



Letter to the Editor

An unusual large metastasis

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ABSTRACT

This is a concise letter on the observation of a patient with large bilateral asymmetric ulcerative cutaneous metastasis from rectal carcinoma.

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Sir,

We wish to share our case of a 67-year-old terminally ill male patient from a rural area who presented with large ulcerative masses on both buttocks. This patient died shortly after admission. On conferring with his relatives, we found that he had been diagnosed 9 months earlier with inoperable, nonresectable rectal cancer.

Due to an associated increase in pigmentation of the skin, and before seeing the medical reports, one of the authors (FA) believed it to be a metastasizing anal melanoma. The rectal and skin biopsy revealed a mucinous carcinoma in another hospital. No other clinical data could be obtained, and the relatives declined an autopsy.

Rectal cancer is a frequent human malignant neoplasm and the second most common cancer in the large intestine.¹ The most common areas of metastasis from rectal cancer are the liver, lung, and brain. It can metastasize by



Fig. 1: Large bilateral, asymmetric, ulcerative masses involving both gluteal areas from a rectal carcinoma.

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direct extension, as most likely occurred in our case, or by lymphovascular spread. Several factors might influence metastasis in rectal cancer, including the histopathological type.²

Rectal carcinoma metastases to the skin have no distinctive features and could constitute the initial presentation of rectal cancer. There are several reports^{3,4} of cutaneous metastasis from colorectal cancer.

We are not aware of any published case of rectal cancer or any other cancer with a similar morphology as in our case. Pasku et al.⁵ reported a 56-year-old woman who presented with a 3-month history of a painless mass in the upper external area of the left gluteus, which was later confirmed to be a metastasis from an intrapelvic gastrointestinal stromal tumor. This case obviously differs from ours.

Conflict of Interest

None.

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