



SKIN MANIFESTATIONS OF INTERNAL DISEASE

CUTANEOUS METASTASES OF INTERNAL CANCERS. CLINICAL, VIDEODERMOSCOPICAL AND HISTOPATHOLOGICAL PICTURES OF SELECTED CASES WITH LITERATURE REVIEW.

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Introduction: Internal organ cancers most often metastasize to lymph nodes or other distant structures. Cutaneous metastases are observed relatively rarely, but their quick diagnosis may accelerate the decision regarding implementation of more efficient anticancerous treatment.

Objective: The aim of our study was to evaluate dermoscopic structures of the cutaneous metastases of internal organ cancers and their correlation with the histopathological picture.

Materials and methods: We present selected cases of the cutaneous metastases of breast and prostate cancers detected in our Department and the review of the literature. First patient was a 78-year old male presented with one-sided, violet-red infiltration and nodules localized on his right lower abdomen, groin, thigh and scrotum with pruritus. In the videodermoscopic examination whitish lines forming the grid on a yellowish background, dotted vessels surrounded by the whitish halo arranged linearly, with higher magnification coiled or coma-shaped appearance were visible. Based on the 7 year history of a prostate adenocarcinoma and 3 months ago metastases formation to the spine the diagnosis of tumor metastases to the skin was established and confirmed histopathologically. In case of women with skin metastases from the breast cancer a morphea like plaque with atypical vasculature was dermoscopically detected and confirmed at biopsy.

Results: In the examined patients we confirmed histopatologically the initial diagnosis of the cutaneous metastases. Videodermoscopy most often revealed atypical vascular pattern on the yellowish background resulting from collagenomatous stroma induced by metastatic cancer cells.

Conclusions: Dermoscopy may be a useful tool in the diagnosis of the cutaneous metastases of certain cancers of internal organs, may allow to accelerate establishment of the diagnosis, rule out other entities and monitore the skin changes pattern, e.g. at the mastectomy scars. Essential to increase the rate of cutaneous metastases detection are:





patient and oncologist education, self-exam implementation and dermatological skin check-up visits.

