Abdominal papular zosteriform cutaneous metastases from endometrial adenocarcinoma

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We report an extremely rare case of abdominal papular zosteriform cutaneous metastases from endometrial adenocarcinoma.

A 78-year-old woman had previously undergone hysterectomy and bilateral adnexectomy via lower midline laparotomy for FIGO stage IIIC endometrial adenocarcinoma. Postoperative therapy comprised systemic multidrug chemotherapy, radiotherapy (50 Gy), and transvaginal brachytherapy (25 Gy). Two years later, multiple red indurated papules developed in a dermatomal zosteriform distribution on the anterior abdominal wall at level T10–T12 bilaterally; the most abundant changes were near the laparotomy scar. These were identified when the patient presented to the Emergency Room with mechanical bowel obstruction and ascites (Fig. 1). Excisional biopsy showed circular islands of atypical glandular epithelial cells infiltrating the superficial and deep dermis, consistent with metastatic adenocarcinoma.

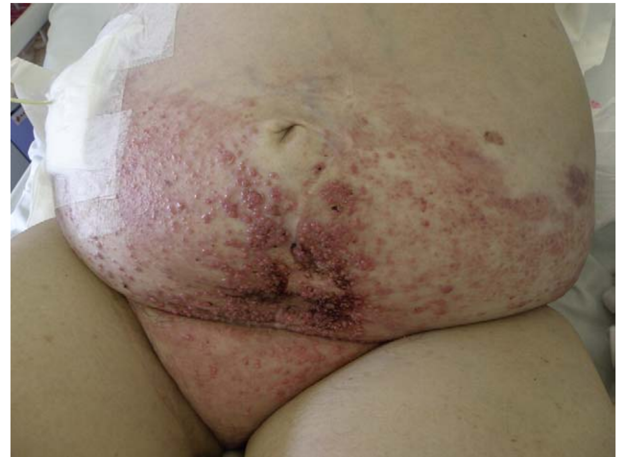

Fig. 1. Multiple red indurated papules in a dermatomal zosteriform distribution on the anterior abdominal wall at level T10–T12 bilaterally.

The incidence of cutaneous metastases has increased from 2.7% in 1969 to 10% in recent years, due in part to a growing awareness of this condition, in part to a rise in cancer rates, and in part to longer survival times allowing skin metastases an opportunity to develop [1]. There are several morphologic types, including macules, papules, nodules, indurated plaques, purpuric plaques mimicking vasculitis, discoid lesions, and tumor nodes with telangiectasia.

Cutaneous metastases of the abdominal wall are extremely rare. There are two forms. One is post surgical and can be incisional, port-site (trochar-site), or drain-site metastases due to inoculation and direct spread of the tumor, with fair survival measured in years after complete excision. The other form is due to natural history of the disease, usually indicating end-stage disease with limited survival. Often, the regions of cutaneous metastases coincide with the field of previous radiation therapy, which obliterates small lymphatic channels and thus facilitates the implantation of tumor cells. The incidence of skin metastases in endometrial carcinoma is unknown, but in cervical cancer it is 1.3%, with an increasing order from 0.8% in stage I to 4.8% in stage IV. The abdominal wall and vulva are the most common skin sites, followed by the anterior chest wall [2].

Cutaneous metastases in endometrial cancer can be solitary or multiple. Sister May Joseph nodule (umbilical metastasis) is due to direct extension of the primary tumor. Zosteriform cutaneous metastases of any primary tumor are extremely rare, with 56 cased recently reviewed [3]. The histotypes of primary tumors were melanoma (18%); lymphoma (14%); breast cancer (12%); squamous cell carcinoma (12%); gastrointestinal-stomach and colon (10.7%); pulmonary (8.9%); urinary tumors (7%); and others (17%) [3]. Only one case described a typical herpetiform pattern, whereas in the others the papulonodular lesions with a dermatomeric distribution were present. This meta-analysis did not include the case report of zosteriform metastases of endometrial cancer recently published [4], although that case did not report bilateral papular zosteriform abdominal metastases.

Conflict of interest

None to disclose.

References

[1] Poole S, Fenske NA. Cutaneous markers of internal malignancy. I. Malignant involvement of the skin and the genodermatoses. J Am Acad Dermatol 1993;28(1):1–13.
[2] Imachi M, Tsukamoto N, Kinoshita S, Nakano H. Skin metastasis from carcinoma of the uterine cervix. Gynecol Oncol 1993;48(3):349–54.
[3] Savoia P, Fava P, Deboli T, Quaglino P, Bernengo MG. Zosteriform cutaneous metastases: a literature meta-analysis and a clinical report of three melanoma cases. Dermatol Surg 2009;35(9):1355–63.
[4] Werchau S, Hartschuh W, Hartmann M. Zosteriform metastasis of endometrial cancer. Eur J Dermatol 2009;19(4):401–2.

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