

CUTANEOUS METASTASIS OF ADENOCARCINOMA OF THE PROSTATE: A CASE REPORT AND LITERATURE REVIEWDr. A. Allam^{*1}, H. Sfaoua¹, Y. Moukasse¹, J. Aarab¹, F. Z. Lahlali¹, S. Naciri², H. El Kacemi¹, T. Kebdani¹, S. El Majjaoui¹ and N. Benjaafar¹¹National Institute of Oncology, Radiotherapy Department, Mohammed 5 University, Rabat – Morocco.²National Institute of Oncology, Oncology Department, Mohammed 5 University, Rabat – Morocco***Corresponding Author: Dr. A. Allam**

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ABSTRACT

Prostate cancer has a high metastatic potential, mainly bone and lymph node, sometimes hepatic and pulmonary, but rarely cutaneous. We report the case of a patient treated for adenocarcinoma of the prostate who presents cutaneous metastasis to the posterior surface of the thigh confirmed by cutaneous biopsy with immunohistochemical analysis.

KEYWORDS: Metastatic, hepatic, hepatic.**INTRODUCTION**

Prostate adenocarcinoma is the second most common cancer in humans, but is responsible for less than 1% of skin metastases. The treatment remains palliative and then have a poor prognosis.

OBSERVATION

This is a patient of 67 years, chronic smoker, who presented a dysuria with pollakiuria complicated by an acute retention of urines justifying a urinary survey in emergency. The pubic ultrasound showed an hypertrophy of the prostate, PSA was 53.74 ng / ml. The patient received a monobloc resection of the prostate. The pathological examination was in favor of prostate adenocarcinoma Gleason 8 (4 + 4) with involvement of approximately 60% of the patch with invasion of nervous filaments without capsular invasion. Prostate specific antigen(PSA) postoperative was 8.28 ng / ml. pelvic magnetic resonance imaging showed a suspicious nodule of the left central prostate 23X13,5mm without break capsular and lymphadenopathy. Bone scintigraphy was normal. The patient received neoadjuvant hormonotherapy based on Decapeptyl 11.25mg then radiotherapy 74Gy on the pelvis. The patient was in good clinical and biological control with normal prostate specific antigen(PSA).

Six months later, the patient presented a 5cm purulent skin lesion on the posterior face of the thigh with inguinal lymphadenopathy fistulated with pus.(Fig. 1 , Fig 2).

**Figure 1: Cutaneous metastasis of the posterior face of the thigh.****Figure 2: Fistulized inguinal lymphadenopathy.**

However prostate specific antigen (PSA) was normal. The biopsy of this skin lesion revealed gland-like structures which showed that it was a metastasis of adenocarcinoma type tumor.

Tumor markers performed on serum samples pointed toward prostate as primary site. The thoraco-abdominal pelvic CT showed a right inguinal mass with necrosis in the center 73X71 mm. the patient received palliative radiotherapy on adenopathy and skin lesion with a total dose of 30 Gy and a hormone therapy based on Decapeptyl + Casodex. Chemotherapy based on docetaxel was indicated because of the non-clinical improvement of the patient, but its general condition did not allow it to benefit.

DISCUSSION

Prostate cancer has a high metastatic potential, mainly bone and lymph node, sometimes hepatic and pulmonary, but more rarely cutaneous. Mueller in 2004 established the incidence of cutaneous metastases of prostatic origin at 0.36%.^[1]

Cutaneous metastases of prostate cancer are usually asymptomatic and develop on one or more sites. Their preferred site is the inguinal region or the penis, followed by the abdomen (especially the umbilicus), the head and neck, and then the thorax. The clinical appearance may be variable but most often the lesions are in the form of subcutaneous nodules more or less erythematous.^[2,3] Erysipeloid forms or aspects in telangiectasia.^[4] have been described, which testifies to the heterogeneity of dermatological clinical forms.

The diffusion mechanism of metastasis is not fully understood; direct extension, lymphatic and hematogenous propagation or their combination have all been proposed.^[1]

Therapeutic options for cutaneous metastases are palliative and include excision, radiotherapy and intralesional chemotherapy.^[5]

According to Wang *et al.*^[5] and many other authors,^[1] the occurrence of cutaneous metastases from genitourinary malignancies is associated with a poor prognosis. The average survival is about seven months from the presentation of cutaneous metastases.

CONCLUSION

The skin represents an unusual site of metastasis of adenocarcinoma of the prostate. Their clinical appearance may mimic other common dermatological disorders and a definitive diagnosis requires an immunohistochemical analysis of the skin biopsy.

Competing interests

The authors have declared that no competing interest exists.

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Ethical Approval

Ethics Committee of the National Institute of Oncology, Mohammed 5 University, Rabat, Morocco.

Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Author's contributions

MY drafted the manuscript and all authors read and approved the final manuscript.

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REFERENCES

1. Mueller TJ, Wu H, Greenberg RE, Hudes G, Topham N, Lessin SR, *et al.* Cutaneous metastases from genitourinary malignancies. *Urology*, 2004; 63: 1021–6.
2. Ali N, ur-Rehman S, Ali M, Sabir I, Azhar R, Mansoor S. Skin metastasis from prostate adenocarcinoma. *J Coll Physicians Surg Pak*, 2003; 13: 53–4.
3. Piqué Duran E, Paradela A, Fariña MC, Escalonilla P, Soriano ML, Olivares M, *et al.* Cutaneous metastases from prostatic carcinoma. *J Surg Oncol*, 1996; 62: 144–7.
4. Ng CS. Carcinoma erysipeloides from prostate cancer presenting as cellulitis. *Cutis*, 2000; 65: 215–6.
5. Wang SQ, Mecca PS, Myskowski PL, Slovin SF. Scrotal and penile papules and plaques as the initial manifestation of acutaneous metastasis of adenocarcinoma of the prostate: case report and review of the literature. *J Cutan Pathol*, 2008; 35(July(7)): 681–4.