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A Case of Cutaneous Metastases of Salivary Duct Carcinoma Mimicking Radiation Recall Dermatitis

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Dear Editor:

A 62-year-old male presented with a two-month history of purpuric indurated plaques on the neck (Fig. 1). Itching sensation was mild and intermittent. A year ago, he was diagnosed with salivary duct carcinoma (SDC) of the right submandibular gland. He underwent a modified radical neck dissection and right submandibular gland resection. After the surgery, he received radiotherapy on the neck. Purpuric indurated plaques occurred at the previous radiation field. At first we had a suspicion of radiation recall dermatitis because the lesion was confined to the previous radiation field and also the clinical feature of the lesion resembled radiation recall dermatitis rather than cutaneous metastasis or chronic radiation dermatitis. So we checked his medication history, including chemotherapy and antibiotics. However he had taken only some opioid analgesics and probiotics. For a precise diagnosis, skin biopsy was performed on his neck. Histopathologic findings showed infiltrative growth of irregular glandular structures with mucinous material in the dermis but no evidence of radiation recall dermatitis was revealed. Besides the lesion was positive for CK-7 in immunohistochemistry (Fig. 2). Thus a diagnosis of cutaneous metastases of SDC was made. Afterward the patient was referred to the oncology department for further management.

SDC is a rare and very aggressive malignant tumor. SDC arises most often in the parotid gland, followed by the submandibular gland and less frequently in the minor salivary gland. SDC has a high rate of distant metastasis but cutaneous metastases from the malignancy is very rare[1]. There are several cases of cutaneous metastases from SDC of parotid gland and only one reported case of cutaneous metastasis from SDC of submandibular gland globally[2].

Radiation recall dermatitis occurs on the sites of previously irradiated skin after a patient is exposed to triggering medications such as chemotherapy or antibiotics[3]. There is only one case similar to our case in the English literature. In the case of Kim et al.[4], the patient presented with erythematous edematous plaques on the previous ra-

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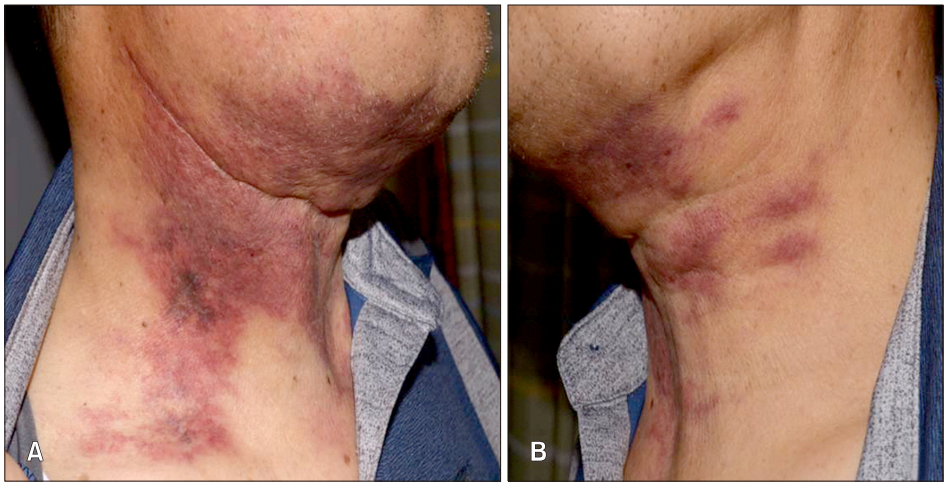

Fig. 1. (A, B) Purpuric indurated plaques on the neck which is the site of a previous radiation field.

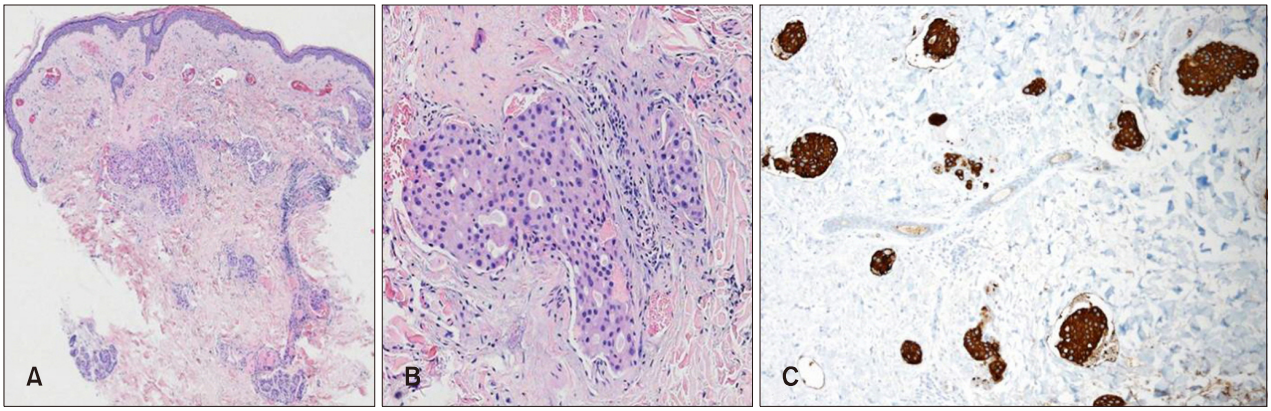

Fig. 2. (A, B) Infiltrative growth of irregular glandular structures with mucinous material in the dermis and (C) positive for CK7 (A: H&E, ×40; B: H&E, ×100; C: CK7, ×100).

diation site and had started on oral chemotherapy with capecitabine three weeks ago. So they had a impression of radiation recall dermatitis, but metastatic gastric signet ring cell carcinoma was diagnosed after the biopsy specimen was obtained[4].

To the best of our knowledge, no report on the cutaneous metastases of the SDC is in the Korean literature, neither a report of the cutaneous metastasis of the SDC mimicking radiation recall dermatitis. This case highlights the various manifestations of cutaneous metastases. Cutaneous metastases occur in approximately 10% of cases of metastases. The cutaneous manifestation of metastatic cancer varies from subcutaneous nodules, erythematous patches and plaques, to firm papules and nodules[5]. A diagnosis of cutaneous metastases is crucial because dermatologists may be the first ones to detect metastases of certain internal malignancy or first manifestation of a hidden internal malignancy. Thus, when a patient with history of internal malignancy visit a clinic with various skin lesions, dermatologists should examine the patient thoroughly and obtain a skin biopsy if there are suspicious lesions.

We received the patient's consent form about publishing all photographic materials.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

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Research data are not shared.

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