

Metastatic Breast Carcinoma with Cutaneous Metastasis and Right Pleural Effusion

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Cutaneous metastasis is when cancerous cells spread from a primary tumour to the skin. This is a case of a 75-year-old patient who developed skin metastasis with underlying primary breast.

A 75-year-old lady presented with a 3-week history of the progressive appearance of multiple asymptomatic nodular lesions on the chest. Eight months earlier, she was diagnosed with right breast carcinoma and underwent neoadjuvant chemotherapy followed by a right modified radical mastectomy. She presented with progressive skin lesion over the right upper limb and anterior chest wall. She denied any fever, pain or pruritus and any preceding burn or trauma. She also completed a course of antibiotic for the lesion. Physical examinations revealed an erythematous lesion with multiple exophytic nodules. It was painless and extended from the anterior chest wall to the right upper limb. Lung auscultation revealed reduced air entry over the right upper zone. She was then referred to the Oncology Department and diagnosed with metastatic breast carcinoma with right pleural effusion and cutaneous metastases. As she was unfit for further systemic therapy, she was discharged home and continuation of supportive care. Chest radiograph revealed right upper lobe opacity and bedside ultrasound confirmed right upper lobe pleural effusion. Other investigations were unremarkable.

Cutaneous metastasis accounts for 24% of breast carcinoma and may manifest as the presenting lesion or after the tumour diagnosis. The commonest manifestation is the presence of nodules in the ipsilateral chest wall to the primary tumour, their size varies, is painless and are commonly spread via lymphatic drainage. Skin biopsy helps in diagnosis confirmation. Definitive treatment depends on the management of the primary malignancy. As it may mimic benign lesions, one should be highly suspicious of skin metastasis as he might be the first person to identify the primary tumour.

Keywords: Emergency Department, Cutaneous Metastasis, Pleural Effusion

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DOI: <http://dx.doi.org/10.31344/ijhhs.v7i70.524>

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