

Papuloerythematous Rash Due to Intralymphatic Cutaneous Metastasis of Cancer

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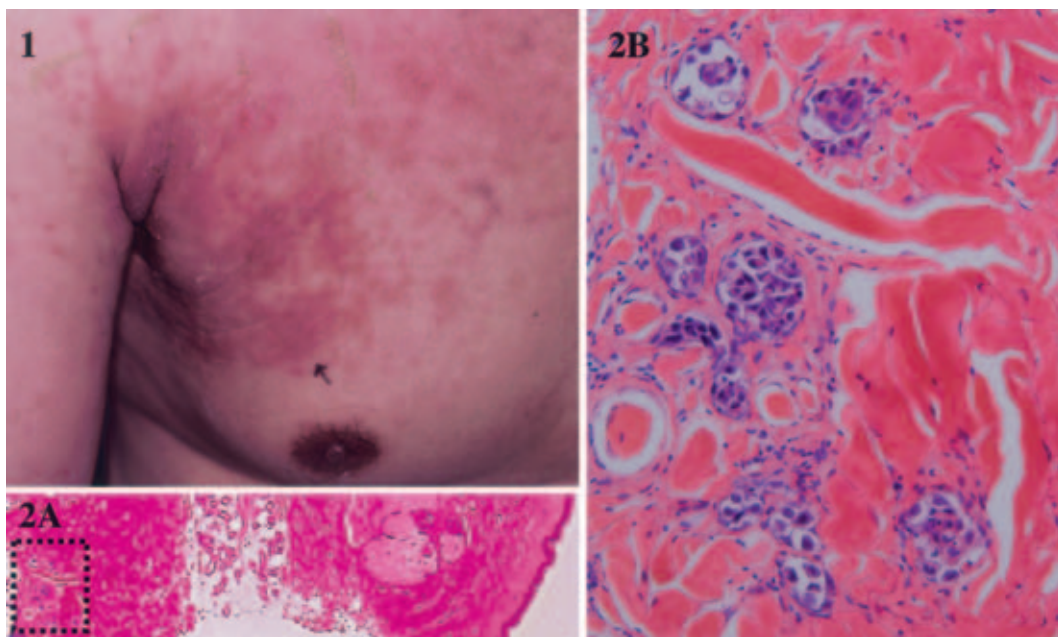


Figure 1. Anterior chest showing papuloerythematous skin eruptions. The site of biopsy is indicated by an arrow.

Figure 2. Skin biopsy showing cancer cells occluding the subcutaneous lymphatics (HE stain). A and B are low and high power view, respectively.

A 60-year-old man seropositive for human T-cell leukemia virus type I (HTLV-I) was admitted with bilateral axillary and cervical lymphadenopathy (up to 6 cm in diameter). A right axillary lymph node biopsy showed poorly differentiated metastatic carcinoma that was immunohistochemically positive for thyroid transcription factor 1 (TTF-1). No tumor shadow was seen on chest radiography or computed tomography. Shortly after admission, itchy papuloerythematous eruptions appeared on his face, upper trunk, and right arm (Fig. 1). A skin biopsy demonstrated carcinoma cells solely within the subcutaneous lymphatics (Fig. 2). He was treated with carboplatin, paclitaxel, and prednisolone with partial remission. Six months later, he developed lymphedema of the submandibular region and neck and died of respiratory failure. At autopsy, the thyroid gland was very hard and was histologically loaded with anaplastic large carcinoma cells with marked interstitial and lymphatic invasion. There was massive involvement of the cervical, axillary, and mediastinal lymph nodes. Grossly, there were no masses in the lungs. However, the left lower lobe contained clusters of tumor cells in some alveoli and lym-

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phatics. TTF-1 is a marker for both thyroid and lung cancers. From these findings, the thyroid rather than the lung was suspected to be the primary site. The lymphedema that developed terminally around the chin and neck was probably caused by intralymphatic growth of tumor cells. It is unusual for any cancer to metastasize so extensively to the superficial lymph nodes and skin. HTLV-I-mediated immunosuppression is likely to have played a role in the disseminated pattern of tumor cells, since the patient was a carrier of HTLV-I that infects helper T-cells.

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