

Cutaneous and Scalp Metastases of Pancreatic Carcinoma: Case Report

Pankreas Kanserinde Nadir Cilt ve Saçlı Deri Metastazı

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ABSTRACT Pancreatic carcinomas are very rapidly progressing tumors. Approximately 50% patients with newly diagnosed pancreatic cancer have many kinds of metastases. The most frequent sites of metastasis of the pancreatic carcinomas are the lymph nodes, lungs, liver, adrenal glands, kidneys and bones. Cutaneous metastases from pancreatic adenocarcinomas are very rare, far less common sites of pancreatic metastases are the scalp and skull metastases. The most common site of cutaneous metastasis is the umbilicus, there are scant reports of pancreatic cutaneous metastasis at nonumbilical areas. In the literature, togetherness of cutaneous, scalp and skull metastases have not usually been reported and in our interesting case, we present these rare metastases together.

Key Words: Pancreatic neoplasms; scalp; skull neoplasms; neoplasm metastasis

ÖZET Pankreatik karsinomlar genellikle çok hızlı yayılan tümörlerdir. Yeni tanı konan pankreatik kanserli hastaların yaklaşık %50'si metastatik evrededir. Pankreatik karsinomların en sık metastaz yaptığı yerler lenf nodları, akciğer, karaciğer, adrenal bezleri, böbrek ve kemiktir. Pankreas adenokarsinomunda, cilt metastazı çok nadir görülür, bu durum, saçlı deri metastazında ve kafatası kemiği metastazında ise çok daha nadirdir. Cilt metastazları en sık umbilikus bölgesindedir. Umbilikus dışı cilt bölgelerinin metastazları çok nadir rapor edilmiştir. Literatürde, cilt, saçlı deri ve kafatası kemiği metastazlarının birlikteliği çok az rapor edilmiştir. Bizim sunduğumuz vakayı ilginç kılan ise bu nadir metastazların birlikteliğidir.

Anahtar Kelimeler: Pankreas tümörleri; skalp; kafatası tümörleri; tümör metastazı

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Pancreatic carcinomas are very quickly progressing tumors. Approximately 50% patients with newly diagnosed pancreatic cancer have metastases. Morbidity and mortality from pancreatic cancer are conspicuously associated with metastasis; the most frequent sites of metastases are lymph nodes, lungs, liver, adrenal glands, kidneys, and bones.¹ However, skin, scalp and skull metastases from pancreatic cancer are uncommon. The most common site of cutaneous metastasis in pancreatic cancer is the umbilicus, and this is also known as the 'Sister Mary Joseph's nodule.'² Pancreatic cancer causes metastases through lymphatic or vascular channels or by direct extension (nearby tissue and organs, periton, umbilicus, skin, scalp and skull etc.). In lit-

erature, togetherness of cutaneous and skull metastases have not usually been reported but we report this extremely rare case which is together skin, scalp and skull metastasis of pancreatic adenocarcinoma in the same case.

CASE REPORT

A 60-year-old female patient was referred to our department with abdominal pain. On the physical examination, in abdomen, epigastric mass was present, the remainder of general examination was normal. Initial laboratory studies showed the following: anemia (hemoglobin: 11 g/dL), alkaline phosphatase: 218 U/L, LDH: 398U/L, CA 19-9: 957 U/mL. Another laboratory findings were within normal ranges. As the result of the evaluation, in abdominal USG and CT at the head of pancreas mass 6 x 5 cm in size and multiple hypodense lesions in the liver were observed. By the reason of

liver biopsy, adenocancer was observed and metastatic pancreatic cancer was diagnosed for the patient. 6 cures gemcitabine and cisplatin chemotherapy were applied to the patient, partial response was observed. After three months, the patient who was followed-up without treatment admitted to our department with widespread skin lesions and severe back pain. On physical examination, there were many cutaneous nodular lesions 1-2 cm in size on the face, the back, the chest and in the scalp (Figure 1, 2). This case was consulted to the dermatology department and a punch biopsy of the scalp nodule was obtained. In pathologic examination, adenocarcinoma infiltration in the dermis, carcinoembryonic antigen positivity in the tumor cells were showed (Figure 3, 4). As performance status of the patient was bad, chemotherapy was not applied. Because of headache of the patient, cranial graphy and MRI were taken and by the result of

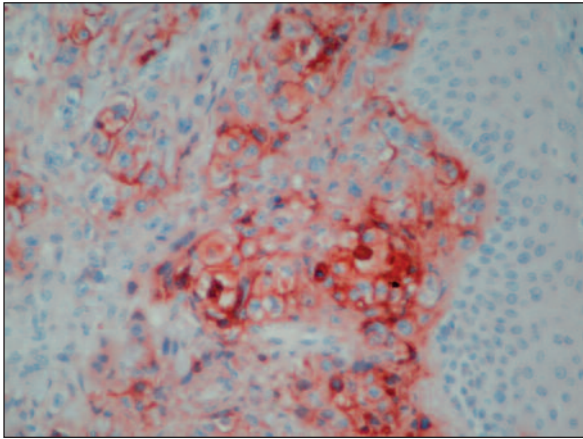


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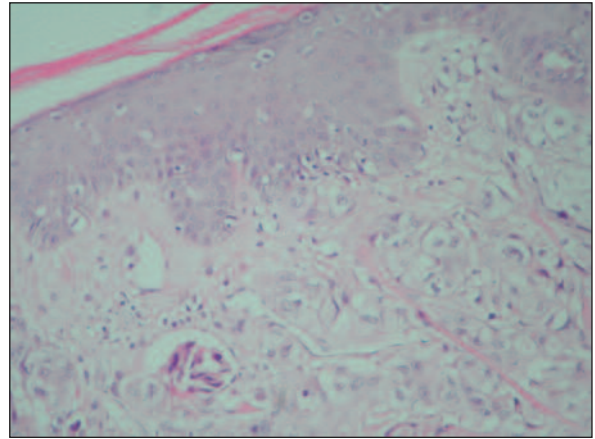


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FIGURE 1, 2: Cutaneous nodular lesions on the face and in the scalp.



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FIGURE 3, 4: Findings of adenocarcinoma in the pathologic examination (H&E stain, x200).

graphy and MRI, brain metastasis and parietal bone metastasis (skull metastasis) were detected. Palliative radiotherapy was given into the cranial to the patient. The mental situation of the patient was poorly and she died one year later after diagnose.

DISCUSSION

Cutaneous and scalp metastases from pancreatic cancer are a rare phenomenon. Cutaneous metastases occur in 0.7-0.9% of all patients with cancer, and the most frequent origins of cutaneous metastases are the breast, lung and colon cancer.³ Cutaneous metastases are rare, and they are generally situated in the periumbilical area. Cutaneous metastases are showed mainly in three forms: nodular, inflammatory, sklerodermoid lesions. Most cutaneous metastases have a nodular appearance as in our case. However, inflammatory and sclerodermoid lesions are less frequently described forms.⁴ These lesions have unique characteristics. For example, nodular type with hematologic way, inflammatory type with lymphatic way, sklerodermoid type with direct infiltration way metastasize. In pancreatic cancer, cutaneous metastases is un-

common. If cutaneous metastases develops in a patient, this means that pancreatic cancer is advanced and has poor prognosis. Despite the fact that hematogenous skull metastases can be caused by nearly all types of tumors (lung, prostate, thyroid carcinoma, malignant melanoma), breast cancer is associated with the highest rate of metastatic skull lesions.⁵ However, skull metastases of pancreatic carcinoma is uncommon and frequently found in autopsies.⁶ Skull metastases are typically appeared as expansile, osteolytic, hypervascular lesions. They cause local swelling that is usually painless. Skull metastases can lead to severe discomfort and neurologic symptoms.⁷ They lead to neurologic dysfunction. Prognosis of cancer patients with skin metastasis are generally accepted to be poor in the literature, and life expectancy of these patients, from the occurrence of skin nodules to death, is about 3 months.⁸ The skull metastasis of pancreatic cancer means that disease is an advanced stage and has poor prognosis.

Overall, cutaneous, skulp and skull metastases of pancreatic carcinoma are uncommon and suggest that the disease is in an advanced stage.

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