Skin Metastases from Non-Cutaneous Cancers of the Head and Neck

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ABSTRACT

Skin metastases are clinically rare, occurring in less than 1% of head and neck cancer cases, and when present herald a poor overall prognosis. Although series have previously been reported, a complete literature review for all head and neck primary tumor sites and histologies has not been performed. A comprehensive literature search was performed and appropriate articles were selected and analyzed for relevant cases.

RESULTS

Twelve patients with skin metastases from non-cutaneous cancers of the head and neck were identified by a dermatopathologist and cases were collected here for all tumor sites. The most common SM morphology observed was a discrete nodular lesion with papules, located on the head or neck. A majority of cases of SM from head and neck primaries develop from tumors of the parotid gland, and our case series supported this finding: 31% of all cases arose from the parotid gland. Similarly, patients with medullary and papillary thyroid carcinoma survived an average of 8.9 and 3.2 months from time of SM diagnosis, respectively. A nodular lesion of the scalp was commonly observed in a minority of cases but was often difficult to discern from true alopecia areata. Direct tumor extension rather than metastatic spread has occurred in 14% of cases reviewed, most commonly from the thyroid gland, parotid gland, and nasopharynx.

METHODS

A review of the English literature was performed with PubMed and EMBASE databases using the keywords, “neoplasm metastasis”, “head and neck neoplasms”, and “skin”. Searches yielded a total of 84 publications dating from 1972 to present comprising 97 cases of SM from all head and neck primary tumor sites. In addition, 12 cases from the Mount Sinai Hospital with histologically proven distant metastases were analyzed and included. Cases with cutaneous primary sites or direct extension rather than true metastatic spread were excluded. Data and outcomes recorded included patient demographic, primary tumor site and location, and clinical presentation of SM. Data was collected from the original sources and disseminated through the use of the EMBASE databases using the keywords, “metastasis”, “head and neck”, and “skin”.

Figure 1. Infiltrative dermal metastases in a patient with serous cystadenocarcinoma of the pancreas.

Figure 2. Scalp metastases in a patient with serous cystadenocarcinoma of the pancreas.

DISCUSSION

Skin metastases are uncommon, but important clinical presentations of poor overall prognosis. Overall survival of 2 to 6 months from time of metastasisplaces an aggressive approach to diagnosis and treatment, as well as symptom control, high. Distribution of SM to the head and neck was frequently observed and may arise in lesions of recent or remote origin. Skin metastases may be a sign of disseminated disease, but may also represent a cutaneous nodule or ulcer arising in the presence of distant sites of spread. Skin metastases in squamous cell carcinoma of the head and neck and neck region seem to be more common than previously reported. Otolaryngologists should remain aware of skin metastases as a rare presenting sign for head and neck cancer as well as to routinely perform thorough skin examinations for all head and neck cancer patients.

REFERENCES


