

Cutaneous Metastasis in Advanced Gastric Cancer

Metástases Cutâneas no Carcinoma Gástrico Avançado

Keywords: Neoplasm Metastasis; Skin Neoplasms/secondary; Stomach Neoplasms

Palavras-chave: Metástase Neoplásica; Neoplasias do Estomago; Neoplasias da Pele/secundário

Cutaneous metastasis originating from gastric cancer is a rare manifestation, typically suggestive of advanced and aggressive disease.

We report the case of a male patient in his late 60s who was referred to our hospital with a facial lesion resembling erysipelas and multiple nodular lesions on the scalp (Fig. 1A). Concurrently, he reported upper abdominal and retrosternal pain, postprandial vomiting, anorexia, and an unintentional weight loss of 10 kg over the preceding three months. His medical history was significant for arterial hypertension, chronic alcohol consumption, and tobacco use.

Upper gastrointestinal endoscopy revealed a large, ulcerated lesion involving the entire stomach. Histopathological examination confirmed the presence of poorly differentiated adenocarcinoma with signet-ring cell morphology. Laboratory tests showed microcytic anemia secondary to iron deficiency, with normal inflammatory markers. An abdominal computed tomography demonstrated marked gastric wall thickening, celiac-mesenteric lymphadenopathy, and ascites. A biopsy of the scalp lesions confirmed secondary infiltration by adenocarcinoma, consistent with a primary gastric carcinoma (Fig. 1B).

The multidisciplinary tumor board recommended palliative care. The patient underwent endoscopic palliation with placement of a self-expandable metallic stent and systemic chemotherapy. Despite these interventions, the patient succumbed to the disease 10 weeks after diagnosis.

Cutaneous metastasis from gastric cancer, although infrequent, implies an advanced stage of malignancy and is associated with a poor prognosis. The incidence of cutaneous metastases from visceral carcinomas is reported to range from 0.7% to 9%, with the scalp being one of the more common sites of involvement.¹⁻³ Cutaneous metastasis, clinically resembling benign skin lesions, pose a diagnostic challenge for clinicians.

AUTHOR CONTRIBUTIONS

AS: Writing and critical review of the manuscript.

NM: Data collection, critical review of the manuscript.

EM, IS, MC: Critical review of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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REFERENCES

1. Betlloch-Más I, Soriano-García T, Boira I, Palazón JC, Juan-Carpena G, Sancho-Chust JN, et al. Cutaneous metastases of solid tumors: demographic, clinical, and survival characteristics. *Cureus*. 2021;13:e19970.
2. Alcaraz I, Cerroni L, Rütten A, Kutzner H, Requena L. Cutaneous metastases from internal malignancies. *Am J Dermatopathol*. 2012;34:347-93.
3. Ribeiro MD. Cancro gástrico em Portugal – como reduzir a mortalidade por cancro gástrico em Portugal. 2018. [cited 2024 Nov 24]. Available from: <https://bialfoundation.com/media/3155/livro-cancro-gastrico-em-portugal-v4.pdf>.

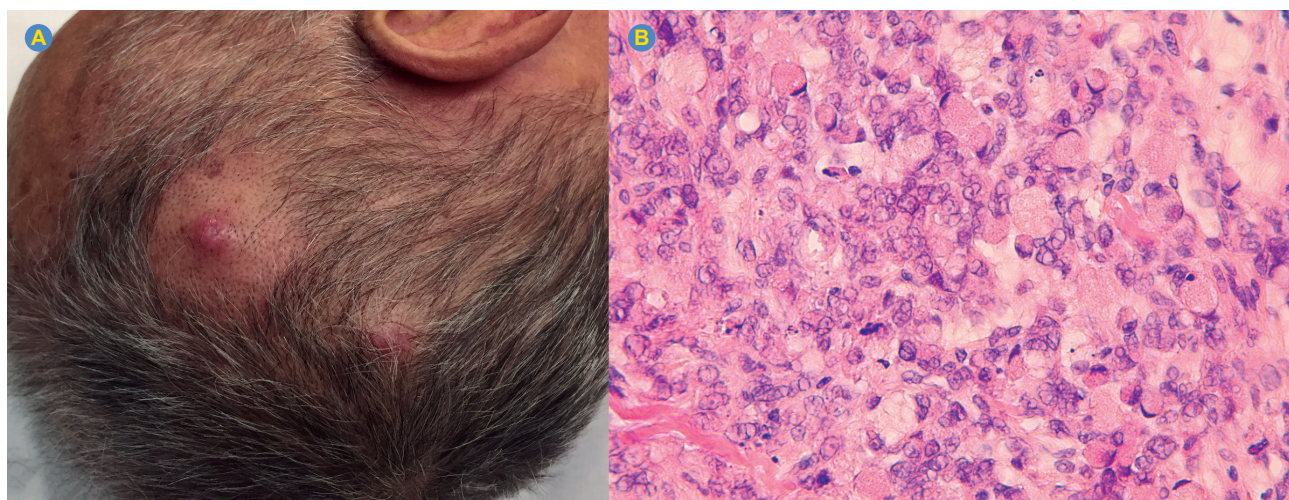


Figure 1 – Multiple nodular scalp lesions (A) and hematoxylin and eosin stain of the scalp lesion biopsy showing signet-ring cells infiltrating the skin (B)

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