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Case Report

Cutaneous Breast Cancer Metastasis

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Introduction

Cutaneous metastasis (plural 'metastases') refers to growth of cancer cells in the skin originating from internal cancer, develops after the initial diagnosis of primary internal malignancy (such as breast, lung, melanoma, colon, stomach cancer, uterus, kidney and late in the course of disease. Many women diagnosed with breast cancer will achieve cure with surgery followed by adjuvant chemotherapy, hormonal therapy, or radiation therapy; however, some breast cancer survivors will develop locally recurrent disease. Skin metastasis are one of the most distressing presentations of locally recurrent breast cancer. The presence of skin metastasis signifies widespread systemic disease and poor prognosis [1]. Assessment of cutaneous metastatic disease after mastectomy can be perplexing because the clinical presentation appears similar to other skin disease such as cellulitis or lymphedema. Patient with breast cancer require differentiation between skin metastasis and benign dermatological disease. Differences between cutaneous metastasis and cellulitis or lymphedema were found most definitively on the histological study of tissue biopsy [2]. Excluding malignant melanoma, breast cancer has the highest incidence of cutaneous metastasis compared other solid malignancy [2]. Autopsy studies reported an estimated incidence of 24% [3].

The clinical presentation varies as 80% of the lesion are papules and nodules and 11% are telangiectatic carcinoma [4]. Other presentation includes eryspeliod carcinoma "en cuirasse carcinoma", alopecia neoplastica, zoster form pattern, and melanoma like pigmented lesion [4,5]. Breast cancer is one of the most common malignancies to spread to the skin. the most likely site for cutaneous metastasis is the chest; less common sites include, the scalp, the neck, the upper extremities abdomen and back. Occasionally, patient metastatic breast cancer have a firm, scar like area in the skin. When this occurs on the scalp, hair may be lost, and the clinical appearance may mimic alopecia areata, except that the skin exhibits marked induration on palpation.

Case Presentation

The author report three Yemeni cases of skin metastasis of breast cancer with different clinical presentations

Case 1

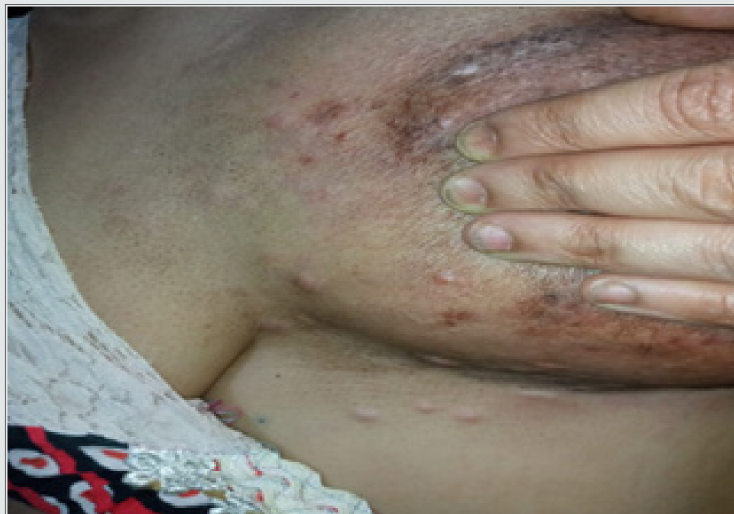

Figure 1: Clinical presentation, multiple irregularly distributed pink nodule.

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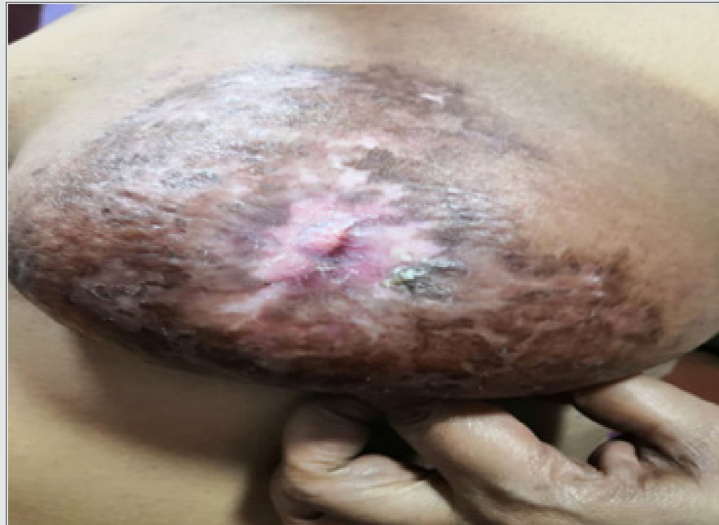

Figure 2: Clinical presentation as crusted skin lesion in left breast.

(Figure 1 and 2) was a 55-year-old Yemeni woman diagnosis as having infiltrating ductal carcinoma of left breast, she underwent lumpectomy followed by radiotherapy within 15 days, she developed metastasis to anther breast, treated with chemotherapy and hormonal than develop skin metastasis with crusted lesion and pink nodules pain less of various size in left breast.

Case 2

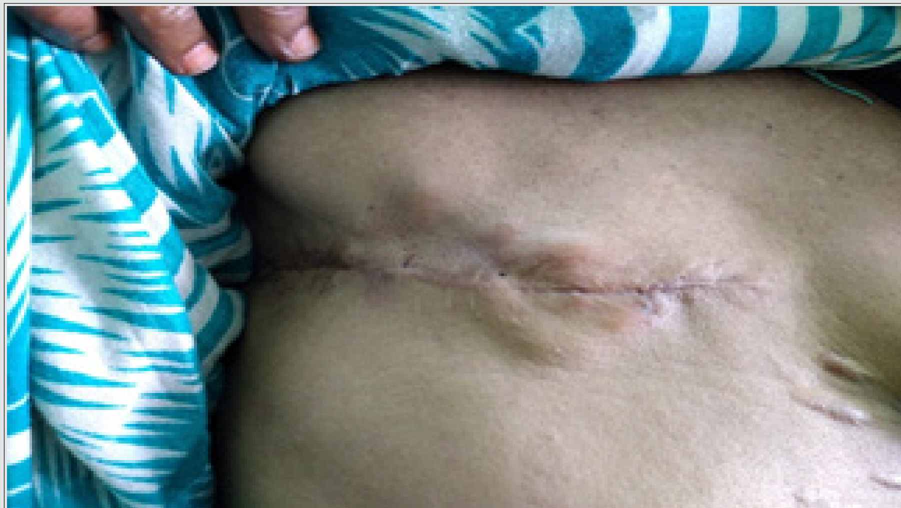

Figure 3: Clinical presentation as firm skin nodule around mastectomy scar on the Right chest wall

(Figure 3) was a 65 -year-old Yemeni woman diagnosed as having infiltrating ducal carcinoma of right breast underwent mastectomy with axillary clearance followed by chemotherapy and hormonal therapy, after a remission period of 18 months developed firm nodules pain less around the mastectomy scar in right chest wall.

Case 3

(Figure 4) was a 60 year -old-Yemeni woman diagnosed as having infiltrating ductal carcinoma of left breast underwent mastectomy with axillary clearance followed by chemotherapy and radiotherapy and hormonal. A remission period 3 months than develop painful erythematous lesion and ulcerated skin with a cellulitis-like appearance of left chest wall. A recurrence of ductal carcinoma was confirmed with skin biopsies, and patient were referred to oncology department for further investigation and appropriate management. Cutaneous metastases of breast cancer remain a therapeutic challenge and is assiocted with increase morbidity. progression of disease often results pain, chest wall ulceration, bleeding superinfection [6]. Therapeutic options are systemic agents and /or skin -directed treatments.

Effective treatment depends on treatment of underlying tumor. Palliative care is given if lesions are asymptomatic and the primary

cancer is untreatable .This care includes keeping lesions clean and dry and debriding the lesions if they are bleeding or cursted. surgical care in many cases of cutaneous metastasis by excision and removal of metastases may be warranted to enhance the patient's quality of life ,but excision of selected metastases dose little to increase survival. Simple excision is usually the treatment of choice. Short-wavelength radiation therapy may be helpful for providing symptomatic relief from painful lesion, using superficial electron beam therapy. carbon dioxide laser therapy [7,8]. liquid nitrogen cryotherapy with temperature probe control, and other treatment approach may also be of value [9]. Pulsed dye laser treatment, which can reduce blood flow to highly vascularized lesions, may be value. Intralesional chemotherapy and cytokines can also be helpful [10].

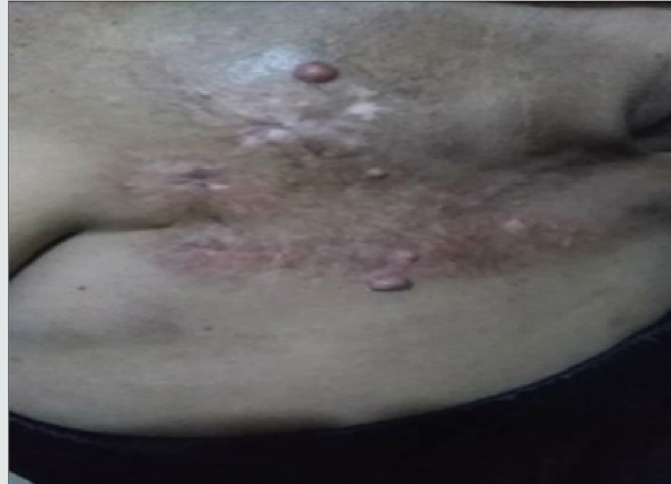

Figure 4: Clinical presentation as diffusely erythematous indurated and ulcerated skin with a cellulitis-like appearance of the left chest wall and pink nodules.

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