

Case Report

Facial Metastasis from Colon Cancer

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Abstract

Facial metastasis from colorectal cancer is very unusual. Herein, we report a 53-year-old man with history of colon cancer who was referred to our clinic because of an asymptomatic nodule on his chin for one year. Histopathologic examination of the nodule revealed metastatic adenocarcinoma, which was similar to that of the primary colon adenocarcinoma. The patient underwent radiotherapy for his skin metastasis, but he died 13 months later from widespread metastasis.

Keywords: facial metastasis, colon cancer, cutaneous metastatic disease

Introduction

Colorectal cancer is one of the most common solid tumors affecting people worldwide. The most common sites of colorectal cancer metastases are the liver and lung.¹

Cutaneous metastasis of colorectal cancer is rare,² and if it happens at all, the most frequently involved site is the abdominal wall.³ Facial skin metastasis of colorectal cancer is even rarer. In this report, our patient with metastatic colon cancer involving the facial skin in the region of the chin is a rather unusual case, with only a few other cases reported in the literature.

Case Report

A 53-year-old man was referred to our clinic, the Dermatology Clinic at Shohada-e Tajrish Hospital, Tehran, Iran in September 2008 with one-year history of a pink nodule on his chin. The asymptomatic nodule had grown slowly since its appearance. Physical examination revealed a pink nodule, measuring approximately 1.5 cm in largest diameter on his chin (Figure 1). The nodule had an irregular border and a smooth, hairless surface. The overlying skin was intact. The cervical lymph nodes were not palpable and the results of the rest of the physical examination were within normal limits.

The patient gave a history of colon cancer five years ago and review of his previous medical records showed colon

adenocarcinoma, which had been managed with colectomy and chemoradiotherapy. Four years later, he developed lung metastasis, which was treated with another cycle of chemotherapy and his disease was under control and symptomless, since then.



Figure 1. Pink nodule with an irregular border and a smooth, hairless surface on the patient's chin

A biopsy specimen of the nodule was obtained. Hematoxylin-eosin-stained biopsy sections demonstrated a dense cellular neoplasm occupying the dermis, composed of glandular structures lined by atypical pleomorphic cells (Figure 2). The histology was similar to that of the primary colon adenocarcinoma. The diagnosis of metastatic adenocarcinoma was made. He underwent radiotherapy, but his disease continued to progress and he developed bone metastasis over a period of one year.

The patient died 13 months after the diagnosis of skin metastasis.

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Figure 2. Histopathology view: dense cellular neoplasm occupying the dermis (Hematoxylin & eosin staining 4×)

Discussion

Cutaneous metastases from internal malignancies are rare events resulting from direct, hematogenous, or lymphatic dissemination of the tumor.⁴ If tumor cells invade vessels, they present as cutaneous metastasis at distant sites; whereas if they involve lymphatics, late local recurrence at a primary site is common.⁵

The relative frequency of colon adenocarcinoma causing metastases to the skin ranks, third in men behind melanoma and lung cancer, and sixth in women behind breast cancer, melanoma, ovarian, oral cavity, and lung cancer.⁴ The most common site of cutaneous metastasis from colon adenocarcinoma is the abdominal wall, although other sites have been described including the penis,³ extremities,⁶ head, and neck.⁷

Facial soft tissue metastases from colorectal cancer are very rare. Only a very few patients with facial skin metastases from colorectal cancer have been reported in the literature.⁸ Lookingbill et al. reviewed 4020 patients, of which 413 had colorectal carcinoma, and only 18 (4.4%) patients were determined to have cutaneous metastases; of those only one patient had metastatic facial involvement.⁴

Clinically, metastatic disease from colorectal cancer usually manifests as pink to red papules or nodules. Unusual reported presentations of metastatic colorectal cancer include inflammatory metastatic carcinoma,⁹ zosteriform distribution of the metastases,¹⁰ subcutaneous right leg metastasis,¹¹ subungual metastasis,¹² and large metastatic tumors occurring within the abdominal surgical scar, years after original resection of the primary tumor.^{13,14}

Development of cutaneous metastasis typically signifies

disseminated disease, as in our case, with a median survival of three months after the detection of metastasis. Few patients with cutaneous metastasis have had surprisingly long-term survival, up to 18 months or more.¹⁵

We report this case because of its rarity as a reminder that although the incidence of metastases to the facial skin from colorectal cancer is very low, physicians should keep this in mind because cutaneous metastasis is usually indicative of widespread and aggressive disease in colorectal cancer.

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