



SKIN CANCER (OTHER THAN MELANOMA)

## CUTANEOUS METASTASIS OF BREAST CANCER TAKEN FOR AN ERYSIPELAS .

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Background: Cutaneous metastasis represent 2% of all metastasis. They are observed in first place in breast adenocarcinoma after melanoma. In 62.2% of cases, cutaneous metastasis are revealing the cancer. Delayed diagnosis is secondary to clinical polymorphism and worsens the prognosis. The clinical presentations are varied, able to mimic various dermatosis such as radiation-induced dermatitis, eczema or erysipelas. Our observation is original because of the clinical atypia of the metastatic lesion, wrongly taken as a erysipelas .

Observation: A 62-year-old female patient, followed for an inflammatory neoplasia of the right breast for 10 months, who received 3 sessions of chemotherapy, was referred by her oncologist for the management of an acute, hot and painful right hemithorax, initially diagnosed as an erysipelas, wich had delayed her 4 th chemotherapy session. The clinical examination found an apyretic patient, with an erythematous cupboard, well limited, mainly macular, papular in places, without necrosis, taking all the right hemithorax, overflowing on the superior outer quadrant of the left breast and affecting the 1 / 3 upper right upper limb. The presence of a circumferential haemorrhagic crustal lesion of the areola and right nipple was also noted. The biological assessment showed a slight leukocytosis at 11800 / mm3 with a CRP of 25 mg / l. The cutaneous biopsy of a maculopapular lesion showed massive cutaneous infiltration by adenocarcinoma with the presence of vascular emboli in the superficial dermis.

Key message: Cutaneous metastasis in breast cancer are an aggravating factor of the prognosis . In general, the presence of cutaneous metastasis seems to decrease the average survival time which becomes less than 12 months, reason why it is always necessary to think about biopsying a suspicious cutaneous lesion evolving in a context of neoplasia .

