Dear Sir,
A 45-year-old female presented to us with erythematous, painful, pseudo vesicles, pustules, and plaques on the left side of the breast extending up to the left scapular region, not crossing the midline. The lesions were associated with burning and mild itching.

Cutaneous examination revealed firm papules, pustules, and plaques in a dermatomal pattern along the T1-T10 segment [Figures 1 and 2]. She was an operated case of carcinoma left breast (stage T3N1M0). She underwent a modified radical mastectomy in March 2018. The histopathology of that specimen showed cords and nests of a typical cells showing mild to moderate anisonucleosis with the focus of ductal carcinoma in situ. Lympho-vascular invasion was identified. It was suggestive of infiltrating ductal carcinoma. Apart from modified radical mastectomy plus node resection, she also received post-operative radiotherapy (last cycle of radiation in July 2010) and three cycles of neoadjuvant chemotherapy of epirubicin, cabazitaxel, and...
Singh, et al.: Unusual secondary cutaneous metastasis in a female with breast carcinoma

cyclophosphamide. She did not have evidence of metastasis to the bones, lungs or other internal organs. At the time of presentation, a diagnosis of irritant contact dermatitis with secondary infection was made as she was applying betadine over the skin lesions. She was given broad-spectrum oral antibiotics and topical antibiotic-steroid combination cream for 2 weeks which was extended further for 2 weeks, but there was no marked response. Then she was treated with oral acyclovir 800 mg 5 times a day for 7 days with a possibility of herpes zoster, but the lesions persisted. Finally, a biopsy was taken from a nodule with the possibilities of skin metastasis and scar sarcoidosis which revealed pagetoid appearance, nesting cells, and arrangement of the dermis in form of small nodules extending deep without continuity suggestive of metastasis of adenocarcinoma metastasis. [H&E, 100×]

Metastatic skin cancer has been reported to occur in 0.79% of patients with internal malignancies.[1-4] The clinical features include multiple nodules (most common), erysipeloid form, bullous form, telangiectatic type, erythema annulare centrifugal type, zosteriform type, etc., Zosteriform pattern is a very rare type of cutaneous metastasis with only a few reported cases.[1] It mimics herpes zoster due to its dermatomal distribution and associated pain and burning. Although it usually follows the diagnosis of malignancy, zosteriform metastasis have preceded documentation of primary malignancy in minority of patients.[3] Adenocarcinomas were the most common histopathological variant followed by transitional carcinoma.[10] In >50% of the cases, metastatic skin cancer developed on the same side as that of a primary tumour, as in our case. Occasionally it has been documented on the opposite side or at a distant site. Cutaneous metastasis has been reported in 18.626.5% of patients with breast cancers. Although it is usually seen in the advanced diseases, sometimes it may be the presenting sign of an underlying malignancy.[4] This case highlights the importance of including cutaneous metastasis in the differential diagnosis of patients who present with dermatomal lesions, especially in those with underlying neoplasm. Papulo nodular lesions have been reported in skin metastasis, but not pseudovesicles and pustular lesions. These unusual morphology and distribution (pseudo-vesicles and pustular lesions) compelled us to report the case.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Kikuchi Y, Matsuyama A, Nomura K. Zosteriform metastatic skin cancer: Report of three cases and review of the literature.
2. Reingold IM. Cutaneous metastases from internal carcinoma. Cancer 1966;19:162-8.
3. Rosen T. Cutaneous metastases. Med Clin North Am 1980;64:885-900.
4. Lookingbill DP, Spangler N, Helm KF. Cutaneous metastases in patients with metastatic carcinoma: A retrospective study of 4020 patients. J Am Acad Dermatol 1993;29:228-36.
5. Sariya D, Ruth K, Adams-McDonnel R, Cusack C, Xu X, Elenitsas R, et al. Clinicopathological correlation of cutaneous metastases: Experience from a cancer center. Arch Dermatol 2007;143:613-20.