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Case Report / *Olgu Sunumu*

Cheek metastasis of a gastric adenocarcinoma: A rare case

Mide adenokarsinomunun yanak metastazı: Nadir bir olgu

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ABSTRACT

In this study, we present a 70-year-old male patient with gastric adenocarcinoma who applied to the otolaryngology clinic because of a growing cheek mass. Incisional biopsy result showed that the mass was compatible with the patient's primary malignancy. While palliative surgery was planned because of bleeding and unpleasant image, the patient died. Distant metastasis of an internal malignancy should be kept in mind in the differential diagnosis of head-neck masses.

Keywords: Head-neck mass, skin metastasis.

ÖZ

Bu yazıda, yanakta büyüyen bir kitle nedeniyle kulak burun boğaz kliniğine başvuran mide adenokarsinomlu 70 yaşında bir erkek hasta sunuldu. İnsizyonel biyopsi sonucu kitlenin hastanın primer malignitesi ile uyumlu olduğunu gösterdi. Kanama ve hoş olmayan görüntü nedeniyle palyatif cerrahi planlanırken hasta kaybedildi. Baş boyun kitlelerinin ayırıcı tanısında dahili bir malignitenin uzak metastazı akılda tutulmalıdır.

Anahtar sözcükler: Baş boyun kitlesi, cilt metastazı.

Incidence of skin metastasis of a malignancy is estimated as 6.4%.[1] The most common gastrointestinal tumor which metastasize to skin is colon carcinoma, followed by gastric carcinoma which is a rare condition.[2] Skin metastasis is typically associated with poor prognosis and late stage of the disease.[3] In this article, we present a patient with gastric adenocarcinoma who had buccal metastasis.

CASE REPORT

A 70-year-old male patient was admitted to a university hospital with the symptoms of abdominal pain and weight loss. He also had a growing acne-like mass on his left cheek skin (Figure 1). He was a smoker and social drinker. He had no family history of malignancy. He had weight loss reluctantly. Endoscopical examination revealed an antral gastric tumor, which was defined as an unresectable adenocarcinoma. In his head-neck examination, there was a 6×8 cm sized mass which included bleeding and fragile areas. There was no lymphadenopathy. Oral examination was normal. There was a 43×40×37 mm hypermetabolic mass on left buccal area in his positron emission tomography-computed tomography (Figure 2) as well as a 6.5 cm gastric tumor and multiple nonspecific nodules in the

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Figure 1. Metastatic large nodule on patient's left buccal area.

liver and the lung (Figure 3). Incisional biopsy from buccal area revealed adenocarcinoma metastasis. The tumor had negative staining by immunohistochemical indicators such as thyroid transcription factor 1, GATA binding protein 3, vimentin, cytokeratin 20, caudal type homeobox 2, paired box gene 8, cluster of differentiation 10 and thrombomodulin (Figure 4). Owing to negative organ-specific indicators and patient history, the mass was accepted as metastasis from gastric cancer. A written informed consent was obtained from the patient.

The patient was recommended palliative chemotherapy. Palliative surgery was planned to buccal area because of bleeding, disfiguring and obstruction of oral nutrition. However, it could not be performed due to the poor general condition. The patient died because of late stage carcinoma.

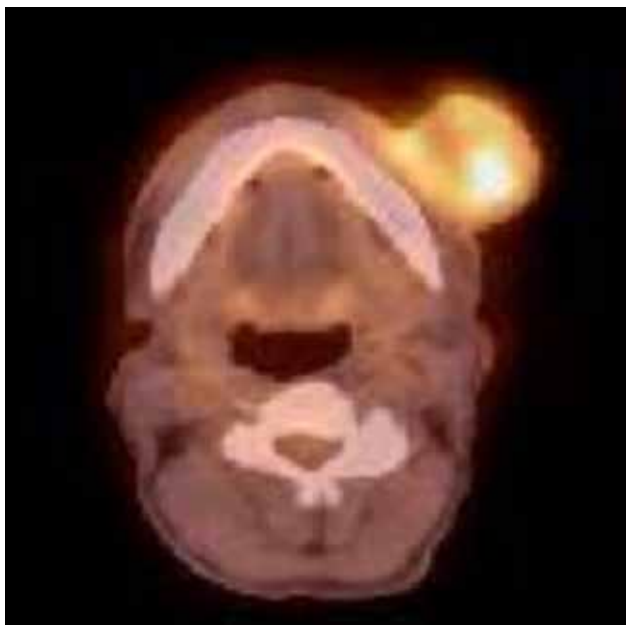

Figure 2. A hypermetabolic mass is present on left buccal area.

Figure 3. A hypermetabolic mass is seen in positron emission tomography scan.

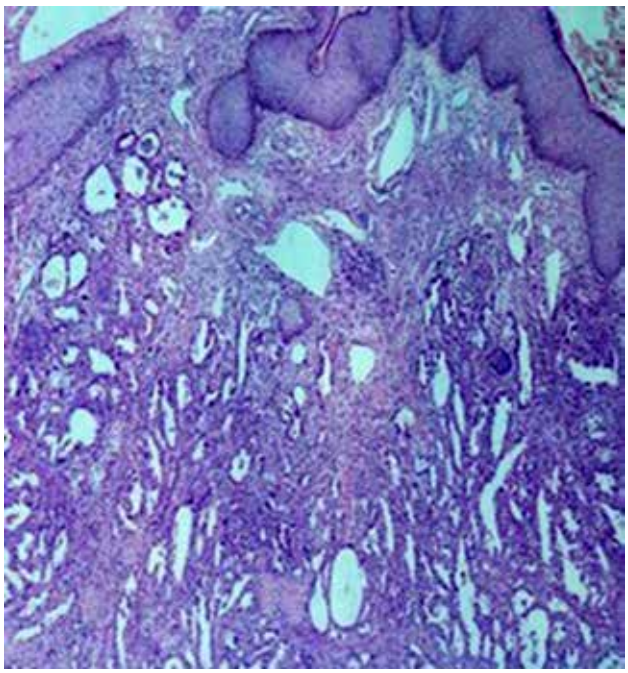

Figure 4. Intact squamous epithelium on surface and multiple glandular tumoral area on parenchyma are seen (H-E ×40).

DISCUSSION

Skin metastasis is a rare condition.[4] The most common cancer which metastasize to skin is lung cancer in males and breast cancer in females.[2] For adenocarcinomas, the most common primary foci which metastasize to skin are colon, lung and ovarian cancer.[3] Gastric carcinoma most commonly metastasizes to liver, perigastric lymph nodes and peritoneum. In all skin metastases, gastric carcinoma has 0.8% share.[5] Our patient had metastatic foci on his liver, lung, the right suprarenal area and perigastric lymph nodes as well as buccal area.

The typical skin metastasis for gastric carcinoma is umbilical skin metastasis known as Sister Mary Joseph nodule.[6] The most common findings for skin metastasis are painless, non-specific cutaneous and subcutaneous nodules.[2] The presented patient had cutaneous, slow-growing, acne-like nodule on his cheek.

Gündüz et al.[7] presented a case who had signet-ring cell carcinoma and many metastatic nodules on his head-neck skin. Moreover, Kawai et al.[8] reported a patient who had gastric adenocarcinoma and scalp metastasis. In addition, Kavgaci et al.[9] published a patient who had gastric adenocarcinoma and erysipeloid metastasis on his neck skin. In the presented patient, metastatic focus grew and invaded the gingiva and oral mucosa.

For differential diagnosis, it should be kept in mind that nodular skin metastasis in head-neck area can be related to internal cancers, although rare. Despite being late stage diseases, local palliative surgical or oncological therapies can be performed considering the patient's condition.

Declaration of conflicting interests

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