Dear Editor,

Renal cell carcinoma (RCC) is among the most aggressive urological tumors, accounting for approximately 3% of adult tumors. RCC is characterized by an unpredictable clinical course. Approximately one third of patients with RCC have metastatic disease at initial presentation.

Skin metastases indicate significant disease dissemination, the usually occur in very advanced cases, and are associated with a very unfavorable prognosis.

We report the case of a 51-year-old male patient who complained to his dermatologist of painless, pruritic scalp nodules growing in size and easily bleeding on contact starting three months before (fig. 1).

He reported no weight loss, gross hematuria and/or pain.

A nodule biopsy revealed scalp metastases from a clear cell carcinoma (fig. 2).

The patient was referred to the urology department for evaluation, and a computed tomography was requested.

The patient subsequently underwent a left radical nephrectomy. Five months after surgery, the patient sustained a pathological fracture of the left femur. A bone scan revealed multiple metastases. Chest X-rays showed lung metastases.

The patient did not return to the urology department for follow-up and died nine months after surgery.

Conventional RCC accounts for 70%-80% of all renal cell carcinomas and is the most common variety.1 The classical triad of lumbar pain, gross hematuria, and a palpable abdominal mass is a rare finding today, occurring in only 5%-15% of cases. It is associated to advanced disease, and is now known as the “too late triad”.1

Approximately one third of patients with RCC have metastatic disease at initial presentation. Lung and bone metastases are most common.2 Skin metastases from RCC

Figure 1 – Appearance of skin lesions in scalp. Note the clearly outlined nodules.
are uncommon, with an incidence rate of approximately 2.4%-6.4%.2

Metastases are more common in males.3,4

In a series of 724 patients with skin metastases studied in 1972, primary tumors in females included breast (69%) and large bowel (9%) cancer, and lung and ovary cancer and malignant melanoma (4%-5%). In males, metastatic skin carcinomas originated in lungs (24%), large bowel (19%), malignant melanoma (13%), oral cavity (12%), kidney (6%), and stomach (6%).5,6

In most patients, skin metastases from RCC occur at a late stage of disease, and may occasionally appear before diagnosis of renal tumor.8,9 They are usually considered as a late sign of disease carrying a poor prognosis, with a mean survival of seven months following detection of metastasis.3,7,9

The clinical appearance of skin metastases from RCC may mimic other common dermatological disorders affecting patients with advanced malignant tumors.7

Skin metastases mainly occur in the head, chest, and abdomen, in that order.3 They are usually rapidly growing single lesions, ranging in diameter from a few millimeters to a few centimeters, occurring as clearly outlined subcutaneous nodules or infiltrating plaques, which may be painful or painless. They may also be described as a pulsatile mass, and vary from fleshy to violaceous in color.2

It should be noted that when a patient has a skin metastasis from RCC as an initial sign, clinical history and physical examination may not suggest the true diagnosis. Histopathological diagnosis is therefore essential. In addition, skin metastases from RCC is undoubtedly a sign of poor prognosis.

REFERENCES


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