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IMAGE IN DERMATOLOGY

Slowly progressive tumorous mass on the back

Massa tumoral lentamente progressiva no dorso

Simona Kordeva[1], Ilia Batashki[2], and Georgi Tchernev[1,2]*

[1]Department of Venereology and Dermatologic Surgery, Onkoderma-Clinic for Dermatology; [2]Medical Institute of Ministry of Interior; [3]Department of Dermatology and Venereology. Sophia, Bulgaria

A 72-year-old, who had had surgery and postoperative chemotherapy for breast cancer 20 years before, presented to the dermatology department with a nodule of the upper back, slowly enlarging for 12 years, that was creating discomfort and tension in the scapular area. This 5 cm large mass covered by violaceous skin infiltrated deeply into the subcutaneous tissue with no mobility (Fig. 1a, b). The patient was otherwise in good overall condition with no other symptoms or weight loss.

A computerized tomography scan of the whole body showed a tumor formation in the subcutaneous fat tissue

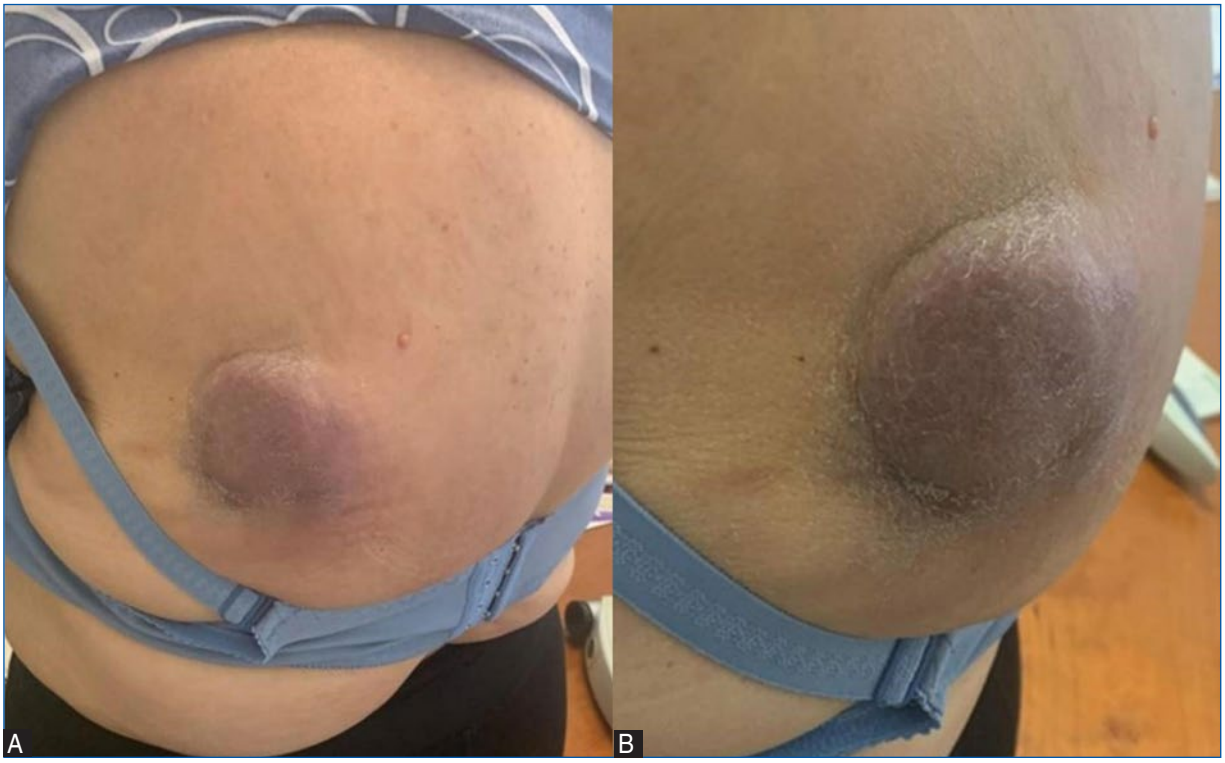

Figure 1. A, B: A skin nodule with a violet color, 5 cm in a diameter located in the area of the left scapula.

***Corresponding author:**
Simona Kordeva
E-mail: simonakordeva97@gmail.com

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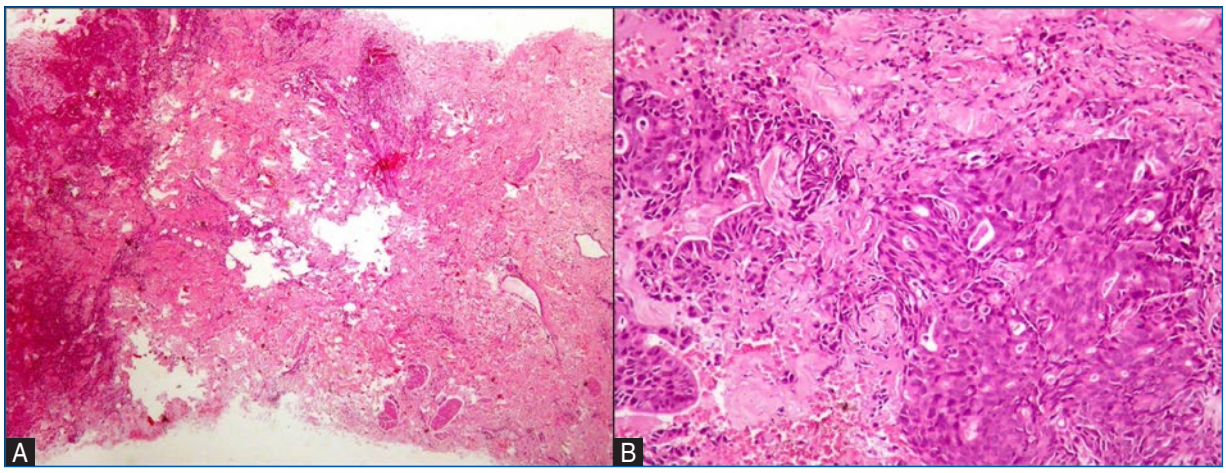

Figure 2. A: hematoxylin-eosin stained sections at 10, 20, **B:** 40× magnification, showing nests of tumor cells in the deep dermis and hypodermis with atypical cells, nuclear pleomorphism, and pronounced stromal reaction and desmoplasia.

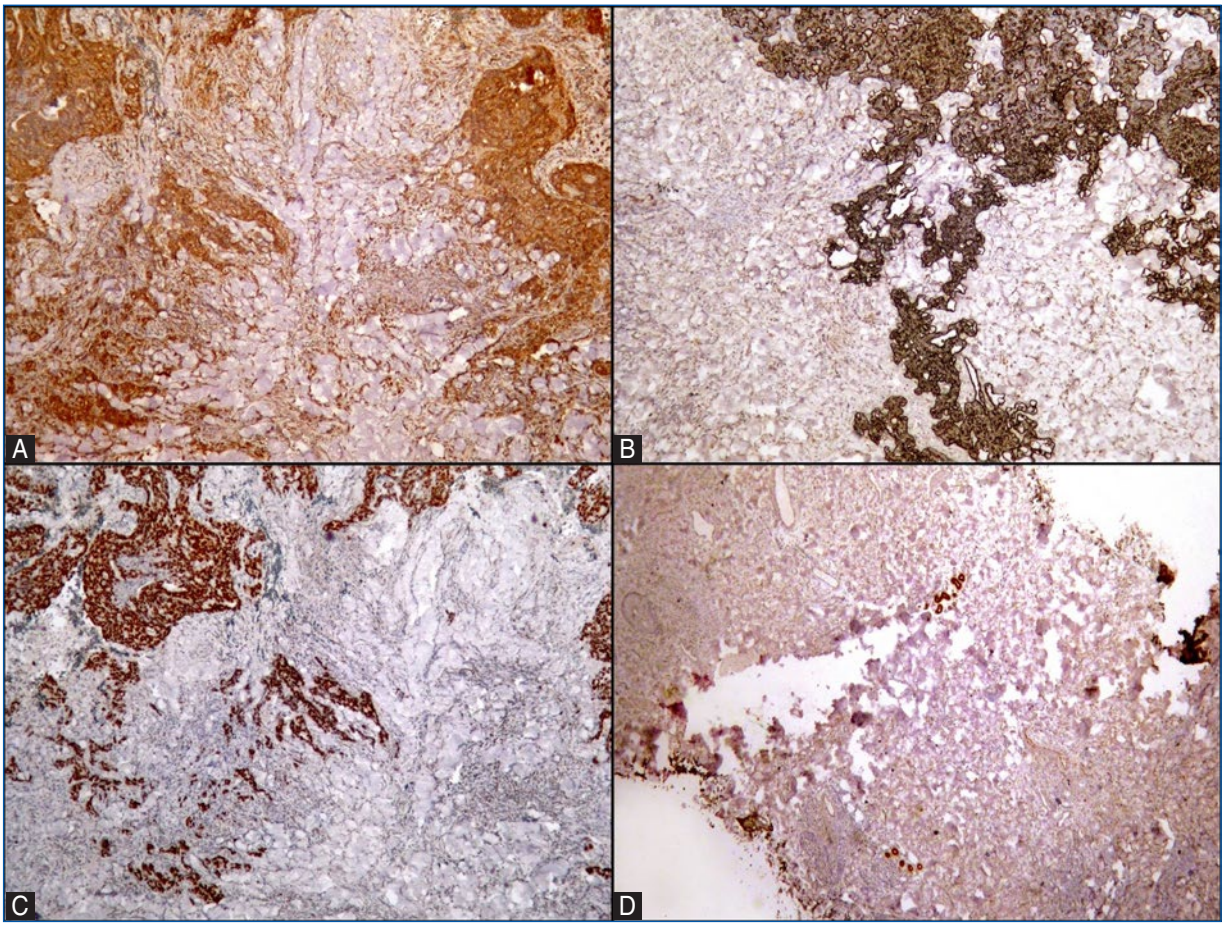

Figure 3. Immunohistochemistry showing atypical cells in the nests expressing: **A:** HER2 (+++), **B:** ER, **C:** GATA3 **D:** negative for CK-7.

of the chest wall on the left retroscapular region with satellite nodules in the proximity but no internal masses.

A "punch" biopsy from the middle of the tumor showed in the deep dermis and hypodermis, nests of tumor cells with cellular atypia, nuclear pleomorphism, and a pronounced stromal reaction and desmoplasia (Fig. 2a, b). Immunohistochemistry showed expression of human epidermal growth factor receptor 2 [HER2 (+++)], estrogen receptor (ER) and GATA3 (Fig. 3a-c) and no expression of cytokeratin 7 (CK7) (Fig. 3d) or nap sin A. The diagnosis of a giant cutaneous metastasis from poorly differentiated grade 3 ductal invasive carcinoma of the mammary gland was made. After the diagnosis, the patient was referred to oncology for further treatment.

Cutaneous metastases are a rare clinical finding and can sometimes be the first manifestation of an internal malignant tumor, or its recurrence. In women, skin metastases are most often observed from breast cancer and melanoma[1,2]. Actually, breast cancer is considered the most common type of tumor likely to metastasize to the skin[3]. Cutaneous metastasis from breast cancer metastases can present as nodules and rarely as bullae, plaques and areas of alopecia[4], suggesting different dermatological conditions[4].

The evolution of skin lesions is also diverse, and the lack of rapid progression over the years, as in the present case, should not reassure clinicians nor suggest other benign lesions, such as lipoma.

Ethical disclosures

Protection of human and animal subjects: The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data: The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent: The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

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