

CARCINOMA OF CAECUM WITH SUBCUTANEOUS METASTASIS

K. Altaf Hussain Talpur and Seema Bashir Kalyar

ABSTRACT

In colorectal cancer, subcutaneous/osseous metastasis without liver involvement is very rare. We present a case of 40 years old man who had carcinoma of caecum with a subcutaneous nodule in right upper arm. Preoperatively, he was diagnosed as a case of tuberculous ileocaecal junction or appendicular mass with rectal polyps along with calcified lipoma in right upper arm. On exploratory laparotomy, ileocaecal mass with mesenteric lymphadenopathy was seen. Specimens were sent for histopathology after right hemicolectomy and excision of subcutaneous lump which revealed adeno-carcinoma caecum with metastatic nodule in right upper arm.

KEY WORDS: *Carcinoma. Caecum. Subcutaneous. Metastasis. Arm.*

INTRODUCTION

Colorectal cancer is the commonest visceral malignancy of gastrointestinal tract (GIT)¹ and the second most common cause of death from malignancy in most western countries². It usually metastasizes to regional lymphatics and later through blood stream³. Hematogenous metastasis usually occurs by embolization of cancer cells from primary tumor via mesenteric and portal veins to liver which is the most common site of colorectal cancer⁴. Other common sites include lungs and brain, however, subcutaneous metastasis is very rare presentation. We are presenting a case of carcinoma of caecum with subcutaneous metastasis involving right upper arm without liver metastasis.

CASE REPORT

A 40 years old patient was admitted at surgical unit-I, department of surgery of Liaquat University Hospital Jamshoro in January 2004 with complaints of bleeding per rectum, abdominal pain and intermittent diarrhea since 13 years duration. He also gave history of lump in right iliac fossa since 2 years and lump in right upper arm since one year. Bleeding per rectum, pain in abdomen and diarrhea occurred intermittently. Colour of blood was dark brown in form of clots or mixed with stool and sometimes associated with mucopurulent discharge. For this problem patient was investigated with barium enema and colonoscopy some years ago which revealed inflammatory polyps involving rectum and sigmoid colon. Biopsy proved non-specific colitis with favourable features of

ulcerative colitis. He had strong family history of carcinoma of colon affecting his elder brother and mother who were died due to this problem.

On examination, patient was anaemic with vague abdominal lump and deep tenderness present in right iliac fossa. A mobile hard lump was also seen in region of right upper arm with possibility of calcified lipoma. Laboratory investigations revealed low haemoglobin concentration (8.5 gm/dl) and raised ESR (70 mm/1st hour). Ultrasound and CT scan abdomen suggested two hypoechoic areas (1.9cmx2.2cm and 2.7x3.0cm) in region of right iliac fossa with possibility of mesenteric lymphadenopathy. His colonoscopy revealed 2 polyps in rectum and 2 polyps in sigmoid colon with hyperemic mucosa while remaining colon was normal up to caecum. Histopathology of polyp did not show any malignancy. After all clinical work up patient was diagnosed as a case of appendicular mass or ileocaecal tuberculous mass along with inflammatory colonic polyps. Finally, exploratory laparotomy was performed which revealed a small nodular mass in the ileocaecal region along with two masses of enlarged mesenteric lymph nodes about 2 feet away from ileocaecal junction. Liver, spleen and other viscera were normal. Right hemicolectomy of patient was performed along with removal of subcutaneous nodule from right upper arm (**Figure 1**). All three specimens were sent separately for histopathology which proved adeno-carcinoma of caecum with metastasis in regional lymph nodes and subcutaneous nodules. Patient was given antineoplastic treatment and followed till November 2004 with excellent outcome.

FIGURE I: POSTOPERATIVE SPECIMEN OF PATIENT WITH CARCINOMA OF CAECUM



DISCUSSION

In colorectal cancer, subcutaneous/osseous metastasis without liver involvement is very uncommon event³. Liver is the most common site of secondary spread from colorectal cancer⁴, however, synchronous facial and other subcutaneous tissue metastasis have been reported in literature. The incidence of cutaneous metastasis from neoplasms of internal organs has been estimated on autopsy studies with recorded frequencies varying from 0.6 to 9% of all cases of malignant disease^{5,6}. Metastasis to upper extremities from GIT tumors is uncommon but if occurs usually present late and has been reported arising from gastric adenocarcinoma⁷.

Primary tumors in man that most commonly metastasize to skin are carcinoma of lungs, colon and melanomas⁸. Cutaneous/subcutaneous metastasis has been reported by various authors in different areas of body like upper extremities from gastric adenocarcinoma⁸, in operated lower abdominal scar of prostatectomy, operation from colonic cancer⁹ and in track of fine needle biopsy from liver metastasis of

colonic cancer¹⁰. We have presented this case of carcinoma caecum metastasizing to right upper arm without any blood born metastasis involving liver, lungs or bones. To the best of our knowledge, this is the first reported case of subcutaneous metastasis from caecum/colon at our hospital.

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AUTHOR AFFILIATION:

Dr. K. Altaf Hussain Talpur (*Corresponding Author*)

Assistant Professor, Department of Surgery (Unit-I, Ward-V)

Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro, Sindh, Pakistan

Dr. Seema Bashir Kalyar

Postgraduate Trainee for Fellowship in Surgery, LUMHS, Jamshoro, Sindh, Pakistan