



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## WIDESPREAD CUTANEOUS METASTASES AS THE PRESENTING FEATURE OF A RARE INTERNAL NEOPLASM

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**Background:** Cutaneous metastases from internal malignancies are relatively uncommon. Furthermore, cutaneous metastases from cholangiocarcinoma are extremely rare. Here, we describe a case where widespread and extensive cutaneous lesions were the initial presenting sign of this rare internal neoplasm.

**Observation:** A 42-year old male presented with numerous skin lesions all over the body. They had first appeared three months ago, initially on the scalp. The lesions had rapidly increased in size, number and extent to involve the back, anterior abdomen and face. They were not associated with pain or tenderness. There was no history of weight loss. On examination, there was generalized, asymmetrical involvement of the scalp, back, anterior abdomen, upper limbs and thighs in the form of 50-60 papules and nodules, skin colored to erythematous in appearance. The nodules ranged in size from 0.5\*0.5\*0.5cm to 4\*3.5\*2.5 cm. They were firm, non-tender, with a smooth surface. Histopathology of one of the nodules revealed nests and sheets of tumour cells were found infiltrating the dermis. There was presence of dilated dermal lymphatics with intravascular tumour cells. The total serum bilirubin was 12.3 mg/dl. X-Ray of the skull and spine revealed bony metastases. A full-body CT scan was undertaken and revealed a primary in the common bile duct in the form of a cholangiocarcinoma. Palliative radiotherapy was initiated. The patient died within 2 months of presentation.

**Key message:** Cutaneous metastases, albiet rare, are important for the dermatologist as they provide an opportunity for early diagnosis of internal malignancy. Special investigations, including radiologic ones and immunohistochemistry may be needed to uncover the primary neoplasm. Timely diagnosis in striking cases such as this one will help initiate treatment at an early stage, possibly increasing patient survival.

