



SKIN CANCER (OTHER THAN MELANOMA)

SKIN TUMORS REVEALING LUNG PAPILLARY ADENOCARCINOMA

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Background: Cutaneous metastases (CM) represent an infrequent secondary localization of deep cancers. They represent 3 to 10% of all cancers and 0.6 to 10% of solid tumors metastases. They are often detected after the diagnosis of primary neoplasia. However, their discovery can be simultaneous or even inaugural.

Observation: We report the case of a 50 year old woman, without significant pathological history, who reported the occurrence of frontal asymptomatic lesions 4 months ago. Dermatological examination showed two small pediculated tumors of the forehead, bleeding with a non infiltrated base. A month later, she presented respiratory difficulty followed by an hemiparesis. Thoracic radiography and scanner objectified an important pleurisy. Cerebral scanner revealed an aspect of multiple metastases. Bronchopulmonary cancer was strongly suspected but the patient could not support bronchial fibroscopy and biopsy. Histological examination and immunohistochemical study of the two cutaneous tumors revealed cutaneous metastases of bronchopulmonary papillary adenocarcinoma. A treatment based on home oxygenotherapy and palliative care was instituted.

Key message: All cancers can metastasize in the skin, most often after discovery of the primary neoplasia. Sometimes, however, there is simultaneity between the occurrence of cutaneous metastasis and the revelation of the primary tumor. Their clinical appearance is nonspecific and can be confused with other cutaneous pathologies. The most frequently reported aspect is multiple nodules. Primary cancer and cutaneous metastatic sites are usually close. Metastases of pulmonary neoplasia are then mainly located on the thorax. In women, the primitive tumor is most often breast or ovary cancer; in men lung and digestive cancers are more frequent. In our observation, we report a particular case of cutaneous metastases revealing a lung papillary adenocarcinoma, presenting as tumbling tumors and sitting on the cephalic region. Histology and immunopathology are the keys of diagnosis. The prognosis for metastatic tumors is usually poor.

