Case Report

DOI: http://dx.doi.org/10.18203/2349-2902.isj20181150

A rare case of carcinoma rectum with scalp metastasis: an unusual presentation

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Received: 06 February 2018 **Accepted:** 07 March 2018

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ABSTRACT

Colorectal cancer is the third most commonly diagnosed cancer and third leading cause of cancer death in both men and women in the world. Metastasis is common in case of carcinoma rectum due to the late arrival of the patient to the doctor. The common sites for metastasis are liver, lung or ovary. But metastasis to the scalp is very rare. A 65-year-old female patient who presented to the casualty with sub-acute intestinal obstruction of four days duration was managed conservatively. Incidentally the patient noticed a swelling over the scalp which was initially of size 1×1 cm which progressed to the size of 3×3 cm over a period of 2 weeks. FNAC from the swelling showed features of skin adnexal tumor. Excision of the swelling was done, and histopathological examination revealed features of metastatic adenocarcinoma. Colorectal carcinoma can be controlled or treated with frequent screening of any individual who has crossed 50 years with occult stool for blood or by colonoscopy. In this way metastasis can be controlled if we treat at the early stages.

Keywords: Adenocarcinoma, Colorectal carcinoma, Scalp metastasis

INTRODUCTION

Colorectal Cancer is the third most commonly diagnosed carcinoma and third leading cause of cancer death in both men and women in the world. One of the earliest symptom for carcinoma rectum is bleeding per rectum. Skin metastases generally appear late in the course of internal malignancies, and often indicate wide-spread neoplasm. Among cutaneous metastasis, the skull is a rare site compared with the nodules or alopecia neoplastica commonly detected as clinical signs. ²

Among all tumours, cutaneous metastasis is seen commonly in breast cancer, which can be by direct, hematogenic, and lymphatic spread. A previous meta-analysis shown an incidence of 24% cutaneous metastasis in breast cancer.³ Lung, colorectal, renal, ovarian and bladder cancer have similar rates of cutaneous

metastases, which vary from 3.4% to 4%, mainly through blood and lymphatic dissemination.³

But the metastasis to the scalp is extremely rare in case of carcinoma rectum.

CASE REPORT

A 65-year-old female patient presented to the casualty with sub-acute intestinal obstruction for four days, which was managed conservatively. All relevant clinical and radiological examination was done thoroughly, including per rectal examination which did not reveal any rectal growth.

Incidentally the patient noticed a swelling over the scalp at occipital region, initially which was 1×1 cm and gradually progressed to the size of 3×3 cm over a period

of 2 weeks (Figure 1). The swelling which was firm in consistency and had features of sebaceous cyst. FNAC from the swelling was suggestive of skin adnexal tumor.



Figure 1: Swelling before surgery.

Excision of the swelling was done (Figure 2) and histopathological examination revealed features of metastatic adenocarcinoma (Figure 3).



Figure 2: After surgery.

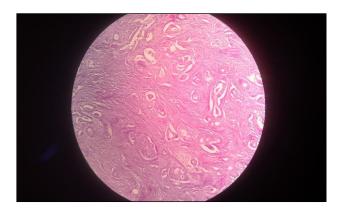


Figure 3: Histological section from scalp swelling showing metastatic adenocarcinoma of a colon primary (H & E, 100 X).

Thorough examination was done in search of primary. Patient underwent colonoscopic examination which revealed a rectal growth 12 cm from the anal verge. Multiple biopsies were taken, and the biopsy revealed adenocarcinoma rectum. Then the patient was planned for management of the primary disease – surgery followed by chemotherapy.

DISCUSSION

Cutaneous metastasis in cancer patients with internal malignancies can be diagnosed at the time of initial presentation of the primary or during the course of the disease. In patients with no evidence of primaries, cutaneous metastasis is most commonly seen as first sign in lung, kidney and ovarian malignancies. According to the study done by Lookingbill et al out of 7316 patients only 1.3% of the patients had skin involvement at the time of presentation. Skin involvement was the first sign of cancer in 59 patients (0.8%); 22 had clinical extension of their tumor into the skin; 20 patients had local metastasis and 17 had distal metastases.⁴ Direct invasion was most common with breast cancer and second most common with oral cavity cancer. Except for metastasis from primary sites, distant metastasis were rare as presenting signs.

Skin involvement can be seen in about 5% of patients with colorectal cancer while scalp lesions are quite rare. Skin involvement of rectal cancers usually appear as subcutaneous or intradermal small nodules, dark brown or violet in color and they can be confused with sebaceous cyst, lipomas or neurofibromas due to their characteristics. ⁵⁻⁷ Choroidal metastasis from colon cancer has only been reported in 14 cases in the literature, and the frequency of skin metastasis in colorectal carcinoma has been reported in only 2.3%-6% of cases. ⁸

However, in our patient the appearance was a solitary exophytic nodular swelling with overlying skin showing erythema, ulceration, crusting and focal loss of hair which was firm in consistency. Skin involvement of colorectal cancer usually arises at a mean of 4.9 after resection of primary tumor. But in our case metastasis was the initial presentation and then the primary which is extremely rare.

Histopathology section from the specimen showing metastatic adenocarcinoma of a colon primary (H & E, 100x).

Overall in colorectal cancer skin involvement can be detected before the primary is identified or at the time of diagnosis or during clinical course of treatment and that is a sign of advanced stage.

Metastasis on abdominal skin can often be found in colorectal cancer whereas scalp metastasis is an extremely rare presentation.

CONCLUSION

For a surgeon whenever a patient is presenting with sub-acute intestinal obstruction synchronous with a scalp swelling, it should be an alarming sign for workup for colorectal carcinoma which should be done till it is proved negative.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

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Cite this article as: Abraham A, Krishnaprasad K, Praveen GP, Vikas S, Keerthi N. A rare case of carcinoma rectum with scalp metastasis: an unusual presentation. Int Surg J 2018;5:1574-6.