Case Report

Adenosquamous Esophageal Carcinoma with Cutaneous Metastasis: A Case Report

Maria Tecos¹ and Andrea Wolf*²

¹Michigan State University College of Human Medicine, USA
²Department of Surgical Oncology, Spectrum Health Butterworth, USA

Abstract

Adenosquamous carcinoma of the esophagus is a rare form of esophageal cancer that exhibits elements of both adenocarcinoma and squamous cell carcinoma. It tends to follow the typical patterns of metastasis seen in other esophageal cancers. However, here, we present a case of primary isolated adenosquamous carcinoma of the esophagus with cutaneous metastasis to the right temple. In a review of the literature, we discovered no other case where cutaneous metastasis from a primary esophageal adenosquamous carcinoma without mucoepidermoid components occurred.

INTRODUCTION

The incidence of cutaneous metastasis from any type of primary tumor can be as high as 9%, with an overall rate of 4.7% [1]. Cutaneous metastasis from primary esophageal tumors is believed to be as low as 0.9-1% [2,3]. Cutaneous metastasis is taken as a poor prognostic sign [4]. Here, we present a case of a patient with primary adenosquamous carcinoma of the esophagus complicated by cutaneous metastasis to the right temple. Adenosquamous carcinoma of the esophagus is a rare subtype of esophageal cancer that exhibits characteristics of both squamous cell carcinoma and adenocarcinoma of the esophagus, and may or may not have a mucoepidermoid component. While it was once thought to be more aggressive than either adenosquamous or squamous cell carcinoma, evidence suggests that it actually has a better prognosis than either of the aforementioned carcinomas without crossover features. The behavior of esophageal adenosquamous carcinoma tends to track most similarly to squamous cell carcinoma of the esophagus [5]. In general, esophageal carcinoma tends to metastasize to the lymph nodes, liver, lung, bone, brain, and peritoneum [6]. Thorough literature review reveals only one case of esophageal mucoepidermoid carcinoma with cutaneous metastasis [2]. We were unable to identify any other previously reported cases of cutaneous metastasis of isolated adenosquamous carcinoma without mucoepidermoid components. Other cases of metastatic adenosquamous (mucoepidermoid and non-mucoepidermoid) carcinoma of the esophagus have been documented with either local invasion or metastasis to the lymph nodes, lungs, liver, bone, or peritoneum [7-18].

PATIENT PRESENTATION

The patient is a 58 year old male with a history of adenosquamous esophageal carcinoma. He underwent both chemotherapy and radiation treatments, and subsequently, partial esophagogastrectomy. The esophageal tumor was 4.5 cm in diameter, at 44-46 cm, with the midpoint at the gastroesophageal junction, extending 2 cm into the stomach. It was staged at T3, N1, with 1/13 positive lymph nodes. An erythematous 1.5 cm right temporal nodule was noted, and showed isolated adenocarcinoma upon biopsy, 13 months post esophagogastrectomy. Posterior auricular nodules were noted but not yet biopsied. PET showed an additional site of abnormal hypermetabolism to the right of the isthmus of the thyroid. Upon FNA, this lesion was suspicious for Hurthle cell type follicular neoplasm, morphologically inconsistent with the patient’s established esophageal carcinoma.

DISCUSSION

Cutaneous metastasis from primary visceral malignancies is often a harbinger of poor prognosis. In this way, it is an important element of the progression of metastatic disease to track. Additionally, it is uncommonly associated with esophageal cancers in general, and even less so with adenosquamous carcinoma of the esophagus, specifically. With improved outcomes from these cancers as therapeutic options expand, additional cases of cutaneous metastasis may present. This case is unique as compared to the aforementioned case discovered during literature review, in that our patient’s metastatic disease was diagnosed after his primary tumor had been established. The previously reported case of cutaneous metastasis was uncovered after biopsy of the cutaneous lesion was suspicious for gastrointestinal tumor origin, and endoscopy to determine the primary source was performed.

REFERENCES


