

# Carcinoma Buccal Mucosa with Multiple Cutaneous Metastases.

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## ABSTRACT

The most common sites for distant metastases for squamous cell carcinoma of head and neck are lung, liver and bone. Cutaneous metastasis is very rare in occurrence. Here we report a case of carcinoma buccal mucosa that was treated with curative intent; underwent radical surgery and post operative radiotherapy. On follow-up 6 months post RT patient developed multiple painless nodular deposits over chest wall, upper back, shoulder, abdomen, and thigh. Cytological examination showed deposits of metastatic squamous cell carcinoma. Patient was started on palliative chemotherapy, after 2 cycles of chemotherapy there was disease progression. The present case describes this rare event with a brief review of literature.

**Keywords:** Buccal Cancer, Carcinoma, Cutaneous Metastases.

## INTRODUCTION

The most frequently observed cutaneous metastatic cancers are breast, colon and melanoma in women and lung, colon and melanoma in men.<sup>[1]</sup> Head and neck cancers rarely metastasize to skin; the most common sites of distant metastases being lung, liver and bone. Skin metastasis has been reported to occur in 0.8-2.4% of the patients with squamous cell carcinoma of head and neck, and may remain unnoticed due to its rare occurrence.<sup>[2-4]</sup> Very few reports are available in the literature with cutaneous metastasis.

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## CASE REPORT

46 years old male, chronic tobacco chewer, known case of carcinoma buccal mucosa (post-operative) presented to Radiotherapy outdoor of our institute for adjuvant radiotherapy (RT). The detailed and meticulous history revealed complaint of ulceration over the left side buccal mucosa (BM) which was insidious, painless and progressive. Biopsy from the lesion showed well differentiated squamous cell carcinoma. Pre-operative details stated cT2N0M0. Patient was diagnosed as case of carcinoma BM,

underwent inferior partial maxillectomy and upper alveolectomy with left modified neck dissection type III. Histopathology stated well differentiated squamous cell carcinoma, pT1N1M0 with close margins; perineural invasion, lympho-vascular invasion and extra-nodal extension were absent. Adjuvant RT was given to face and neck to the dose of 66Gy/33 fractions/5 fraction per week with shrinking field technique with 6 MV photons. Patient tolerated RT well with a maximum of grade III mucositis and grade II skin toxicity as per RTOG acute morbidity scoring criteria without any planned treatment interruption. Thereafter patient was on regular follow-up with no evidence of disease locally. 6 months post RT patient developed multiple nodular deposits over chest wall, upper back, shoulder, abdomen, thigh [Figure 1]. These were painless, progressive and non-tender. Cytological examination from these nodular deposits revealed metastatic squamous cell carcinoma. Patient was started on platinum based palliative chemotherapy. Post 2 cycles of chemotherapy there was progression in the size of lesions.





**Figure 1: showing multiple cutaneous deposits over trunk and right shoulder.**

## DISCUSSION

The incidence of skin metastasis from internal malignancies varies from 0.7% to 0.9%.<sup>[5]</sup> Distant metastases in squamous cell carcinoma of head and neck cancer are most frequently to the lung (70-75%), liver (17-38%) and bone (24-44%); skin metastasis has been reported to occur in 0.8-1.3% of these patients.<sup>[6]</sup> The exact mechanism of skin metastasis is not completely understood, there are three possible mechanisms namely direct spread, local spread and distant spread. The regional dermal metastasis usually results from aberrant lymphatic spread rather than hematogenous seeding of skin.<sup>[7]</sup> Skin metastasis indicates a poor prognosis; however a conclusive information regarding survival is lacking. The survival was approximately three months after skin metastasis in one of the studies.<sup>[8]</sup> The treatment is also poorly defined being rare in occurrence; usually palliative in intent, given the metastatic nature of the disease. Various options include chemotherapy, surgical excision, external beam radiotherapy or a combination of these. Surgical excision may increase survival as compared to other modalities of treatment.<sup>[9]</sup> The course of the disease is aggressive and almost all patients succumb due to their disease. In the present case also the patient was put on cisplatin based palliative chemotherapy; post 2 cycles of chemotherapy there was an increase in the size of the lesions and the general condition of the patient also deteriorated.

## CONCLUSION

Cutaneous metastasis is an extremely uncommon feature of squamous cell carcinoma of head and neck cancer. It may represent the first clinical evidence of impending distant metastasis. The prognosis is dismal with limited therapeutic options.

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