

# A rare case of skin metastasis from soft palate cancer

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## Abstract

Distant metastasis from soft palate cancers usually occur in the lung, liver or bone. We present here a case of skin metastasis from primary cancer of the soft palate in 51 year old male initially at stage IV A. After completion of definitive chemoradiation, the patient was in disease free locoregionally but developed skin nodule which was confirmed as metastatic deposits. Skin metastasis from soft palate cancers are very rare and need careful evaluation because they portend a poor prognosis.

**Key Words:** Soft palate cancer, skin metastasis

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## INTRODUCTION

Skin metastasis are encountered in 0.7% - 9% of all patients with cancer and as such the skin is an uncommon site of metastasis when compared to other organs.<sup>1</sup> The lung, liver and bone are the usual site of distant metastasis.<sup>2</sup> The distribution of skin metastases, although unpredictable, is related to both the anatomic site of the primary tumor and the mode of spread. The areas of greatest predilection in men are the head, neck, anterior chest, and the abdomen, whereas in women, the anterior chest and abdomen appear to be the most common sites for skin metastases.<sup>3</sup> Head and neck cancers are the one of

the most common cancers in eastern part of India. Oropharyngeal carcinomas account for 10% of all head and neck epithelial cancers and are a significant problem in our country.<sup>4</sup> Of all patients with oropharyngeal cancers, 8% have dermal metastasis at presentation.<sup>5</sup> We report the rare case of 51 years old male with skin nodule due metastasis of squamous cell carcinoma of soft palate.

## CASE REPORT

A 51 years old male came to us in FNAC OPD with chief complain of pain in throat for 6 months and a swelling in left lower back. On local examination, it was found to be firm swelling measuring about 3.3x3 cms. It was partially mobile and non tender. On taking further history and seeing other investigation we came to know that he was a patient of carcinoma of soft palate (stage IV A) and had received external beam radiation therapy for it. The base line investigation and biochemical parameters revealed no significant abnormality except for mild anemia and raised ESR. A fine needle aspiration was done from the swelling at back and in subsequent reporting it came out to be metastatic deposits of poorly differentiated carcinoma.

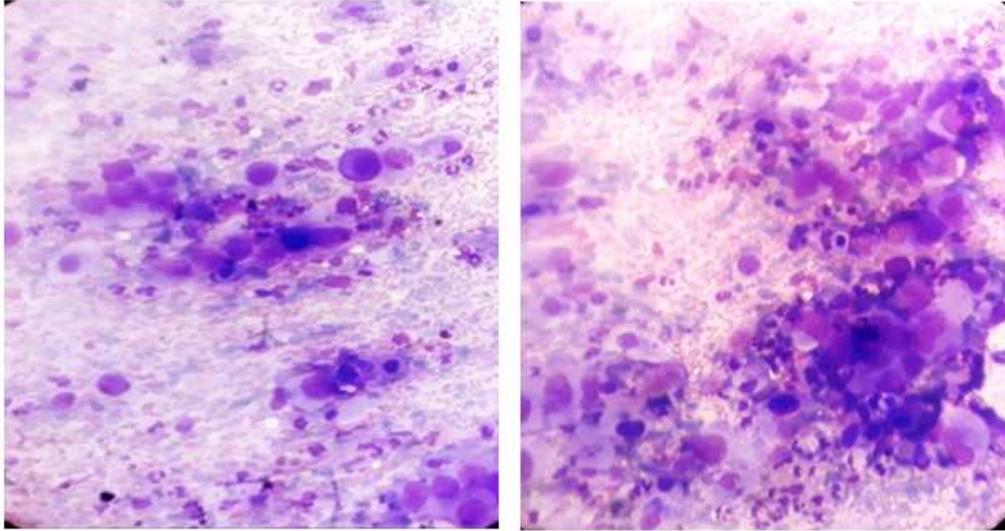


Figure 1: Photomicrographs showing poorly differentiated squamous cell carcinoma (MGG stain; 400x)

## DISCUSSION

Skin metastasis are defined as isolated or multiple intradermal collections of tumor cells remote from the primary or loco-regional disease.<sup>2</sup> They present as solitary or multiple, discrete or confluent, dermal or subcutaneous nodules.<sup>6</sup> It was considered to be an uncommon entity in head and neck squamous cell cancers (HNSCC) with an incidence of 1%.<sup>7,8</sup> Berger *et al*<sup>9</sup> in their study reported that length of survival was approximately three months after skin metastasis become clinically evident in head and neck cancer. It is important to differentiate these lesions from extensions from the primary cancer, scar metastasis, metastasis from other primary skin cancers, internal organs and primary cutaneous disorders.<sup>10,11</sup> Rao *et al*<sup>12</sup> concluded that in approximately half of the patients, the metastatic skin cancer developed on the nearest skin covering and on the same side of the primary tumor. However, in our case metastasis of skin was far away and on left side of the primary. The majority of skin metastasis usually occur above the umbilicus, and infra-umbilical skin metastasis, usually portend a very poor prognosis.<sup>13</sup> Kishan *et al*<sup>14</sup> reported a rare case of zosteriform cutaneous metastases from squamous cell carcinoma of hard palate and concluded that diagnosis of metastatic carcinoma should be considered in any patient with history of internal malignancy. Skin metastases may represent the first clinical evidence of impending recurrence or distant metastasis. The development of skin metastasis is associated with a poor prognosis.<sup>15</sup> Treatment for skin metastasis is inconclusive. Surgical excision has been shown to improve survival rates in one study. However, surgical treatment is not the norm and should only be considered in a few highly selective cases in which the skin metastasis is the only site of disease

with no other metastases in the body. In general however, the treatment offered irrespective of the form is palliative. Whatever the nature of the primary lesion, the course of the disease or the treatment(s) administered, it appears that skin metastasis is an equalizing factor for all patient groups in carcinoma of the head and neck; all patients do poorly and succumb rapidly to their disease.<sup>7,13,16</sup> Our patient was lost to follow up soon after starting the palliative treatment of skin metastasis, making it difficult to predict the overall survival. In summary, the clinical diagnosis often make the correct diagnosis difficult and fine needle aspiration and biopsy of skin nodule is necessary to confirm the diagnosis. Hence, we report this case for its rare primary site in soft palate presenting as cutaneous metastasis at the back and as a reminder for physicians to be aware and vigilant about the disease entity for its poor outcome.

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