ScieniQ Publishers

Journal of Dermatology and Skin Therapy

Case report

Zosteriform cutaneous metastasis from carcinoma breast: A case report

H.Ragragui Ouasmin[1], H.Saddouk[1], N.Zizi[1,2], S.Dikhaye[1,2]

[1]Department of Dermatology, Venerology and Allergology, Mohammed the VI[th] University Hospital Center of Oujda, Morocco
[2]Laboratory of epidemiology, clinical research and public health, Faculty of Medicine and Pharmacy, Mohammed the first university of Oujda, Morocco

***Corresponding author**
Hanan Ragragui Ouasmin, Department of Dermatology, Mohammed the VI[th] University Hospital Center OUJDA

Submitted: 12 Jul 2021
Accepted: 15 Jul 2021
Published: 20 Jul 2021

Abstract

Cutaneous metastases due to internal malignancy usually develop late in the course of the disease. The common tumors that metastasize to the skin are breast, lung, colon, and ovary. More than 60% of cutaneous metastases are adenocarcinoma. Zosteriform pattern is rarely seen and there are less than hundred cases declarations in the literature. It is comorbid in 0.7/10% of cancer patients and forms 2% of skin malignancies. Skin metastases are more frequently seen as papules or nodules and can show ulceration at late stage.

We report the case of a 55-year-old woman presented with painful erythematous, papulo-nodular lesions with dermatomal distribution for two-years. She had earlier undergone surgery for breast carcinoma and was receiving adjuvant chemotherapy. A biopsy was performed, showed cutaneous localization of a mucinous carcinoma.

Keywords: Breast carcinoma, zosteriform cutaneous metastases, skin tumors

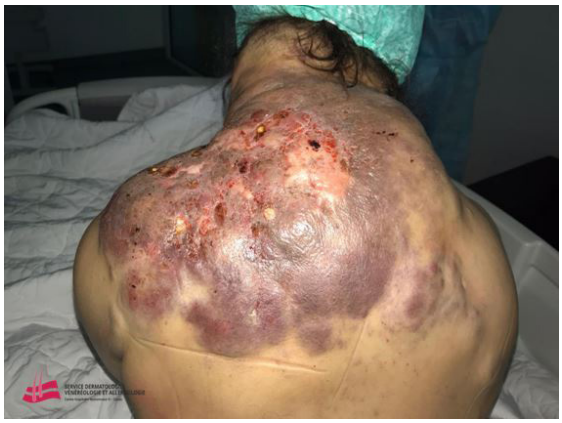
Introduction

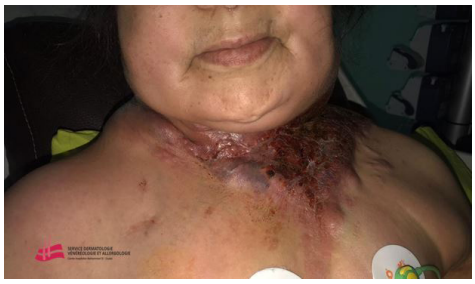
Cutaneous metastases are skin malignancies which appear as tumor cells spreading over skin directly, lymphatically or hematogenous from primer tissue [1]. The most common primary for cutaneous metastasis is breast cancer in women and lung cancer in men [2-5]. Metastatic skin cancers vary in type and zosteriform metastases may occur in rare instances [3].

Metastatic skin cancer is a relatively rare complication of internal malignancies. It has been reported to occur in 0.7-9% of patients with internal malignancies [4]. Here, we report the case of a 55-year-old female with zosteriform cutaneous metastasis from carcinoma breast.

Case report

A 55-year-old woman was referred from the oncology hospital for the management of a rash on the back. The rash started 2 years ago, initially over the base of the neck and gradually increased in size reaching the scapular region. This was associated with pain and partial functional impotence. The patient was diagnosed in 2011 with mucinous carcinoma of the left breast stage II with lymph node metastases, treated by radical mastectomy and adjuvant chemotherapy escaping all lines. Cutaneous examination revealed multiple erythematous and purple, firm, infiltrated and indurated papulo-nodular lesions, ulcerated and necrotic in some places and covered with melicera and hemorrhagic crusts, arranged in a dermatomal fashion, extending from the base of the neck to the upper half of the back [Figure 1,2,3]. Histologically, the dermis is the site of a tumor proliferation made up of nests and spans with a few glands, bathed in pools of mucin. Tumor cells are moderately atypical with eosinophilic cytoplasm, nuclei with an eosinophilic nucleolus and sometimes observed in mitosis. The stroma is fibro-inflammatory, compatible with a cutaneous localization of a mucinous carcinoma. The thoraco-abdomino-pelvic scanner also objectified a secondary cutaneous-muscular localization in favor of a progression of the lesional process.





Discussion

Cutaneous metastases may represent the first sign of internal malignancy, or can represent the first indication of recurrence. These metastases are generally considered to be a manifestation associated with a poor prognosis [3]. Zosteriform pattern is a very unusual type of cutaneous metastases, with only a few reported cases [2]. The mechanism of zosteriform distribution often remains unknown. However, the proposed theories include lymphatic spread, koebnerization at the site of previous zoster infection, surgical implantation of tumor cells, and neural spread through the dorsal ganglia [1]. Worldwide, cutaneous metastases represent 2% of all cutaneous neoplasms [2]. Breast, malignant melanoma, ovarian and lung cancers are the most common causes in women, and malignant melanoma, head, neck and lung carcinomas in men [1]. Cutaneous metastases have been reported in 18.6-26.5% of patients with breast cancers [4].

Clinically, nodular appearance is the most common form [1]. The strategy for cancer treatment and management in cutaneous metastases is to determine the tumor origin, which is often achievable with tissue biopsy, supported by immunohistochemical markers of the metastatic nodule [2].

Conclusion

Given the poor prognosis which implies a cutaneous spread of internal cancer, we must remain alert and perform biopsies in lesions with zosteriform patterns.

Conflict of interest: None

References

1. Deniz Dagdelen, Ayse Serap Karadag, Necmettin Akdeniz, Seyma S. Ozkanli, Mehmet S. Gurel. (2020). Zosteriform cutaneous metastasis: A case series. Dermatologic therapy. 05 August. https://doi.org/10.1111/dth.14137
2. Roopa Raghupathy, Anuradha Priyadarshini, and M Banu Priya (2020). Zosteriform Cutaneous Metastases with Primary Endometrial Carcinoma. Indian J Dermatol. Sep-Oct; 65: 420–422. doi: 10.4103/ijd.IJD_339_18.
3. Jorge Santos-Juanes, María López-Escobar, Noemí Villanueva Palicio, Beatriz Mareque Rivas, Cristina Galache, José Sánchez del Río, Juliana Stein (2007) Zosteriform cutaneous metastasis from a breast carcinoma. Med Cutan Iber Lat Am 35: 89-93.
4. Rao R, Balachandran C, Rao L (2010). Zosteriform cutaneous metastases: A case report and brief review of literature. Indian J Dermatol Venereol Leprol 76: 447
5. Z. Ismaili, S. Dekhay et al. (2011) Primary gastric, duodenal, and rectal signet ring cell carcinoma revealed by cutaneous metastasis. Endoscopy 43: E209-E210.

Cite this article: H.Ragragui Ouasmin, H.Saddouk, N.Zizi, S.Dikhaye (2021) Zosteriform cutaneous metastasis from carcinoma breast: A case report. Journal of Dermatology and Skin Therapy 1: 1-2.