

**CUTANEOUS MANIFESTATION OF HEPATOCELLULAR
CARCINOMA: A RARE CASE REPORT.****Sangameshwara GM¹, Indudhara PB*² and Yenni VV³.**

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Author****Dr. Indudhara P B**Assistant Professor,
Department of Pathology,
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Medical Sciences, Shimoga.**ABSTRACT**

Cutaneous manifestation of hepatocellular carcinoma is very rare. Patient presented with loss of appetite, generalized pruritus, distension of abdomen. Metastatic nodules were seen on face, neck, chest, abdomen, arms, thigh. Skin metastasis indicates poor prognosis. Skin is examined thoroughly for metastatic nodule followed up with investigations like FNAC, ultrasound, liver biopsy for

histopathological examination and diagnosed as hepatocellular carcinoma. We report a case of hepatocellular carcinoma with cutaneous metastasis.

INTRODUCTION

Skin is most infrequent site for metastasis and is listed at eighteenth as most common site.^[1,2] Cutaneous metastasis can arise at any age but most occur during or after fifth decade.^[1] The common sites of cutaneous metastasis include chest wall, anterior abdominal wall, lower limb, neck, back, upper limb, face, pelvis, scalp.^[3] Hepatocellular carcinoma with cutaneous metastasis is very rare. Diagnosis is done on clinical correlation with ultrasound, FNAC, histopathological examination.

CASE REPORT

A 45 year old lady presented with loss of appetite, nodules on face, neck, chest, abdomen, arm and thigh, distension of abdomen, generalized pruritus since 2months. Generalised

physical examination revealed icterus, ascites per abdomen, enlarged liver, 3 cm from the costal cartilage. Skin nodules were hyperpigmented, nontender, measuring 5cm x1cm size. Past and family history were not significant. Ultrasound revealed enlarged left lobe of liver and mass in it. Hyperechoic mass measures 10 X 9 cm. Laboratory investigations done were **AST:** 193 IU/ltr, **ALT:** 91 IU/ltr, **Serum Bilirubin:** 15.8mg, **Albumin-**1.3gms: **Globulin:** 4.3 gms, **Serum alkaline phosphatase:** 1568. **HBsAg:** Negative. Values indicated liver dysfunction.

FNAC Report: Smear studied from the skin nodules show cluster of polygonal cells with hyperchromatic vesicular nuclei with prominent nucleoli(Fig.1). Features suggestive of hepatocellular carcinoma.

Histopathology: Section studied show adequate liver biopsy. Architecture is distorted and replaced by malignant neoplasm composed of polygonal cells arranged by trabecular pattern with sinusoidal spaces. Nuclei are large vesicular with prominent nucleoli. Mitotic figures present. There are foci of necrosis and round cell infiltration. Features are suggestive hepatocellular carcinoma.

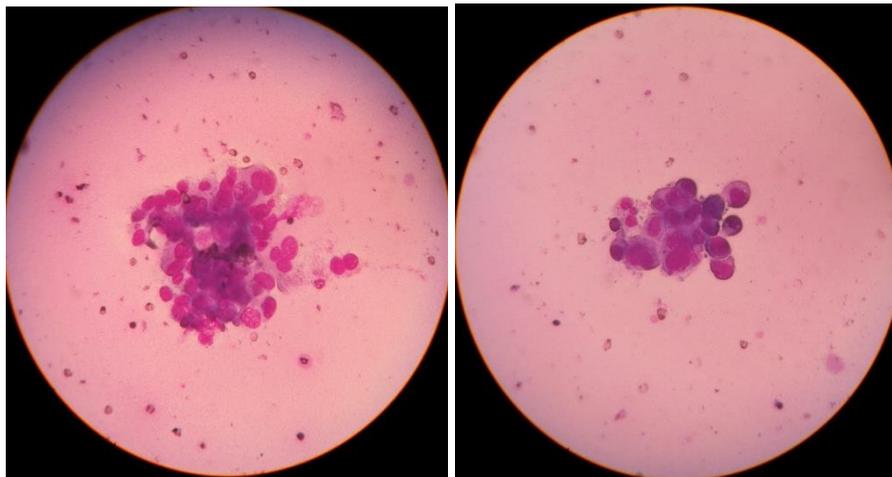


Fig.1. Pleomorphic tumour cells with hyperchromatic nuclei and prominent nucleoli.

DISCUSSION

Cutaneous metastatic carcinoma, also known as carcinoma erysipeloides, is an unusual clinical finding.^[4] Malignant tumour metastasis is known but skin is the infrequent site for metastasis and was listed as only the eighteenth most common site.^[1,2] Incidence of cutaneous metastases for all types of carcinomas ranges from 0.7% to 10.0%. Over all incidence to be closer to 5.3%.^[4] Most cutaneous metastasis are seen during or after fifth decade.^[1] The

common malignancies that give rise to cutaneous metastases are carcinoma of the lung and colon in males and carcinoma of the colon and ovary in females. Overall, melanomas are the most common, followed by carcinoma breast, carcinoma oral cavity, lungs, colon, and ovary.^[5] Cutaneous metastasis as the first sign of internal malignancy has been reported in carcinoma lung, hepatocarcinoma, renal adenocarcinoma, adenocarcinoma esophagus as well as malignant histiocytic lymphomas.^[1] The sites involved by cutaneous metastases in their order of occurrence are as follows: anterior chest wall, anterior abdominal wall, lower limb, neck, back, upper limb, face, pelvis, scalp.^[3] Skin-colored nodules at multiple sites were the most common clinical presentation of apart from plaques, papules and ulcers.^[3] Three non-specific skin changes were found with increased predisposition in patients with malignant diseases and those were acquired ichthyosis, generalized pruritus, and herpes zoster.^[1] Skin manifestation as the first sign of internal malignancy was noted in hepatocellular carcinoma presenting with pruritus.^[3] Patient presented with loss of appetite, generalised pruritus, skin nodules, and distension of abdomen. Ultrasound showed enlarged left lobe of liver and hyperechoic lesion. FNAC of hyperpigmented skin nodule revealed metastatic features of hepatocellular carcinoma The period of interval between the onset of symptoms of the primary malignancy and the onset of cutaneous metastases ranged from 2 months to 5 years.^[3] Cutaneous metastasis occur due to direct invasion through the blood, lymphatics.^[6] Tumors that tend to invade veins, such as carcinoma of the kidney and lung, often present as cutaneous metastasis in skin sites at a distance from the primary tumor. Cancers that tend to invade lymphatic channels, such as carcinoma of the breast and squamous cell carcinoma of the oral cavity, tend to appear later in the course of disease and in the skin overlying the area of the primary tumor.^[7] Metastases to the skin usually signify a hopeless outcome and the patients survived for an average of 3 months in one study.^[1] The mortality rate is usually high though early recognition offers some chance of survival.^[1] Survival period is said to be around 3 months.^[3] Cutaneous metastases are important to recognize because they may precede internal visceral metastases and early recognition helps in prolonging the survival of the patient.^[3]

CONCLUSION

Cutaneous metastasis in hepatocellular carcinoma is relatively uncommon but important. Early diagnosis by histopathological examination and recognition of cutaneous metastasis and chemotherapy will regress the lesion and prolong the life span of the patient.

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