Metastatic Lung Cancer Presenting as Cutaneous Nodules
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CASE PRESENTATION
A 76-year-old male with a 50-pack-year history of smoking and major depressive disorder presented with a two-month history of loss of appetite, weight loss, fatigue, and palpable masses all over his body. On physical examination, there were multiple diffusely firm, mildly tender, cutaneous and subcutaneous nodules on his chest (Figure 1A), largest in the left axillary area (Figure 1B), his lower back (Figure 1C), shoulders, abdominal area and his groin. CT imaging showed a dominant left perihilar 5.6 x 4.5 cm mass with diffuse cutaneous and subcutaneous masses throughout the chest, abdomen, and pelvis, mediastinal adenopathy, diffuse retroperitoneal metastatic deposits and osseous involvement of the proximal right femoral diaphysis. Biopsy of the cutaneous nodule was consistent with metastatic adenocarcinoma of the lung. Skin metastases indicate late-stage disease and carry a poor prognosis. Two weeks later, he presented to the emergency department with severe hypoxia from obstructive pneumonia complicated by metabolic encephalopathy and stroke. His hospital course was complicated by aspiration pneumonia, hematuria, and deep vein thrombosis in the bilateral lower extremities. After discussing goals of care with family, the patient eventually was transitioned to inpatient hospice. Given the patient’s rapid decline with progressive disease and an overall poor performance status, he was not a candidate for chemotherapy, and passed away a month after his diagnosis.

DISCUSSION
The skin is an uncommon site of metastasis, only found in 0.7–9% of all patients with cancer and typically indicate later stage of disease. For lung cancer, metastases are more commonly seen in the brain, bone, liver, and adrenal glands than the skin. Though a rare phenomenon, multiple cutaneous nodules can be the first presenting signs of lung malignancies, found in 1–12% of all cases. Therefore, any atypical skin lesions should raise suspicion for lung cancer in patients with extensive smoking history.

References

Figure 1. (A) Multiple cutaneous and subcutaneous nodules identified on patient’s chest; (B) largest cutaneous nodule on the left axilla; (C) multiple subcutaneous nodules identified on patient’s back.
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