Figure 1: Skin metastasis in chest and abdominal area.

Aspiration cytology from the nodule was suggestive of metastatic adenocarcinoma. His upper gastrointestinal endoscopy showed an ulcerative proliferative growth at the greater curvature of the stomach, a biopsy from which showed features of adenocarcinoma of the stomach. CT scan of abdomen and chest showed thickening at the greater curvature in the stomach, while the liver and chest were normal. Colonoscopy was normal.

On the basis of these findings he was diagnosed as a case of adenocarcinoma of the stomach with skin metastases. He was started on palliative chemotherapy (5-fluorouracil 750 mg/m$^2$ on days 1-3 and cisplatin 75 mg/m$^2$ on day 1 every three weeks). On reassessment after three cycles of chemotherapy, he was found to have progressive disease. His general condition also deteriorated. He died three months after his diagnosis.

Carcinoma stomach presenting as metastases to the skin is rare. It can present as a nodule, a cellulitis-like skin lesion or as an erysipelas-like picture. The skin metastases may be isolated or may be associated with metastases at multiple sites. As these patients have carcinoma in an advanced stage, the usual goal of therapy is palliation. Some patients may respond very well to chemotherapy. Our patient had progressive disease and did not respond to chemotherapy. The survival in patients with skin metastases from a primary lesion is usually poor. The median duration of survival after skin metastases from carcinoma stomach is not known due to paucity of data. In one study the median survival was only 1.2 months. This case is being reported for its rarity and to highlight the poor outcome in such patients.

K. Prabhash, Vineet Talwar, A. K. Vaid, D. C. Doval

Department of Medical Oncology, Rajiv Gandhi Cancer Institute and Research Centre, Sector - 4, Rohini, New Delhi, India

Address for correspondence: Dr. Kumar Prabhash, B7/99, Sector - 4, Rohini, New Delhi, India. E-mail: kp_prabhash@rediffmail.com

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Extrusion of sebaceous gland and hair follicle into a blister of bullous pemphigoid

Sir,

I read with interest the article ‘Extrusion of sebaceous gland into a blister of pemphigus vulgaris: An unusual processing artifact’[1] and would like to share my experience in this regard. I have noticed a similar finding in a case of bullous pemphigoid.

A 70 year old male patient presented with history of pruritic skin rashes and blisters all over since 15 days. There was no history of drug intake. On examination...
there were multiple erythematous patches with scaling, few urticarial lesions and tense vesicles and bullae over the trunk and extremities. There were no oral lesions. A clinical diagnosis of bullous pemphigoid was made. Skin biopsy showed subepidermal bulla and many eosinophils. More conspicuous was the presence of a sebaceous lobule with part of the hair follicle attached to it lying inside the blister cavity [Figure 1].

The artifact of trans-follicular sebaceous gland extrusion usually goes unnoticed or ignored. As the authors have suggested, it may not be an unusual histopathological finding but an unreported one. I agree with the authors that it is an artifact rather than a natural phenomenon. Previous reports have documented the presence of only sebaceous glands but in the above case there was a sebaceous gland with part of the hair follicle attached to it, which is definitely an artifact rather than a natural phenomenon.

S. Veeranna
Department of Skin and STD, J.S.S. Hospital, Mysore, India

Address for correspondence: Dr. S. Veeranna, Department of Skin and STD, Mysore - 4, Karnataka, India. E-mail: veerannashastry@yahoo.com

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