1)</sup> - Ceren Buglem Elgormus<sup>(1)</sup> - Huriye Aybuke Cibelik<sup>(1)</sup> - Durdu Simge Unal<sup>(1)</sup> - Gamze Yurdakan<sup>(2)</sup>*

*Zonguldak Bulent Ecevit University Faculty Of Medicine, Dermatology And Venereology, Zonguldak, Turkey<sup>(1)</sup> - Zonguldak Bulent Ecevit University Faculty Of Medicine, Medical Pathology, Zonguldak, Turkey<sup>(2)</sup>*

Background: Breast carcinoma is the second most common cancer in women and the most common tumor that spread to the skin. Cutaneous breast cancer metastasis can be expressed with variable morphology: papulonodular lesions, erysipeloid or sclerodermiform infiltration, cellulitis like lesions, en cuirasse, telangiectatic, dermatitis like lesions and alopecia neoplastica. Cutaneous metastases can be the initial presentation of an undiagnosed breast neoplasm. Cutaneous metastases are usually found on the chest and close to the point of the mastectomy area. Because breast carcinoma with skin metastasis is associated with advanced cancer, their prognosis is generally poor and therapy often ineffective.

Observation: A 52-year- old woman was referred to our department with redness and tenderness in both breasts. The patient had undergone breast reduction surgery one year ago. Before mammoplasty surgery all mammography and breast ultrasound investigation were normal. After surgery the results of histologic examination of both breast partial resection materials were normal. The patient did not have any complaints during postoperative 1-year follow-up. One year after the mammoplasty, redness and pain had started in both breasts. The initial clinical impression suggested that the redness was a cellulitis, therefore systemic antibiotics had been given by previous physicians with no benefit. Histologic examination and immunohistochemical staining of a biopsy specimen from the skin lesions was compatible with metastasis of invasive ductal breast carcinoma. The patient was referred to medical oncology and general surgery departments for further investigations.

Key message: Redness and pain in breast should not always be interpreted as a cellulitis in postoperative period. It should always be remembered that such lesions may be the first clinical findings of a malign neoplasm. Although cutaneous metastasis is indicator of poor prognosis, an early biopsy can make a difference in the patient's life.

