

SKIN MANIFESTATIONS OF INTERNAL DISEASE

## CUTANEOUS METASTASES FROM INTERNAL MALIGNANCIES: A CLINICOPATHOLOGICAL STUDY

*Harshal Ranglani<sup>(1)</sup>*

*Goa Medical College, Department Of Dermatology, Venereology And Leprology, Panaji, India<sup>(1)</sup>*

**Introduction:** The incidence of cutaneous metastases from internal malignancies is quite low. They indicate progression of the malignancy or may even be its presenting sign.

**Objective:** To delineate the pattern of cutaneous metastases in patients of internal malignancies and to their study clinicopathological characteristics.

**Materials and Methods:** A retrospective analysis of all patients with cutaneous metastases from internal malignancies was done over a period of one year. The available clinical records and histological data were analyzed.

**Results:** Of the 324 cases of internal malignancy, cutaneous metastases were found in 2.46% cases i.e. 8 patients. An equal number of males and females (4 each) were noted. The mean age at the time of presentation was 49.8 years. The average interval between diagnosis of internal malignancy and cutaneous presentation was 14.9 months. The commonest presentation was presence of painless nodules, seen in 62.5% cases. The commonest site for the nodules was the chest wall. Cutaneous metastases were the primary manifestation of internal malignancy in two patients (25%), one of whom presented with a Sister Mary Joseph nodule and the other with numerous nodules (>50) all over the body. The primary malignancy in all female patients was breast cancer, one of whom presented with carcinoma en cuirasse with zosteriform metastases. One case of keratoacanthoma-like cutaneous metastases was noted. On histopathology, all cases demonstrated presence of groups of tumor cells in the papillary and reticular dermis. Dilated lymphatics containing tumor masses were seen in 6 cases (85.71%). One case (14.28%) of carcinoma en cuirasse showed presence of dermal fibrosis.

**Conclusions:** Owing to the visual nature of dermatology, skin metastases can be suspected and detected earlier; and the dermatologist can play a crucial role in diagnosis of such cases. Histopathological evaluation in these cases point to the possible primary tumor site and direct further work-up.