

A new single red nodule on the abdomen of a woman with history of endometrial carcinoma: Noninvasive evaluation and histologic correlation



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CLINICAL PRESENTATION

An 82-year-old woman was referred to our dermatology department from the oncology department with a new, well-demarcated, red papule on her abdomen (Fig 1). The patient had a history of endometrial carcinoma treated 3 years prior with extensive surgery and radiotherapy. She had been in complete remission for the past 2 years.

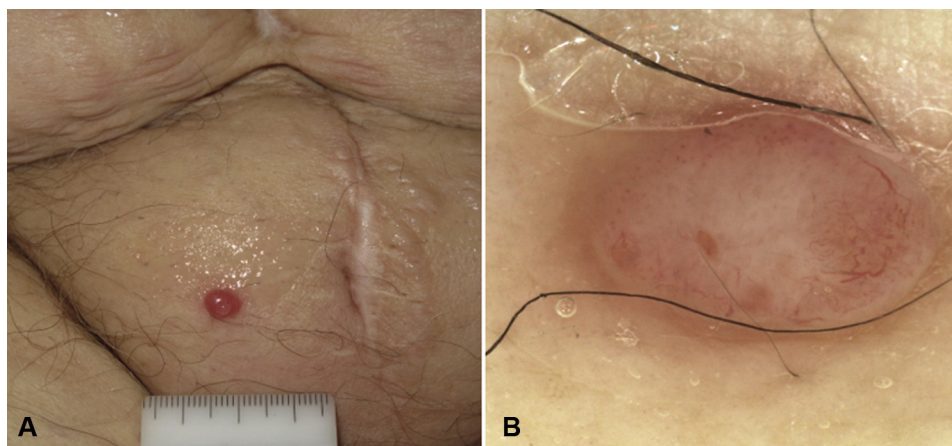


Fig 1. **A**, Clinical presentation of a well-demarcated, purple red nodule on the abdomen in a patient with history of endometrial carcinoma, **B**, Dermoscopic appearance of the skin nodule characterized by atypical polymorphous vascular pattern with linear irregular and dotted vessels on the surface of the lesions.

DERMOSCOPY

Dermoscopy found a structureless central milky-pink area surrounded by atypical polymorphous vessels including irregular linear and dotted vessels.

REFLECTANCE CONFOCAL MICROSCOPY

Reflectance confocal microscopy (VivaScope 1500, Maving GmbH, Munich, Germany) revealed at the upper dermis, large areas of refractile, cerebriform structures. Close-up evaluation showed that single tumor nests were made by aggregates of atypical epithelial cells along a linear hyper refractile stroma, palisading in arrangement and surrounding an empty lumen as commonly seen in glandular structures (Fig 2, A and B).

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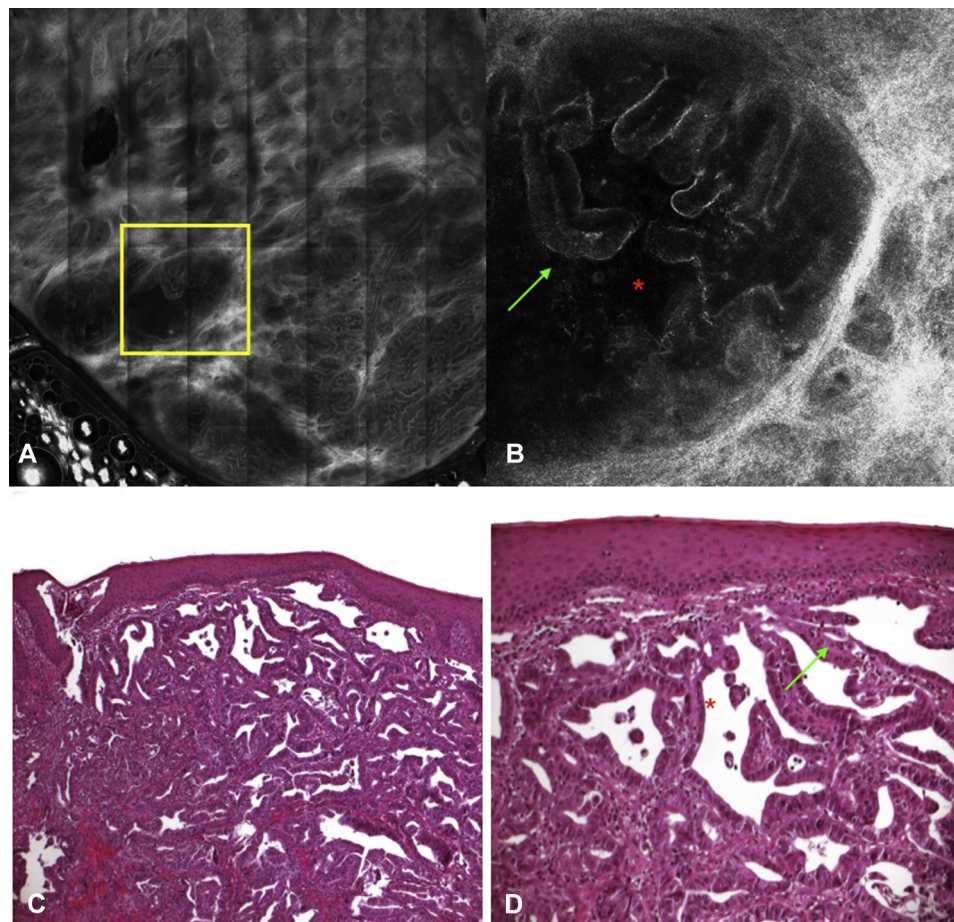


Fig 2. **A**, RCM 4 X 4 mm mosaic showing a well-demarcated nodule composed of tumor nests containing refractile, cerebriform structures. **B**, Close-up of the mosaic (yellow square in **A**) focusing on a tumor nest showing aggregates of epithelial atypical cells along a linear hyperrefractile stroma, arranged in palisade and defining an empty lumen (red asterisk) as commonly seen in glandular structures (green arrow). **C**, Corresponding histopathology (H&E X40) revealed a cutaneous nodule with a moderately differentiated endometrial carcinoma characterized by a combination of well-formed glands and masses of solid epithelium. **D**, Close-up showing the histology/confocal correlations to **B**.

HISTOPATHOLOGY

Histology examination found a cutaneous nodule with a moderately differentiated endometrial carcinoma characterized by a combination of well-formed glands and masses of solid epithelium (Fig 2, C and D).

DISCUSSION

Cutaneous metastasis from endometrial carcinoma is extremely rare (prevalence of 0.8% in patients with endometrial carcinoma).¹ After surgical excision of the metastatic lesion, our patient was referred back to the oncology department for therapeutic evaluation. Dermoscopically, an atypical vascular pattern within a cutaneous nodule in a patient with a known cancer diagnosis is suspicious for cutaneous metastasis.² This is the first reflectance confocal microscopy description of cutaneous metastasis from endometrial carcinoma.

KEY MESSAGES

- The importance of the patient's clinical history.
- Dermoscopically vascular pattern can guide to the cutaneous metastases.
- Considering the good confocal-histologic correlation, reflectance confocal microscopy could be a useful tool for presurgical interpretation of cutaneous metastasis.²

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