



SKIN CANCER (OTHER THAN MELANOMA)

VIOLACEOUS SWELLING WITH TELANGIECTASIA AND NECROSIS ON THE FACE

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Background: Breast carcinoma is the most prevalent cancer and the second-highest cause of cancer death in women. Metastatic breast carcinoma most frequently involves lymph nodes, lung, liver, and bone marrow. Cutaneous metastases from breast carcinoma are relatively uncommon with an incidence of 2.42%. Clinical manifestation varies from nodules (47-80%), alopecia neoplastica (2-12%), telangiectatic carcinoma (8-11%), carcinoma erysipeloides (3-6%), to melanoma-like metastases (6%). The common sites of cutaneous metastases are the chest and abdomen, with face being rarely involved. To the best of our knowledge, only two cases of metastatic breast carcinoma affected the face, one with facial telangiectasia and erythema, and the other with fibrofatty lesion on the oral mucosa and face.

Observation: A 62-year-old female presented with a 3-month history of swelling erythema and pain on the face. Eleven years earlier, she was diagnosed of left breast carcinoma and underwent mastectomy with subsequent chemotherapy. Seven years later, she was identified with left supraclavicular lymph nodes metastasis and underwent surgical excision. The patient experienced pain on palpation, but denied fever, chills or other symptoms. Physical examination revealed violaceous swelling with telangiectasia and necrosis on the forehead, eyelid, nose and cheek, predominantly involving the left face. This case differed from previous cases and was easily misdiagnosed as cutaneous angiosarcoma. Histopathological examination revealed hyperkeratosis, epidermal atrophy and angiectasis in the dermis. In one of the dilated blood vessels, there were nests of highly atypical cells, which were easily neglected.

Key message: The keys to the correct diagnosis in this case are the review of medical history and histopathological examination. Suspicion of metastatic cancer should be raised in breast cancer patients with telangiectatic swelling face.

