

Esophageal Adenocarcinoma Presenting with Skin Metastase: Case Report

Cilt Metastazıyla Gelen Özofagus Adenokarsinomu

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ABSTRACT Esophageal cancer is among cancers with the highest mortality rate worldwide. The ninth most common malignancy and the sixth most frequent cause of cancer death is esophageal cancer in the world, constituting 7% of all gastrointestinal cancers. Cutaneous metastases of esophageal adenocarcinoma are very rare. Loco-regional disease recurrence has been dramatically reduced with the institution of multimodality treatment for esophageal adenocarcinoma in the recent years. Skin metastasis of internal cancer is rare. In this report, we presented a 55-year-old male with adenocarcinoma of the distal esophagus that was treated with surgical excision and adjuvant chemotherapy. After a disease free interval of fourteen months the patient presented with cutaneous metastatic disease.

Key Words: Esophageal neoplasms; recurrence; neoplasm metastasis

ÖZET Özofagus kanseri yeryüzündeki en ölümcül kanserlerden birisidir. En sık gözlenen dokuzuncu, kanser ölümlerinin ise en sık altıncı nedeni tüm dünyada özofagus kanseridir; aynı zamanda tüm gastrointestinal kanserlerin %7'sini oluşturmaktadır. Özofagus adenokarsinomunun kutanöz metastazları çok nadiren görülür. Son yıllarda özofagus kanserinde kullanıma giren multimodalite tedavileri sayesinde lokorejyonel nükslerin sıklığı dramatik olarak azalmıştır. İnternal kanserlerin cilt metastazları nadirdir. Bu yazıda cerrahi eksizyon sonrası adjuvan kemoterapiyle tedavi edilen distal özofagus adenokarsinomlu 55 yaşında bir erkek olguyu sunuyoruz. Hastaliksız ondört aydan sonra hasta kutanöz metastatik hastalık nedeniyle yeniden başvurmuştur.

Anahtar Kelimeler: Özofagus tümörleri; nüks; tümör metastazı

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Esophageal cancer is among cancers with the highest mortality worldwide. It is the ninth most common malignancy and the sixth most frequent cause of cancer death in the world, constituting 7% of all gastrointestinal cancers.¹ Patients with esophageal cancer usually present with either locally advanced disease or with already metastasized stage at the time of initial diagnosis. Most long-term outcome studies in esophageal cancer have focused on quality of life issues. Factors associated with improved survival following surgical resection of esophageal cancer include low tumor stage and enbloc resection, favorable tumor grade and absence of lymphatic invasion, and pathologic complete response to neoadjuvant therapy.² Esophageal squamous cell carcinoma (ESCC) and esophageal adenocarcinoma (EADC) are two main forms of esophageal cancer with different etiological

and pathological characteristics. Squamous cell carcinoma accounted for 90% of esophageal cancers prior to 1978; currently adenocarcinoma at the lower third of the oesophagus, especially at the gastroesophageal junction exceeds that of esophageal squamous cell carcinoma and represents at least 30% of all malignant esophageal tumors.³ Breast, lung and melanoma are the cancer types most commonly associated with cutaneous metastases.^{4,5} Skin metastasis of internal cancer is rare.⁶ Metastatic spread to the skin occurs either hematogenously or via the lymphatic system and presents in the form of rapidly growing papules or nodules.^{7,8} Here we reported an uncommon case of solitary cutaneous metastases of esophageal adenocarcinoma.

CASE REPORT

A 55-year-old male patient was admitted to the surgical department with aglutition and weight loss. Upper endoscopy showed a mass at the gastroesophageal junction. Biopsies confirmed the presence of adenocarcinoma. There was no evidence of metastases on further evaluation of the patient with computed tomography (CT) and abdominal ultrasonography (US). He underwent partial esophagogastrectomy with lymph node dissection. Pathological examination revealed adenocarcinoma. All resection margins were free of tumor. The tumor was staged as T1N1M₀. He received chemotherapy and restaging CT scans and upper endoscopy after chemotherapy showed no evidence of recurrent or metastatic disease.

Fourteen months after the operation, the patient was readmitted with pain and swelling below the right subcostal margin (Figure 1). Subsequent CT scans showed no evidence of recurrent or intraabdominal metastatic disease but a 7 cm nodule at the right abdominal wall was noted (Figure 2). Subcutaneous nodule was excised and was submitted for histologic examination, which revealed adenocarcinoma (Figure 3).

DISCUSSION

Cutaneous metastases from esophageal adenocarcinoma are very rare. It is uncommon for malignant tumors of the internal organs to metastasize to the



FIGURE 1: Representative EADC skin metastasis on the abdominal wall. (See for colored form <http://tipbilimleri.turkiyeklinikleri.com/>)

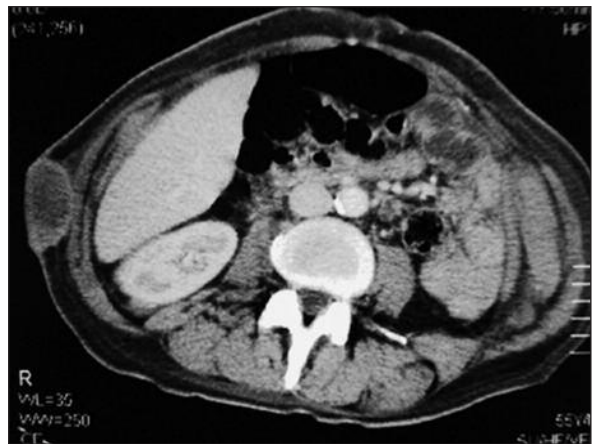


FIGURE 2: Abdominal CT scan showing representative cutaneous metastase.

skin; studies have reported a frequency between 0.7 and 9%.^{4,9,10} A study by Lookingbill et al evaluated 7316 cancer patients with metastases to the skin and reported that no patient had metastases from primary esophageal carcinoma.⁴ The most common sites of skin metastases were on the chest and abdomen.¹¹ Historically patients with adeno-

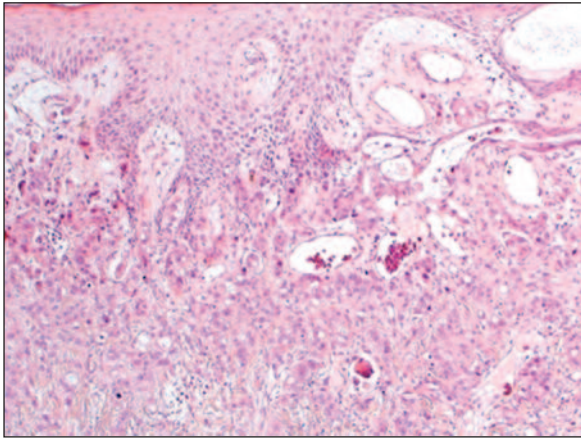


FIGURE 3: Histopathology: Infiltration of cutis and subcutaneous tissue by atypical cell clusters (HE, x100).

(See for colored form <http://tipbilimleri.turkiyeklinikleri.com/>)

carcinoma of the esophagus died from regional recurrence and tumor progression. However, loco-regional disease recurrence has been dramatically reduced with the institution of multimodality treatment (as novel combined-modality treatments such as neoadjuvant chemoradiation followed by surgical resection) for esophageal adenocarcinoma currently. Hedeshian and colleagues suggested that “a subpopulation of slowly growing chemotherapy-refractory cells remained viable after this treatment; these malignant cells appear to have been deposited in the dermal lymphatic channels and remained quiescent for an extended period of time until their gross clinical presentation as skin nodules”.¹² Investigators have reported that although

neoadjuvant therapy may eradicate lymph node metastases, it does not result in the same outcomes as those achieved in patients with N0 disease treated with surgery alone. The poor clinical outcomes observed in N0 patients after neoadjuvant therapy suggest that they initially had nodal involvement and were downstaged by eradication of lymph node disease.¹³

Recently, having undergone combined-modality treatments for advanced esophageal adenocarcinoma, recurrences have mainly been from hematogenous metastatic spread as seen in our patient.¹² It might be assumed that while he remained disease-free for quite a long time after the operation, the presence of metastatic disease in his lymph nodes at the time of surgery caused cutaneous metastasis by hematogenous/lymphangitic spread.

CONCLUSION

In conclusion, esophageal cancer remains a formidable disease. Skin manifestations of EADC are extremely rare. A few cases with solid skin metastases of internal organ cancer have been reported in the literature. Our patient presented with this unusual cutaneous metastasis before developing common symptoms such as dysphagia or weight loss. A complete health history, careful physical examination, and adjunctive radiographic studies are essential in diagnosis.

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