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Skin Metastasis of the Scalp: An Unusual Localization of Secondary Lung Cancer

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ABSTRACT

Cutaneous metastases from lung cancer are a rare entity. Their onset as initial symptoms of lung cancer is very rare. We report a case of a bronchopulmonary cancer reveled by scalp nodules in a Moroccan woman.

Keywords: Lung cancer, Cutaneous metastases; Neoplasia, Lesions

INTRODUCTION

A 56-year-old female, with no pathological history, particularly no smoking history or familial neoplasia, consulted for scalp tumefactions for 1 month, she was apyrexial and haemodynamically stable, with no respiratory symptoms. In physical examination, her general condition was stable, with thirteen alopecic scalp nodules, bright red, a soft consistency, with a serohemorrhagic fluid drained from some fistulizing lesions, measuring approximately 10-45 mm in diameter **(Figure 1)**. The dermoscopy has shown a rich and an arborescent vascularisation **(Figure 2)**. The sample of pus was sterile. Histological and immunohistochemical analysis revealed a cutaneous localization of a sarcomatoid undifferentiated carcinoma of pulmonary origin. Cerebral and thoraco-abdominal-pelvic scan objectified a nodal and tumoral bronchopulmonary process in the right lower lobe, it is locally advanced with pleural mediastinal and parietal extension to the thoracic wall. She had axillary lymph nodes and in the right sub-clavicular region, with numerous pancreatic and surrenalien lesions which were secondary lesions.

Lymph node biopsy showed lymph node metastases of a sarcomatoid undifferentiated carcinoma from a pulmonary origin. The decision after a multidisciplinary consultation meeting was to address the patient to the oncology center to complete her medical care. She died before starting chemotherapy.

DISCUSSION

Lung cancer is one of the most common cancers worldwide. The most frequent sites of metastasis are the brain, the bone, the liver and the adrenals. Cutaneous metastasis from lung cancer are less common with an incidence of occurrence of 0.22-12% [1].

In general, cutaneous metastasis are growing after the initial diagnosis of a primary neoplasia or within the evolution. In very rare cases, they may occur while or before the detection of the neoplasia [2], which is the case of our patient. In the literature only 0.2% of cutaneous metastasis cases reveling a lung cancer were reported [2].

Most frequent sites of cutaneous metastasis of lung cancer are anterior sides of the chest and abdomen, however, their occurrence in the scalp remains unusual, what makes our case special, this location is explained by the rich blood supply of this area **(Figures 3 and 4)** [3].

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Figure 1. Alopeciant red nodules on the scalp.

Figure 2. Dermoscopic image of scalp nodules.

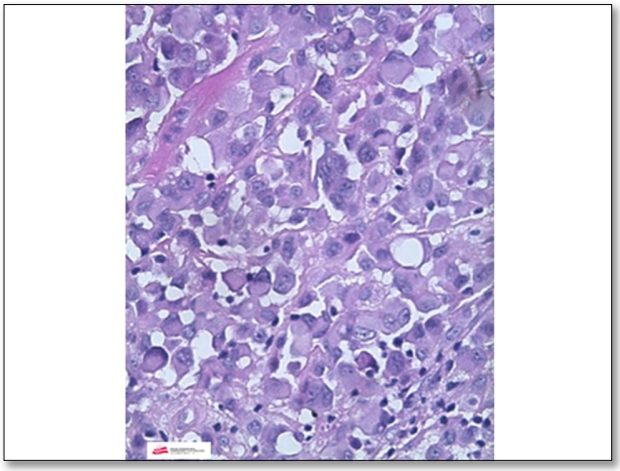

Figure 3. HES G x 400: Hypodermic dermo infiltration by an undifferentiated tumor proliferation made of large round non-cohesive epithelioid cells + mitoses.

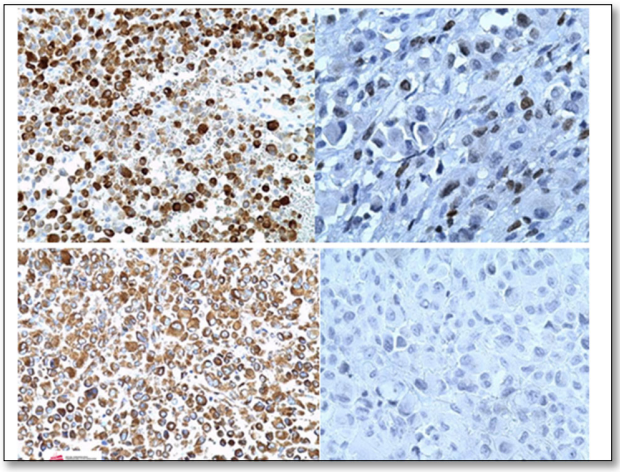

Figure 4. IHC G x 200: Cells diffusely expressing: CK (AE1, AE3) / P63 / Vimentin / GATA 3 (+) heterogeneous/MUC1.

CONCLUSION

Despite their rarity, cutaneous metastasis may be the first clinical revealing sign of an internal quiescent neoplasm. This location reflects the advanced stage of the disease.

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