

Cutaneous Metastasis from Cholangiocarcinoma

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An 80-year-old woman presented to the author’s department with a 2-month history of back pain. She had received palliative care for cholangiocarcinoma. Physical examination revealed an erythematous ulcerated nodule on the back (Fig. 1A). This lesion appeared as a decubitus ulcer. However, she was not bedridden and had good nutritional status; thus, there were no risk factors for decubitus ulcers. Biopsy confirmed the diagnosis of adenocarcinoma (Fig. 1B). The workup for other adenocarcinomas was negative. Therefore, cutaneous metastasis from cholangiocarcinoma was diagnosed. Computed tomography showed new liver metastases (Fig. 2) and a small amount of ascites. Owing to rapid tumor progression, she died 1 month later.

Cholangiocarcinoma typically refers to mucin-producing adenocarcinomas that arise from the bile ducts.¹ The typical metastatic sites of cholangiocarcinoma are the regional lymph nodes, liver and lung.² Cutaneous metastases from cholangiocarcinoma are extremely rare in clinical practice.² Most of previously reported cases relate to dissemination through catheter tracts used for percutaneous biliary drainage.³ The prognosis of distant cutaneous metastasis from cholangiocarcinoma is poor due to the advanced stage.^{2,3} It has been reported that the cutaneous metastases presented as nodules, papules, erythema and lesions with or without ulcers.² In the present case, the patient could tolerate the pain before the ulceration. In addition, physicians should keep in mind that skin lesions can

be the sole initial presentation.^{2,3}

CONFLICT OF INTEREST STATEMENT

None declared.

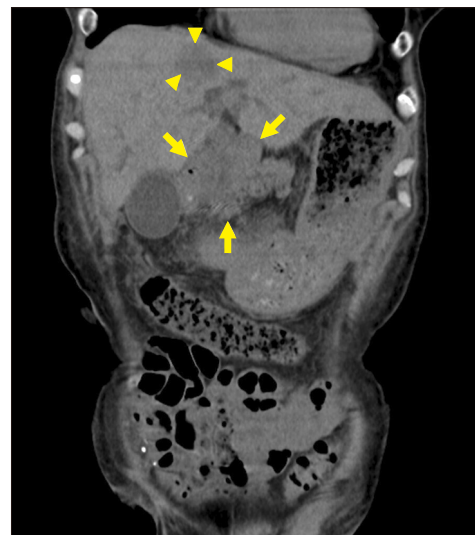


FIG. 2. Computed tomography coronal view showing cholangiocarcinoma (arrows) and a liver metastasis (arrowheads).

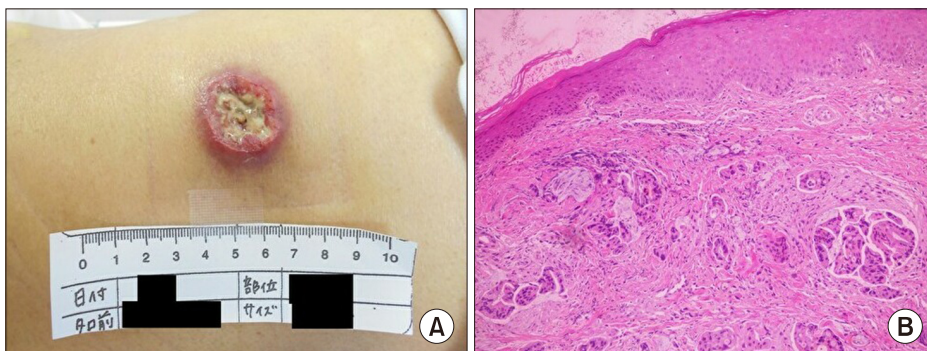


FIG. 1. (A) An erythematous ulcerated nodule measuring 4×3 cm. (B) Histological evaluation (hematoxylin and eosin staining) revealing malignant glands in the subcutaneous area.

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