CARCINOMA GALLBLADDER WITH CUTANEOUS METASTASIS

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ABSTRACT

Carcinoma gallbladder with cutaneous metastasis is a rare entity. Gallbladder malignancies though are more commonly seen in females, this report is a case of Gall bladder malignancy in a 40 year old male patient with skin (scalp & limb) metastasis.

Key words: Gallbladder cancer, skin cancer, metastasis

INTRODUCTION

Gall bladder cancer is common in the descendants of northern India. It is the 5th gastrointestinal cancer seen with a general tendency to spread to liver and paraaortic lymph nodes. Cutaneous metastasis is of a rare occurrence in this malignancy. Cutaneous metastasis, if do occurs typically are solitary, nodular with firm consistancy, generally red or hyperpigmented. Metastasis to skin is considered as poor prognostic factor.

CASE REPORT

A 40 year old male patient presented to us with complaints of pain in the right upper abdomen region radiating to back since 2 months and swelling over left elbow region since 1 month (Figure 1) and swelling over post auricular region since 15 days (Figure 2). On examination, a hard ,nontender mass was felt in the right hypochondrium region. Ultrasound (USG) abdomen done showed a big mass in the gall bladder. USG guided fine needle aspiration cytology (FNAC) was done from the mass which showed adenocarcinoma. Chest X-Ray was normal and blood parameters were within normal limit except for mild derangement of serum bilirubin. He was put on combination chemotherapy of gemcitabine and cisplatin every 3weekly. FNAC was done from these sites which showed tumor cells arranged in poorly formed glandular and in papillary pattern in the hemorrhagic background. Nuclei of cells were pleomorphic containing round to oval nuclei having moderate to abundant amount of eosinophilic cytoplasm (Figure 3 and 4). Some of the nuclei showed prominent nucleoli. Occasional mitotic figures were noted; hence an impression as metastasis from adenocarcinoma was made.
Carcinoma gall bladder with cutaneous metastasis

Figure 1. Medial aspect of left arm metastasis.

Figure 2. Scalp metastasis (retroauricular region).
Figure 3. H&E(10 X )- Tumor cells arranged in poorly formed glandular and in papillary pattern in the hemorrhagic background.

Figure 4. H&E (40X) – Tumor cells as seen with magnified glass.
DISCUSSION

The occurrence of cutaneous spread of internal malignancies is quite rare despite the fact that our skin is one of the largest organs of the human body. Cutaneous metastasis can occur either by lymphatic or hematogenic spread. Most common sites of cutaneous metastasis are the head and neck and the trunk region. The epigastric area too seems to be particular prone for cutaneous spread of metastases. Periumbilical metastasis when seen is known as Sister Mary Joseph’s nodule. On the other side, metastasis on the limbs are rare. Cutaneous mets in female arises most commonly from Breast (24%) and in males from lungs. Cutaneous manifestation in a case of Gallbladder cancer occurs by direct extension or metastasis. Direct extension occurs by perivascular and perineural mode. Most common site for extra-abdominal metastasis is lungs. As per literature, 9 cases have been reported worldwide of gall bladder carcinoma with cutaneous metastasis. Though cutaneous metastasis by themselves rarely causes any severe medical problems they may be a sign of unknown internal malignancy, reactivation of malignant disease or a preterminal event. In many cases, spread to the skin is a sign of systematic spread of disease. High resolution and colour Doppler sonography is helpful in detecting the cutaneous mets. Hypo echoic irregular nodules with high vascularity features are highly suspicious of skin mets. FNAC is the minimal invasive diagnostic tool, though complete excision is the method of choice to achieve diagnostic accuracy.

CONCLUSION

The present case highlights the aggressive nature of the disease and also the importance to keep high index of suspicion for gallbladder as primary in case of cutaneous metastasis with unknown primary.

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CONSENT

Written informed consent was obtained from the patient for publication of this case report and any accompanying image.

COMPETING INTERESTS

The authors declare that they have no competing interests.

REFERENCES


