



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## CUTANEOUS METASTASES OF MALIGNANCY OF UNKNOWN ORIGIN

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**Background:** Cutaneous metastases from internal malignancy are relatively rare. It may be the presentation of an unknown primary tumor and is associated with poor prognosis.

**Observation:** A 55-year-old woman with a medical history of fracture of the right femur in 2010 that required osteosynthesis and weight loss of approximately 15 kg in the last 6 months, presented to the department of dermatology with an asymptomatic lesion on the nasal dorsum for 2 months and on the right shoulder for 1 month. At the initial physical examination, a painless erythematous nodule was observed on the dorsum of the nose measuring 0.5 cm in diameter, well defined, telangiectatic, without signs of peripheral inflammation. On the right shoulder ulcerated red-violet nodule with superficial crust, 1.5 cm in diameter, painless, hard elastic consistency. No clinically palpable axillary or cervicofacial lymphadenopathy was evident. Skin biopsy of both lesions was performed under presumptive diagnosis of unknown primary tumor metastasis, basal cell carcinoma, amelanotic melanoma and squamous cell carcinoma. Histopathological examination reports dermoepidermal infiltration due to moderately differentiated adenocarcinoma, partial resection, confirming the diagnosis of cutaneous metastases. The patient was referred to the departments of gastroenterology, gynecology, oncology and otorhinolaryngology to locate primary tumor. Esophagogastroduodenoscopy revealed a large exophytic and ulcerated tumor in the gastric body near the greater curvature, and biopsy specimens from the gastric lesions revealed moderately differentiated infiltrating adenocarcinoma. The patient died a month after diagnosis.

**Key message:** We show a very rare case of clinical manifestation of gastric adenocarcinoma. We emphasize that through the dermatological diagnosis, the search for the primary tumor began and the diagnosis of the disease was reached.

