UNIVERSITA' DELLA CAMPANIA "LUIGI VANVITELLI"
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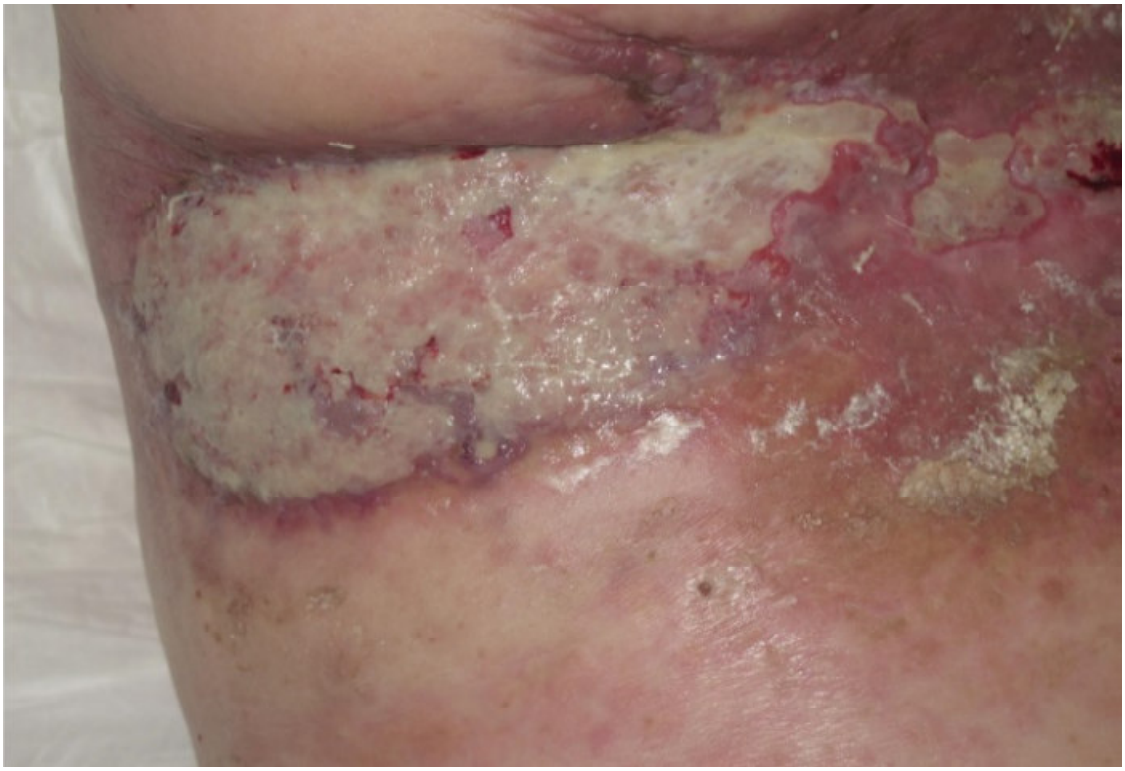
INTRODUCTION

Cutaneous metastasis is a phenomenon that results from a tumor spreading via lymphatic, hematic, direct implant during surgery or skin involvement by contiguity. However, cutaneous metastases occur in 0.7 to 10.4% of all patients diagnosed with cancer . Metastases represent only 2% of all skin tumor. Skin metastases are usually late events in the course of tumor progression yet; in some cases skin metastases may be the initial clinical indication of internal occult or even unknown primary malignancies. Excluding melanoma, the most common tumor to metastasize to the skin is breast cancer. Indeed, this kind of tumor has the highest incidence (23,9 %) of cutaneous metastases compared to any other solid malignancy. The interval between tumor diagnosis and the appearance of metastases is variable but in general they occur in the first three years after diagnosis

CASE REPORT

A fifty-six years old female patient with a history of right-sided breast cancer ER – PGR- HER2 + underwent a radical mastectomy in April 2008 followed by chemotherapy and radiation therapy . She comes to our hospital after the appearance of an ulcer on the surgery scar. On dermatology examination the patient presented a large ulcer with irregular edges covered fibrin in which were possible to observe, painless hardened nodules fixed to underlying tissues measuring 2 to 3 cm. In addition, it was possible to note diffuse carcinomatous cutaneous and subcutaneous infiltration that may affect the chest and abdomen like en cuirasse. (figure 1)



Histological examination was performed and showed dermis infiltrated by an atypical neoplasm formed by epithelial cells with abundant cytoplasm, hyperchromatic pleomorphic nuclei and pagetoid cells. The diagnosis was invasive ductal breast carcinoma with Paget-like foci, cutaneous metastases and lymphatic embolization. Moreover, we performed a microscopic examination and antibiogram and we diagnosed an infection by pseumonas aeruginosa. On receipt the results the patient was treated by surgical debridement, antibiotics therapy and local use of different types of antiseptic solutions. We had very low results as the bacteria . A second attempt,was to perform the usual debridement and then treat the part with Poliesametilenbiguanide, hydrolyzed collagen solution twice per week in the hospital. Moreover, the patient was applying every day the same solution on the lesion leaving it for 30 minutes.

This solution is an adjuvant treatment in tissue repair because the content of collage hydrolyzate creates the conditions to encourage the process of healing and re-epithelialization. The Poliesametilenbiguanide and lactic acid counteract the proliferation of pathogens. After two months the lesion was for the most part re-epithelizied while for the rest fibrotic scar-like tissue (figure 2)

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DISCUSSION

The skin does not appear to be a preferred target organ for the development of metastases. Usually when the skin is affected by metastases, other organs have already been involved. cutaneous breast cancer metastasis can be expressed with variable morphology: papulonodular lesions, erysipeloid infiltration, sclerodermiform , en cuirasse telangiectatis, zosteriform and neoplastic alopecia. The most common presentation (80%) is featured by nodules, located on the trunk and abdomen. These nodules differs in size from 1 to 3 cm and appear as hardened lesions located in dermis and subcutaneous tissue. Teleangiectatis metastatic carcinoma (3%)is characterized by its purple color due to blood in the dilated vascular channels. Even rarer, but not less important is cutaneous metastasis en cuirasse (3%) located on thoracic and abdominal walls characterized by infiltrated, hard and sclerodermiform plaque, its prognosis is generally reserved and therapy often ineffective. Carcinoma en cuirasse is a rare form of breast cancer but it is common in dermatology clinical practices.