

# CASE REPORT

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## SKIN METASTASIS FROM BASE OF TONGUE CARCINOMA AT PRESENTATION - A RARE CASE REPORT

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**ABSTRACT:** Traditionally considered to be a loco-regional disease, head neck cancers metastasize infrequently to distant sites. Among these, skin metastases have been rarely reported and almost always they have been encountered during or after treatment of primary. We present here a case of squamous cell carcinoma of base of tongue with multiple dermal metastases at initial presentation. This report signifies that rarity of such cases must not delay the confirmation of diagnosis since these patients already carry a dismal prognosis.

**KEYWORDS:** Squamous cell carcinoma, base of tongue, skin metastasis, rare.

**INTRODUCTION:** Distant metastases from head neck squamous cell carcinomas (SCCs) in general and SCC of tongue in particular have been commonly observed to be in lungs (66%) followed by bones(22%) and liver(10%) [1, 2, 3, 4]. The incidence of cutaneous metastases from HNSCC has been reported to be less than 1% [5]. To the best of our knowledge, SCC of base of tongue with local and distant, i.e, skin metastases occurring simultaneously as initial presentation is the first case to be reported till date.

**CASE HISTORY:** A 53 year old male from a Midnapore district of West Bengal visited our clinic in March, 2013 with complaints of severe dysphagia due to bulky neck swellings and multiple nodular swellings on the skin over abdomen [figure 1]. Difficulty in swallowing due to mass felt at the back of tongue was the first complaint 2 months back. The neck swellings appeared one and a half month back and had progressed rapidly to the present size. The nodules over the abdomen were detected only a month back. Other than a history of heavy smoking for the last 30 years, there were no other forms of addiction. He was neither diabetic, nor hypertensive and had a ECOG performance of '2'.

Clinical examination and contrast enhanced CT scan of neck revealed irregular hard mass in base of tongue eroding into left retromolar trigone and hard bilateral neck nodes with the largest one measuring 5.4X 6.2cm. A specimen from the tongue mass showed grade 2(moderately differentiated) squamous cell carcinoma with peri-neural invasion but no lympho-vascular tumor emboli was detected. Punch Biopsy from a skin nodule revealed metastatic squamous cell carcinoma deposits. Metastatic work-up revealed no other sites of metastasis. Routine investigations were essentially normal. The disease was staged to be cT4aN3M1.

Salvage chemotherapy with Docetaxel (80mg/m<sup>2</sup> on day 1), cisplatin (75mg/m<sup>2</sup> on day 1) and 5-Fluorouracil (1000mg/m<sup>2</sup> day1-4) was initiated within a week and he has tolerated well two such cycles so far. A partial response of the primary and neck nodes has been documented and the skin nodules have completely disappeared [figure 2].

# CASE REPORT

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**DISCUSSION:** Oral and pharyngeal cancer, grouped together, is the sixth most common cancer in the world [6]. Some countries with the highest incidence rates for oral and oropharyngeal cancer in the world are located in the region of South Asia<sup>[6]</sup>. Urban cancer registries of India identify rates of oropharyngeal cancer as between 3.4 and 6.0 per 100,000 <sup>[7]</sup>.

In an analysis of metastatic patterns from squamous cell carcinomas of head and neck, Kotwall et al reported hypopharynx to be the commonest primary site(60%), followed by base of tongue(53%) and anterior tongue(50%)<sup>[8]</sup>. The tumor site, stage of the disease, lymph nodal status, type of treatment(surgery, concurrent chemo-radiotherapy and radiotherapy alone or post-operatively), decade of presentation have been considered to be predictive factors for distant metastasis from oral and oro-pharyngeal SCCs<sup>[9]</sup>. Achievement of local control also decided the occurrence of distant failures. Additionally, extra-capsular extension of tumor and presence of more than two visceral metastases have been reported by Pitman et al<sup>[5]</sup> to specially impact the incidence of cutaneous metastasis. Most of these poor prognostic determinants were present with our patient. However, the fact that the skin nodules appeared shortly after the neck swellings started increasing in size is rather unique because most of the cases of skin metastases so far reported have occurred after the completion of definitive therapy. It clearly proves the unusually aggressive nature of this tumor.

Skin metastases from tongue or oropharyngeal or tongue primaries are exceedingly rare, with only a few case reports till date. Dasmajumdar<sup>[10]</sup> and Walvekar<sup>[11]</sup> cited tonsillar primaries with nodular skin metastasis while Osborne<sup>[12]</sup> and Longo<sup>[13]</sup> reported cases of dermal metastasis from tongue carcinoma. They may be solitary or multiple, discrete or confluent and usually spare the epidermis. Distant spread by haematogenous route is implicated in this case. Skin metastases are usually located in supra-diaphragmatic location, most commonly in face, scalp, lips, chest, axilla and arms. Involvement of nearly whole of the abdominal skin sparing the usual sites is unique to this case.

The development of skin metastases portends a very poor prognosis with a median survival of only 3 months (range-1-16 months) following diagnosis <sup>[5]</sup>. Surgery is not recommended and treatment is essentially palliative. Chemotherapy is the standard of care as initiated in this case. Radiotherapy has not been shown to be of much benefit and is not standardized yet. This case presented here upholds the importance of being vigilant about identifying skin metastases owing to its poor prognosis. Confusing it with infectious or inflammatory process would only delay the diagnosis for the worse.

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## CASE REPORT

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### **Before Treatment:**



# CASE REPORT

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## After Treatment:



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