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INTRODUCTION

Cutaneous metastasis from internal organs is a relatively rare phenomenon, and it is even rarer to have cutaneous lesions as the first clinical presentation of the malignancies that could lead to the diagnosis of an occult tumor.

MATERIALS AND METHODS

Review of the scientific literature. Analyses of medical records from the dermatology and pathology departments.



RESULTS

A 68 years old woman presenting a two months history of patches and plaques in the neck and infraclavicularis region associated with heat and pain. She related that the skin become indurated and tough to move. She related hypertension and denied other associated diseases. She did not report fever, weight loss or other systemic symptoms. On examination, an extensively tender, leathery plaque, indurated with nodule lesions above. Significant lymphadenopathy was absent. We proceeded a biopsy, that reveals diffuse infiltration of the dermis. The immunohistochemistry was positive to GATA3, otherwise negative to ER and PR. A diagnosis of metastatic carcinoma was suggested, with possible primary sites as the breast. The patient was referred to the oncology department for further management. However, the patient declined her clinical conditions quickly and died within 3 months of the presentation.

CONCLUSIONS

The incidence of visceral malignancies metastasising to skin ranging from 1% to 10%, approximately. In women breast cancer is the most common source of cutaneous metastasis, and it usually happens in terminal disseminated stage.

Emphasizes the importance of the dermatology in the diagnosis of malignancies and even to help the staging and to head the treatment. Although, cutaneous metastasis are associated with a poor prognosis and usually palliative treatment.

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