

## Cutaneous Metastasis of Pancreatic Neoplasm: About 3 Cases

Sabbah Meriam<sup>1\*</sup>, Bibani Norsaf<sup>1</sup>, Trad Dorra<sup>1</sup>, Ouakaa Asma<sup>1</sup>, Elloumi Hela<sup>1</sup>, Gargouri Dalila<sup>1</sup>, Kharrat Jamel<sup>1</sup>

<sup>1</sup>Department of gastroenterology. Habib Thameur Hospital, Tunisia

**\*Corresponding Author:** Sabbah Meriam, Department of gastroenterology. Habib Thameur Hospital, Tunisia. E-mail: [sabbah\\_meriam@yahoo.fr](mailto:sabbah_meriam@yahoo.fr)

**Received:** January 31, 2018; **Accepted:** February 10, 2018; **Published:** March 14, 2018

**Copyright:** © 2018 Sabbah M, Bibani N, Trad D, et al. Cutaneous Metastasis of Pancreatic Neoplasm: About 3 Cases. J Oncol Res; 2(1): 1-04.

### Abstract

**Introduction:** Cutaneous metastases represent an infrequent secondary localization of deep cancers. The neoplasms most often involved are breast cancer, pulmonary and to a lesser degree digestive cancers. The aim of our study was to describe the clinical, histological and evolutionary features of cutaneous metastases associated with pancreatic cancers in 3 patients.

**Patients and methods:** This is a review of 3 patients hospitalized for pancreatic cancers in which cutaneous metastases were observed. The epidemiological, clinical, histological, therapeutic and evolutive characteristics of the patients were noted.

**Results:** We report 3 patients (sex ratio = 2 [M / F = 2/1]), with an average age of 68 years. Cutaneous metastases were found in the abdomen (n = 2) and the thorax (n = 1). The nodule was unique in 1 case and multiple in 2 cases. The primitive was a well differentiated adenocarcinoma in 2 cases and an undifferentiated endocrine carcinoma in one case. The cutaneous metastasis was synchronous in 2 cases and metachronous occurred two years after the diagnosis and treatment of the primary tumor in one case. Other secondary sites were associated in all patients (hepatic predominantly, followed by peritoneal), making palliative treatment the only therapeutic outcome. Two patients received palliative chemotherapy while the third one had altered condition. The mean survival was 2 months.

**Conclusion:** The cutaneous metastases of pancreatic cancers are rarely revealing, polymorphous, sometimes misleading. The most common histological type is adenocarcinoma, whereas undifferentiated carcinomas and endocrine tumors are much more rare. The presence of cutaneous metastases was associated with an advanced stage with consequently a pejorative prognostic value.

**Keywords:** Cutaneous Metastasis; Pancreatic Neoplasm

## Introduction

Cutaneous metastases from internal malignancies are uncommon (0,7 to 9%) [1]. Cutaneous metastases represent an infrequent secondary localization of deep cancers. Apart from the skin cancers themselves, the other neoplasias most often involved are breast cancer, pulmonary cancers and to a lesser degree digestive cancers. Moreover, cutaneous metastases of bilio-pancreatic neoplasm are extremely rare and few cases of cholangiocarcinoma or pancreatic adenocarcinoma were described in literature [1]. The aim of our study was to describe the clinical, histological and evolutionary features of cutaneous metastases associated with biliopancreatic cancers in 3 patients.

## Patients and methods

This is a review of 3 patients hospitalized for pancreatic cancers in which cutaneous metastases were observed and confirmed histologically. The epidemiological, clinical, histological, therapeutic and evolutive characteristics of the patients were noted.

## Results

Three patients were reported with a sex ratio of 2 (Male/Female=2/1) and aged respectively of 57, 70 and 78 years). All patients had no past medical facts. Two patients presented cutaneous jaundice associated with abdominal epigastria pain and marked loss of weigh. Laboratory tests objectified icteric cholestasis with elevation of CA19,9 and abdominal computed tomography confirmed the pancreatic head tumor. Recent diabetes was diagnosis in two cases. The third patient had no jaundice and no biological cholestasis but presented abdominal epigastria transfixiant pain and loss of weigh. The tumor was localized in the corps of the pancreas. Concerning cutaneous metastases, they were localized in the abdomen in two cases (Figure 1)

**Figure (1):** Macroscopic aspect of abdominal cutaneous metastasis: round, fixed nodule measuring approximately 3 centimeter of diameter



and the chest in one patient (Figure 2).

**Figure (2):** Macroscopic aspect of cutaneous metastasis localized in the chest: ovoid, hardened nodule measuring approximately 4 centimeter of length



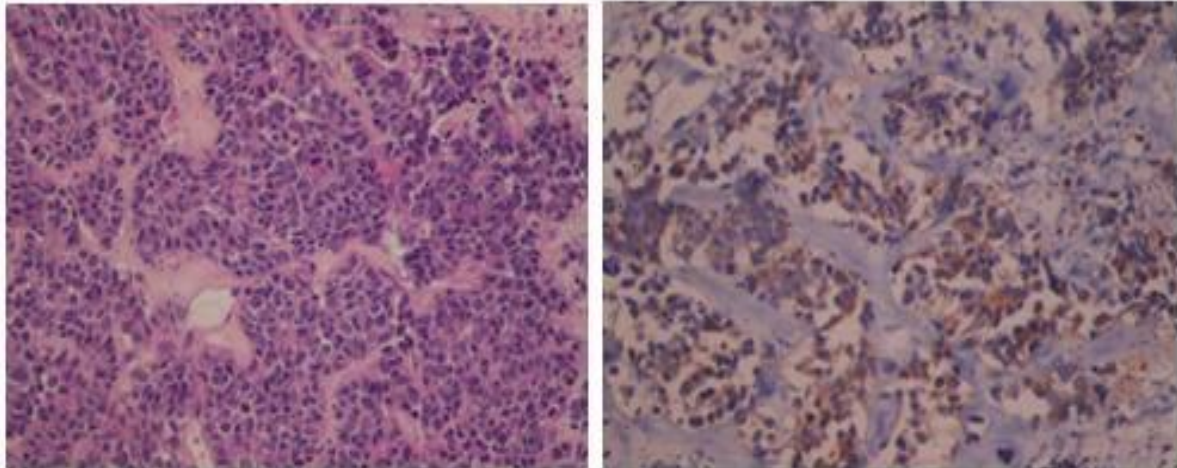
The nodule was unique in 1 case and multiple in 2 cases. The primitive tumor was a well differentiated pancreatic adenocarcinoma in two cases, and an undifferentiated endocrine carcinoma of the pancreas in the last case confirmed by cutaneous biopsy. The cutaneous metastasis was synchronous to the tumors in two cases and metachrone occurring two years after the diagnosis and treatment of the tumor in one case. The histological and

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immunohistochemical analysis of cutaneous sample biopsies confirmed the diagnosis of

cutaneous secondary localization in the three cases (Figure 3).

**Figure (3):** cutaneous biopsy showing endocrine carcinoma proliferation confirmed by immunohistochemical fixation



Other secondary sites were associated in all patients, (hepatic metastases predominantly, followed by peritoneal carcinosis), making palliative treatment the only therapeutic outcome. Two patients were treated with palliative chemotherapy: vepeside (VP16) and cisplatin in one case and gemcitabine oxaliplatin (GEMOX) in one case (six cycles protocol was indicated) while the last case was excluded due to his altered condition. Two patients (treated by VP16-cisplatin and receiving no chemotherapy) died within one month of the diagnosis of cutaneous metastases. The third one (who received GEMOX) died after 4 months.

## Discussion

Cutaneous metastases from an internal malignancy are uncommon (0,7 to 9%) [1]. The most common tumors to metastasize to the skin are breast (36,2%), than lung (16,3%), and colorectal (11,3%) cancers [2]. Cutaneous metastases have exceptionally been reported in cholangiocarcinoma or pancreatic adenocarcinoma in literature [3] and those of endocrine carcinoma remain an extremely rare entity [4]. The majorities of cutaneous metastases appear after the

discovery of the primary tumor and are more rarely revealing [5]. Their clinical appearance is polymorphous, sometimes misleading. Most common presentation of a metastatic skin lesion is a firm painless nodule (multiple in 46,4% and unique in 37,7% of cases) [6]. Rarely, it can be extensive [7]. The most common sites of cutaneous metastases are the chest, abdomen and scalp such as observed in our cases. Histological proof is rarely obtained but when it is possible, immunochemical study must be performed [8].

The most common histological type of primary digestive tumor is adenocarcinoma, whereas undifferentiated carcinomas and endocrine tumors are much more rare [9]. Recently, rare cases of mucoepidermoid tumor of the pancreas have been reported [10]. The presence of cutaneous metastases is associated with an advanced stage and frequently associated with other metastases such as hepatic, lung or peritoneal metastases with consequent pejorative prognostic value. Prognosis remains than poor despite systemic chemotherapy [11]. Treatment is therefore essentially palliative, based on systemic chemotherapy [12]. Actually, the regimen proposed are FOLFIRINOX or Erlotinib and Nab Paclitaxel which showed their

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superiority to Gemcitabine for the management of advanced pancreatic tumor [13].

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