

Letters to the Editor

Sternal cutaneous metastasis of hilar cholangiocarcinoma

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Dear Editor,

Cutaneous metastases occur in 2-10% of visceral tumors (1,2) and represent up to 2% of all skin tumors (2). They may be iden-

tified before their original primary tumor in an advanced stage with a poor prognosis.

Case report

We report the case of a 72-year-old female patient with severe heart failure, pulmonary hypertension and chronic renal impairment. She presented with a non-painful, erythematous, hard, 2 cm subcutaneous growth in the sternal region. The lesion was excised and the pathology analysis described a tissue layout consistent with subcutaneous metastasis of a mucinous cystadenocarcinoma that originated in the bile duct (Fig. 1A). Abdominal computed tomography (CT) showed a central liver lesion compatible with hilar cholangiocarcinoma or a Klatskin tumor (Fig. 1B). In view of the patient's baseline status, palliative care was initiated.

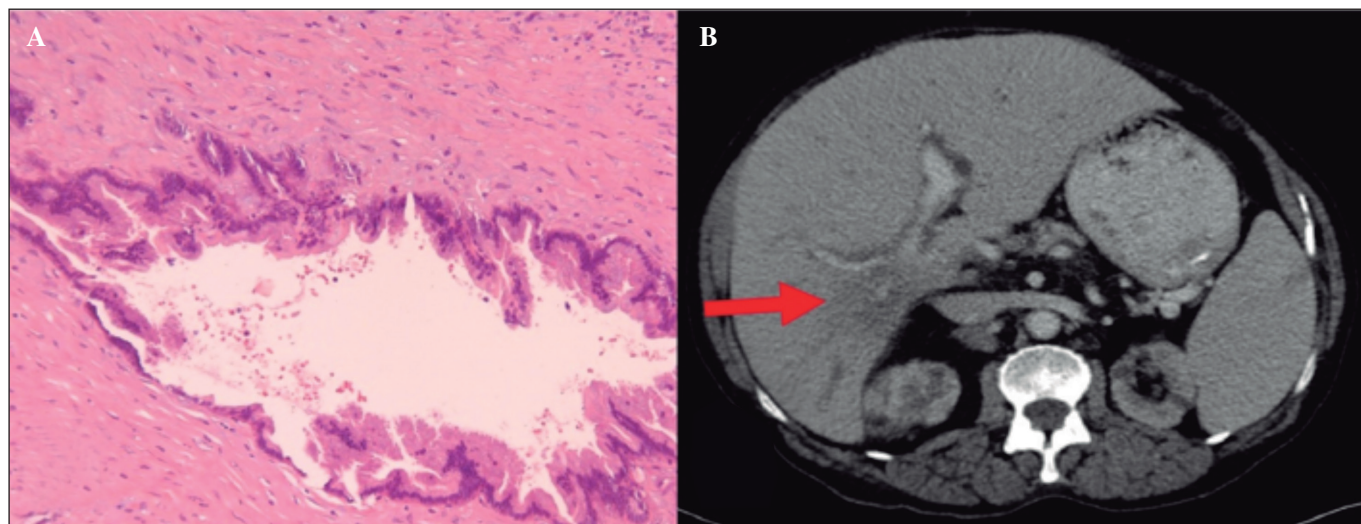


Fig. 1. A. Cystic cavity lined with columnar mucosecretory epithelium, mucinous cystadenocarcinoma. B. Central liver lesion with intrahepatic biliary dilation and peripheral nodes.

Discussion

Cholangiocarcinoma usually metastasizes to retroperitoneal nodes, the peritoneum, liver and lungs (1). Twenty cases of skin metastasis have been reported, most of them by direct extension following percutaneous puncturing (50%) (2,3) that were described as papules at the puncture site (4).

The mean age at presentation is 60 years (3) and the most typical lesion is a non-painful, erythematous, occasionally ulcerated nodule or papule (4). The scalp is the most commonly reported site (3).

The pathophysiology of these rare skin metastases of cholangiocarcinoma is unknown. This may be related to their poor prognosis (5-year overall survival below 5% [5]), their non-painful nature or their common location in unexposed areas of the skin.

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