

PICTURES IN DIGESTIVE PATHOLOGY

Acral injury as first manifestation of a metastatic adenocarcinoma of the colon

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CASE REPORT

A 56-year-old woman suffered from a painful lesion in the distal phalanx of the left second finger for two months that affected both the skin and nail (Fig. 1). At the same time she presented also with hairless plate lesion in the occipital region (Fig. 2).

She received antibiotics without improvement. Consequently, a biopsy was taken from the nail lesion. Histopathology showed nail infiltration from a mucus secreting adenocarcinoma being suggestive of metastasis from intestinal origin.

Further investigation in the Gastroenterology Department discovered by means of colonoscopy a stenosing neoplasia at the hepatic flexure. Cranial and body CT revealed also skin, brain, lung and liver metastases together with peritoneal carcinomatosis.

Palliative measures were undertaken. The patient passed away three months later.

DISCUSSION

Cutaneous metastases from visceral tumors are rare. They are found in less than 4 % of patients suffering from colorectal cancers (1,2). Cutaneous metastases are the first sign of asymptomatic neoplasias in 0.8-1 % of cases (3,4). Cutaneous metastases from colorectal cancers are usually located in the abdomen and had been also reported in limbs and the chest. Less frequently they can be found in the head and hands. Phalangeal metastases are particularly unusual (3). Therefore, acral metastases are very rare, being located in the hand in 0.1 %. They showed more preference for fingers (86 %) than toes. They were especially located in the thumb and distal phalanx (4).

Diagnosis is complicated because they can be confused with inflammatory or infectious benign lesions. Cutaneous metastases can present as nodules, ulcers and fibrous plates



Fig. 1. Hyperchromic lesion with nail destruction, clean background, well-defined edges and periungual erythema and edema on the second finger of the left hand. Acral metastasis of adenocarcinoma of the colon.



Fig. 2. Erythematous hairless plate lesion, 2x2 cm, in the occipital region, with hard consistency and minimum central fluctuation. Cutaneous metastasis of adenocarcinoma of the colon

affecting the scalp. Neoplastic baldness zones can be found. Acral metastases are often very painful and can distort the phalanx. Besides they lead to nail destruction (4), doing more difficult a proper diagnose.

These metastases are often associated with widespread visceral involvement, rapid progression and poor prognosis (1,2). Schoenlaub et al. carried out a retrospective review of 200 patients and concluded that survival in patients with cutaneous metastases had a mean 6.5 months. This figures were lower (4.4 months) in cases of colon metastases (5).

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