Article published online: 2024-11-04

Beneath the Surface: Unmasking Carcinoma Erysipeloides in Metastatic Breast Cancer

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Ind J Med Paediatr Oncol

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Dear Editor,

Carcinoma erysipeloides represents an uncommon variant of cutaneous metastasis wherein malignant cells infiltrate superficial dermal lymphatics, resulting in distinctive skin eruptions resembling cellulitis or erysipelas.[1] While predominantly associated with breast cancer, it has been infrequently reported in patients with lung, ovary, stomach, prostate, and thyroid cancers.[2] Given its rarity, it may be the sole indicator of underlying malignancy or an initial sign of disease progression during treatment. We report a case of carcinoma erysipeloides in a patient with metastatic breast cancer to highlight the diagnostic challenges and therapeutic considerations associated with this condition.

A 62-year-old postmenopausal woman, without any comorbidities, presented with hormone receptor-negative, human epidermal growth factor receptor-2 (HER2) positive metastatic breast cancer involving multiple bones and nonregional lymph nodes. Initial treatment comprised paclitaxel and trastuzumab combination, subsequently switched to lapatinib with capecitabine following disease progression after 9 months. Three months later, she developed painless, nonpruritic, erythematous, papular, and plaque-like lesions over her chest. Differential diagnoses included carcinoma erysipeloides, telangiectatic carcinoma, paraneoplastic eruptions, and tinea corporis. Biopsy revealed metastatic adenocarcinoma in cutaneous lymphatics with no epidermal involvement, confirming carcinoma erysipeloides. Immunohistochemistry findings were consistent with the primary tumor. Positron emission tomography/computed tomography scan indicated progressive disease with new skeletal lesions and lymph nodes, with skin lesions as the sole evidence of disease progression. Lapatinib-capecitabine was discontinued, and gemcitabine, carboplatin, and trastuzumab combination therapy was initiated. While initial cycles showed temporary improvement in skin lesions, subsequent cycles witnessed progressive expansion and redness, prompting vinorelbine chemotherapy as the fourth line.

Cutaneous metastasis occurs in approximately 5% of cancer cases, with breast cancer being the primary malignancy most frequently metastasizing to the skin, notably the chest.[3] Despite treatment advancements, carcinoma erysipeloides is associated with a poor prognosis,[4] underscoring the importance of vigilant monitoring and multidisciplinary management. We conclude that clinicians should maintain a high index of suspicion for cutaneous metastasis, particularly in patients presenting with acute-onset, firm, papulonodular lesions on the chest, unresponsive to antibiotics, and lacking systemic inflammatory markers. Early recognition and prompt intervention are crucial in optimizing patient outcomes.

Patient Consent

Informed patient consent was obtained for this study.

Funding

None.

Conflict of Interest

None declared.

Acknowledgments

None.

DOI https://doi.org/10.1055/s-0044-1790537.
ISSN 0971-5851.

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