

## CASE REPORT

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<sup>1</sup>Department of Dermatology and Venerology, Famagusta State Hospital, Famagusta, North Cyprus

<sup>2</sup>Dermatology And Venerology Department, Haydarpaşa Training And Research Hospital, Famagusta, North Cyprus

<sup>3</sup>Department of Pathology, Haydarpaşa Training And Research Hospital Famagusta, North Cyprus

**Corresponding author:** Dua Cebeci, MD. Famagusta State Hospital. Dermatology And Venerology Department, Famagusta, North Cyprus. E-mail: perolidua@gmail.com. ORCID ID: <http://www.orcid.org/0000-0001-5746-9326>.

# Telangiectatic Carcinoma - Like Lymphangioma Circumscriptum. A Rare Form of Cutaneous Metastasis of Breast Carcinoma: Case Report

Dua Cebeci<sup>1</sup>, Şirin Yaşar<sup>2</sup>, Pembegül Güneş<sup>3</sup>, Sema AYTEKİN<sup>2</sup>

## ABSTRACT

**Introduction:** The Breast cancer is the most common malignancy in middle-aged women and that causes skin metastasis. Skin metastasis in internal cancer cases is a very rare condition and may be difficult to diagnose and have poor prognostic marker. Cutaneous metastasis of breast carcinoma is mostly seen as direct invasion and/or local infiltration. However, in addition to the well-known types, cutaneous metastases may mimic many benign skin lesions and therefore may be difficult to diagnose. **Case report:** In this article we present a 36-year-old woman with telangiectatic carcinoma-like lymphangioma circumscriptum, a rare form of cutaneous metastasis skin metastases. It can be the first sign of internal malignancies, so early diagnosis is very important at this stage. **Conclusion:** Therefore, solitary lesions or benign dermatoses seen in the skin and not associated with specific disease should be considered as tumor metastasis especially in female patients with a history of breast cancer and differential diagnosis must be made..

**Keywords :** Breast cancer, Lymphangioma Circumscriptum, Cutaneous Metastasis

## 1. INTRODUCTION

Skin metastasis from primary visceral malignancies is a rare finding. Incidence is between 0.7% and 10.4% and constitutes only 2% of all skin malignancies (1). In the largest series of the literature, the prevalence of cutaneous metastasis of breast carcinoma is 23.9%, making it the most common skin metastasis seen in women (2). Although skin metastases of breast cancers show different clinical forms, they can be seen as scattered, hard, painless, atypical papules and nodules that develop rapidly in the anterior chest wall (3). Metastatic nodules are the most common lesions, followed by alopecia neoplastica, telangiectatic carcinoma and erysipeloid carcinoma (4). However, in some cases, the appearance as benign dermatoses, can misdiagnose the patient and this condition may be faced with a dangerous situation such as skipping the diagnosis. Therefore, questioning the patient's history by clinical and histopathological examination is important for diagnosing cutaneous metastatic breast cancer (5). In addition to breast cancer itself or various morphological variants, it must be distinguished from a wide variety of other benign neoplasms, such as lenafangioma cirkumscriptum (6).

## 2. AIM

We present a 36-year-old female patient with atypical hemorrhagic vesicles and diagnosed as cutaneous metastasis of intraductal breast carcinoma.

## 3. CASE REPORT

A 36-year-old female patient was admitted to our outpatient clinic with a complaint of bloated small blisters on her left lower breast for 6 months duration. She was admitted to the general surgery outpatient clinic for breast mass 4 months ago and diagnosed as intraductal adenocarcinoma. After the In the detailed examination after the diagnosis, it was applied that 3 cycles of chemotherapy treatment and she was finally discharged with full cure. Dermatological examination revealed multiple erythematous plaques and 0.3 cm in diameter microhemorrhagic vesicles and papules spreading from the left anterior chest wall. Lymphangioma circumscriptum and carisnoma erysipeloides prediagnosis biopsies were performed. Histopathologic examination revealed tumor emboli of carcinoma cells in dilated lymphatics in dermis.

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Figure 1a and 1b. Multiple erythematous plaques and 0.3 cm in diameter microhemorrhagic vesicles and papules spreading from the left anterior chest wall.

Biopsy specimens obtained from both plaque and vesicular lesions were consistent with cutaneous carcinoma metastases and the patient was referred to the Medical Oncology Department.

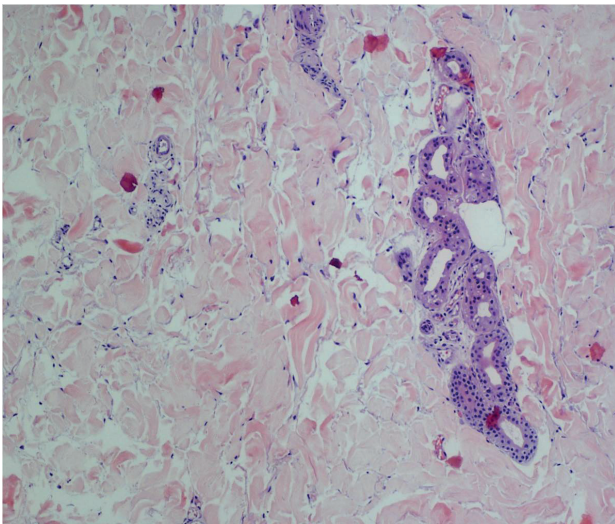


Figure 2. Tumor emboli of carcinoma cells in dilated lymphatics in dermis. (H&E x100)

#### 4. DISCUSSION

Telangiectatic carcinoma is a rare form of cutaneous carcinoma metastases, characterized by purpuric nodules/papules/plaques or prominent telangiectasias and erythematous patches and pseudovezicles such as lymphangioma circumscriptum (7). In general, cutaneous metastases have been seen as a sign of spreading and worsening of disease. In our case, cutaneous lymphangioma circumscriptum-like pseudovezicles in the left axillary region indicated the diagnosis of breast cancer. There were no visceral metastases at the time of diagnosis (5). Telangiectatic carcinoma-like lymphangioma circumscriptum because of its clinical similarity must be distinguished from Stewart Treves syndrome and zosteriform cutaneous metastasis. In our case, unlike the most common types of cutaneous carcinoma metastases, the lesions showed an irregular distribution away from the zosteriform appearance that did not involve the dermatome. Histopathologically, malignant cells have been suggested to be predominantly located in the dermal capillaries, but lymphatic spread of tumor cells has also been reported (8). In our case, both the dermal capillary and lymphatic

vessels were invaded by the tumor cells, which explained that the involvement was more with lymphatic spreading.

#### 5. CONCLUSION

In conclusion, skin metastases can be the first sign of internal malignancies, so early diagnosis is very important at this stage. Therefore, solitary lesions or benign dermatoses seen in the skin and not associated with specific disease should be considered as tumor metastasis especially in female patients with a history of breast cancer and differential diagnosis must be made.

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