

# Abdominal skin metastasis of endometrial adenocarcinoma: case report

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## Summary

Skin metastasis from endometrial adenocarcinoma in the radiotherapy field is reported. A 60-year-old woman with FIGO stage IB, grade 2 endometrial adenocarcinoma presented 24 months after initial surgery with skin metastasis located on the abdomen.

*Key words:* Endometrial adenocarcinoma; Skin metastasis.

## Introduction

Cutaneous metastasis of a visceral carcinoma is relatively rare. We report a case of skin metastasis from endometrial adenocarcinoma, and thus demonstrate the poor prognosis for these patients.

## Materials and Methods

A 60-year-old multiparous obese woman who experienced menopause at 50 years of age, presented with a history of vaginal bleeding for a few days. Physical examination was negative. The patient had no significant past medical history and was not on medication. She had endometrial and cervical curettage. Pathological examination of the specimens showed adenocarcinoma within an endometrial polyp and a normal endocervix. A month later, the patient had an extrafascial hysterectomy plus bilateral salpingo-oophorectomy. Peritoneal washings were taken for cytological examination. No evidence of extrauterine disease was detected at the time of surgery.

Pathologic examination of endometrial sections demonstrated grade 2 endometrial adenocarcinoma involving one-third of the myometrium. Peritoneal washings were negative for malignancy. Later, the patient had external beam radiotherapy which was well tolerated. She was subsequently seen every three months and had a chest X-ray every six months.

Twenty-four months after her initial diagnosis, she presented with a subcutaneous mass on the abdominal wall. The mass was firm, erythematous and consisted of nodules up to 2.5 to 3.5 cm in diameter and appeared right below the umbilicus in the field of previous irradiation. Examination of a biopsy specimen of this lesion revealed metastatic adenocarcinoma. Chemotherapy was given (combination of iphosphamid, cisplatin and 5-fluorouracil) and a partial response was observed. The patient died 12 months after the initial diagnosis of abdominal skin metastasis.

## Discussion

Cutaneous metastasis from distant malignancy is rare and portends a poor prognosis. Carcinoma reaches the skin by direct extension, lymphatic or hematogenous

spread, or through implantation in surgical scars. Over 22 cases of umbilical metastases have been reported in women with an endometrial primary. On these lesions route of spread is thought to be contiguous extension from the peritoneal surface rather than hematogenous. Both the patient's age and her treatment may have interfered with the normal lymph flow. The presence of alternative channels or even the possibility of retrograde flow could explain unusual dissemination [1].

The prognosis is poor [2, 3] and treatment is ineffective. Current recommendations include local excision if feasible and combination chemotherapy using doxorubicin and cisplatin or 5-fluorouracil and melphalan [3]. Spencer *et al.* [4] used megestrol acetate for a cutaneous metastasis of endometrial carcinoma with a decrease in area to less than 10% of the pretreatment area and a marked histopathologic decrease in adenocarcinomatous glandular structures.

## References

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