

## Cutaneous Eyebrow Metastasis in a Patient with Primary Gastric Adenocarcinoma

*Sir,*

Cutaneous metastases from internal primary tumours are uncommon. Typically, they are associated with an advanced stage of the disease and a poor prognosis. Adenocarcinoma metastatic to skin is usually secondary to a tumour in either the large intestine, lung, breast or ovary (1). We describe the case of an 80-year-old woman with cutaneous metastasis on the eyebrow, in which a diagnosis of gastric adenocarcinoma had been made 5 years earlier.

The patient presented with a nodular, non-ulcerated, red lesion on the right eyebrow, which had developed approximately 5 months earlier. The lesion was firm and measured 0.7 cm at its largest diameter (Fig. 1). Cervical lymph nodes were not enlarged. Five years earlier, gastric adenocarcinoma had been diagnosed and partial gastrectomy with gastroenterostomy had been performed. Routine laboratory examinations revealed megaloblastic anemia, and high serum levels of cancer antigen (CA) 19.9 were found (28.17 U/ml; normal: 1–15.8). Histologic examination of the cutaneous lesion showed the presence of an infiltrate located in the whole dermis to the subcutis. In some areas glandular structures could be observed. Atypical cells and mitotic figures were frequent (Fig. 2). Immunohistochemical investigation, performed with a standard 3-step immunoperoxidase technique on routinely fixed, paraffin-embedded tissue sections showed reactivity of the neoplastic cells for cytokeratin antibodies and negativity with anti-protein S-100,

anti-leukocyte common antigen and HMB-45 antibodies. An esophagogastroscope was negative. Computed tomographic (CT) scans of the chest and abdomen were negative. Based on clinicopathologic findings a diagnosis of cutaneous metastasis of the eyebrow was made. The patient declined any therapy and is alive after a follow-up period of 4 months. Another two lesions on the eyebrow have recently occurred, and the patient has again declined treatment.

The most common clinical presentation of cutaneous metastasis is that of multiple nodules that appear suddenly in a specific area of the body, grow rapidly and then tend to remain stationary. Metastatic lesions are frequently localized in the region of the primary tumour or in surgical scars, rarely in distant sites. Cutaneous metastases from gastric adenocarcinoma usually occur in the abdominal wall or in the umbilicus (so-called sister Mary Joseph's nodule). However, Gates (2) reported 3 cases metastasizing to the head, and Brownstein & Helwig (3) described cutaneous metastasis located to the face. In our experience, the most common sites are abdomen, umbilicus, trunk and face, in decreasing order (4). Recently, unusual sites including the lip (5) and phalanges (6) have also been documented. The frequency of skin metastases from stomach carcinoma seems to be quite low: Lookingbill et al. (7), in a review of 7,316 cancers, found no case of skin involvement from gastric carcinoma. According to the United States literature, this phenomenon is attributable to a declining incidence of this



Fig. 1. Solitary eyebrow metastasis from gastric carcinoma.

cancer. Clinically, the solitary lesion in our patient appeared to be either a basal cell carcinoma or an adnexal tumour. However, histological and immunohistochemical features allowed the diagnosis to be established. Our patient presented with cutaneous metastasis 5 years after treatment of the primary tumour. However, skin metastases from stomach carcinoma rarely represent the first sign of malignancy (4).

#### REFERENCES

1. Brownstein MH, Helwig EB. Patterns of cutaneous metastasis. *Arch Dermatol* 1972; 105: 862–868.
2. Gates O. Cutaneous metastases of malignant disease. *Am J Cancer* 1937; 30: 718–730.
3. Brownstein MH, Helwig EB. Metastatic tumors of the skin. *Cancer* 1972; 29: 1298–1307.
4. Chimenti S. *Metastasi cutanee da neoplasie degli organi interni*. CIC Edizioni internazionali (ed), Roma, 1990.

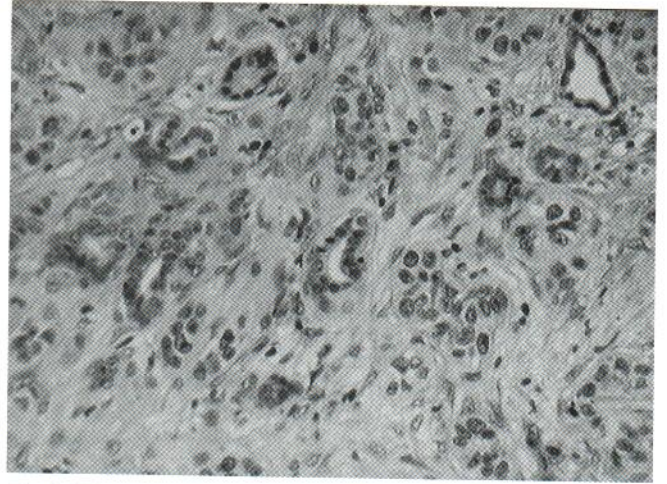


Fig. 2. Skin biopsy demonstrating dermal infiltrate by metastatic adenocarcinoma (hematoxylin and eosin, magnification:  $\times 400$ ).

5. Smith SP, Grossman K, Rao BK, Koh HK, Cooley TD. Solitary papule of the lip in recurrent gastroesophageal carcinoma: an unusual presentation of cutaneous metastasis. *Arch Dermatol* 1991; 127: 588–589.
6. DiSpaltro FX, Bickley LK, Nissenblatt MJ, Devereux D. Cutaneous acral metastasis in a patient with primary gastric adenocarcinoma. *J Am Acad Dermatol* 1992; 27: 117–118.
7. Lookingbill DP, Spangler N, Sexton FM. Skin involvement as the presenting sign of internal carcinoma. *J Am Acad Dermatol* 1990; 22: 19–26.

Received October 6, 1993.

Ketty Peris<sup>1</sup>, Lorenzo Cerroni<sup>1,2</sup>, Ida D'Alessandro<sup>1</sup> and Sergio Chimenti<sup>1</sup>. <sup>1</sup>Department of Dermatology, University of L'Aquila, Collemaggio, 67100 L'Aquila, Italy and <sup>2</sup>Department of Dermatology, University of Graz, Austria.