

Clinical images

Exuberant Cutaneous Metastasis of Lung Cancer

Metástasis cutánea exuberante de cáncer de pulmón

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Fig. 1. Massive lesion in the left posterior chest wall, with firm erythematous appearance and multiple adjacent nodular lesions with the same consistency, compatible with cutaneous metastasis from primary lung tumour.

51-year-old male patient, with a 70-pack-years smoking history, presents to the emergency department due to 3-month onset right thoracalgia, weight loss and asthenia, with no other constitutional or respiratory symptoms. Chest radiograph shows a well-defined pulmonary mass in the right lung apex. Thoracic-CT scan shows a 8.7 cm mass in right upper lobe, presenting local aggressiveness and extensive infiltration of the adjacent posterior thoracic wall. Complementary study suggests a stage IIIB T4N1 Mx non-small cell lung cancer, with pavement and focal neuroendocrine differentiation. The patient started opioid analgesia, smoking cessation and was proposed to chemotherapy and palliative radiotherapy. After 5 months, the patient returns to the emergency department due to uncontrolled pain and massive left dorsal lesion compatible with cutaneous metastasis.

Lung cancer is one of the most frequent cancers with highest mortality rates. About 1–12% of patients with lung cancer develop cutaneous metastases, which normally present as firm, erythematous nodules with sudden onset and often located on the anterior and posterior chest walls, abdomen and scalp.^{1,2} Cutaneous metastases usually develop after the diagnosis of the primary tumour but may be the first manifestation of the disease.^{1,2} A high degree of clinical suspicion should be maintained, especially if smoking history is present^{1,2} (Fig. 1).

References

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