Dear Editor,

Skin metastasis is a rare sign usually reflecting a carcinoma of unknown origin. The incidence of umbilical skin metastasis secondary to intra-abdominal tumors is extremely low, and very rarely an initial manifestation of pancreatic cancer (1). Pancreatic cancer accounts for 7-9% of Sister Mary Joseph’s nodules (2,3).

Case report

We report the case of an 85-year-old female patient who presented with umbilical pain over a ten day period, associated with an indurated growth, approximately 2 x 3 cm in size, adhered to deep planes, with erythematous skin. These symptoms were apparently consistent with incarcerated umbilical hernia, and prompted an urgent surgical procedure for removal (Fig. 1).

The pathology study revealed dermal infiltration by a malignancy including a central area with atypical irregular glands, abundant mitoses, and desmoplastic stroma, surrounded by peripheral areas of moderately differentiated squamous cell carcinoma. Gland tumor cells expressed an immunohistochemical profile initially consistent with pancreatic origin.

In view of these findings a CT scan was performed, which revealed a pancreatic tail tumor, 50 x 49 mm in size, with irregular borders, infiltration of adjacent fat, and central necrosis posteriorly in contact with the splenic vein and anteriorly touching the left colon, as well as multiple hepatic metastases.

Palliation was chosen given the patient’s age and the extent of her disease.

Discussion

Umbilical skin metastasis is a pathology-based diagnosis; a biopsy should be initially obtained, supported by imaging techniques to reveal the primary tumor. Umbilical hernia is the primary diagnosis that must be ruled out for this condition (4). Once diagnosed, umbilical skin metastasis has an ominous prognosis, which may be improved with multidisciplinary treatment (5).
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References


