BACKGROUND

Hand metastases from carcinomas are very rare and account for just 0.1% of all metastases. When they occur, bony metastases are the typical presenting feature. We report an extremely rare case of bilateral non-bony metastasis to the hand of an 85 year-old woman from cervical cancer.

CASE PRESENTATION

An 85-year-old woman presented to us with nodular masses of various sizes on both palms and ulcerated bleeding nodule on her right thumb [Fig. 1]. Four months earlier she had been diagnosed with invasive squamous cell carcinoma of cervix. The histologic diagnosis of the cervical carcinoma was that of a poorly differentiated squamous cell carcinoma. A CT scan of the abdomen, showed multiple noncalcified nodules in the lung bases suggestive of pulmonary metastasis and mild right renal hydronephrosis making it a Stage IV disease.

She was treated with palliative external beam radiotherapy in a hospital in the United States of America. The patient was a known diabetic and hypertensive patient with no history of allergy, no recent additions to or changes in her medications and no pruritus. The remainder of her medical history was non-contributory.

Physical examination revealed multiple nodular lesions on the palms of both hands. They were more on the left palm and varied in size from 0.3cm to 1cm in diameter. The nodules were firm, tender and mobile. The nodule on the left thumb was ulcerated. The rest of the physical examination were unremarkable. A CT scan of the abdomen, showed multiple noncalcified nodules in the lung bases suggestive of pulmonary metastasis and mild right renal hydronephrosis making it a Stage IV disease.

Figure 1: Bilateral palmar nodules (arrows) with an ulcerated nodule on the right thumb

Keywords: Non-bony metastasis, Hands, Cervical cancer
DISCUSSION

Cutaneous metastases are seen in up to 10% of all malignancies. Cancers with a predilection to metastasize to the skin are cancers from the breast, colorectum, melanoma, lung and oral cavity. The occurrence of cutaneous metastases suggests advanced disease and is associated with a poor prognosis. The clinical presentation however is variable and can mimic benign skin lesions as seen in our case. A high index of suspicion therefore is required for its recognition.

Hand metastasis from a primary internal malignancy is very rare, seen only in about 0.1% of metastases. The metastatic lesions are found more commonly in the phalanges, metacarpal and carpal bones. Cutaneous hand involvement is therefore extremely rare and the diagnosis can be missed particularly when it is the only presenting feature. Subungal metastases have been reported in patients with primary internal malignancies arising from the lung, genitourinary system and the breast.

Cutaneous metastases from cervical cancer are seen in less than 2% of patients and more commonly seen is metastasizes to the trunk, vulva and lower extremities. There has been only one previous report known to the authors of metastasis to the hand from cervical cancer by Elamurugen et al., in which they reported cervical cancer metastasis to the palm of one hand with frank features of a fungating lesion. Bilateral non-bony metastasis to the hands as seen in our case has not as far as we are aware been previously reported. The multinodular features and squamous cell pathology seen in our patient are in keeping with the typical presenting features of metastatic lesions from cervical cancer. Other morphological patterns seen in metastatic squamous cell carcinoma of the cervix could include, carcinoma en cuirasse, carcinoma telangiectaticum, Sister Mary Joseph’s nodule, alopecia neoplastica, and cicatricial and bullous forms.

The prognosis of cutaneous metastases from cervical cancer is still extremely poor, and the median survival of patients is 3–8 months. Our patient died 4 months after the manifestation of the cutaneous lesions.

CONCLUSION

There should be a high index of suspicion in patients being managed for internal malignancies, particularly squamous cell carcinoma of the cervix, presenting with nodules on the hand. These lesions should undergo prompt skin biopsy to rule out cutaneous metastatic disease.

REFERENCES

1. Bibi C, Benmeir P, Maor E, Sagi A. Hand metastasis from renal cell carcinoma with no bone involvement. Annals of Plastic Surgery. 1993; Oct 31(4):377-378.
2. Troncoso A, Ro JY, Grignon DJ, et al. Renal cell carcinoma with acrometastasis: report of two cases and review of the literature. Modern Pathology: an official journal of the United States and Canadian Academy of Pathology, Inc. 1991 Jan;4(1):66-69.
3. 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.
4. Mok ZR, Yong AM, Leung AJ, et al. Cutaneous metastasis: experience from a tertiary healthcare institution in Singapore. International Journal of Dermatology. 2017 Dec 1; 56 (12):1497-1498.
5. Tharakaram S. Metastases to the skin. International Journal of Dermatology. 1988 May 1;27(4):240-242.
6. **Cohen PR.** Metastatic tumors to the nail unit: Subungual metastasis. Dermatologic Surgery. 2001; 27 (3):280-293.

7. **Brady LW, O’Neill EA, Farber SH.** Unusual sites of metastases. In Seminars in Oncology 1977 Mar Vol. 4, No. 1, 59-64.

8. **Keramides E, Brotherston M,** Extensive metastasis to the hand from undiagnosed carcinoma of the lung. Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery. 2005; Apr 1 39 (2):113-115.

9. **Bellefqih S, Mezouri I, Khalil J, et al.** Skin metastasis of cervical cancer: About an unusual case. J Clin Case Rep. 2013;3:284.

10. **Malfetano JH** (1986) Skin metastases from cervical cancer: a fatal event. Gynecol Oncol 24: 177-182.

11. **Imachi M, Tsukamoto N, Kinoshita S, Nakano H** (1993) Skin metastasis from carcinoma of the uterine cervix. Gynecol Oncol 48: 349-354.

12. **Elamurugan TP, Agrawal A, Dinesh R et al.** Palmar cutaneous metastasis from carcinoma cervix. Indian J. Dermatol Venerol Leporl. 2001; 77 (2):252.