

A RARE CASE OF CUTANEOUS DRAIN SITE METASTASIS SECONDARY TO GASTRIC ADENOCARCINOMA



General Surgery

KEYWORDS :

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ABSTRACT

Cutaneous metastasis from intra abdominal malignant solid tumors such as gastric adenocarcinoma is very rare1.Development of cutaneous metastasis after gastric carcinoma resection indicates tumor recurrence and disseminated disease2.Here we present a case of 61 yr old male patient operated for carcinoma stomach underwent radical gastrectomy with D2 lymphadenectomy and 3 months later developed a growth at the drain site which was found to be metastatic adenocarcinoma.

Case history:

A 61 year old male patient presented to surgical gastroenterology opd with complaints of fullness in the epigastric region and early satiety and history of loss of weight and appetite since 3 months.Patient was thoroughly evaluated and CT-Scan abdomen was done which showed patient to be having advanced stage carcinoma stomach stage T 4 N2 MO .Patient was planned for radical gastrectomy and D2 lymphadenectomy which was done for the patient and drain was placed in situ post surgery. Drain removal was done on day 5 and patient was discharged on day 7 after patient being advised regarding chemotherapy required by him

Patient came after 3 months with complaints of growth at the drain site,and excision biopsy from the growth was done which came out to be metastatic adenocarcinoma,with irregular hyperchromatic nuclei and infiltration seen in glandular and trabecular pattern.Patient was given radiotherapy for the metastatic lesion.

Discussion:

Metastasis to the skin from intra-abdominal malignant solid tumors,such as hepatobiliary,pancreatic,colorectal,renal or ovarian carcinomas,is a possible complication of percutaneously performed diagnostic or therapeutic procedures1.Lesions arising from gastric adenocarcinoma are extremely rare.Lymphatic or hematogenous dissemination has been suggested as a possible mechanism for metastatic spread to the skin2.

Exfoliated tumor cell seeding along a catheter or a drainage tube or tumor cell growth through the formed tract1.These lesions have no specific appearance;they present as cutaneous or sub-cutaneous nodules,persistent inflammatory cellulitis like lesions ,fixed,indurated lesions or carcinoma erysipetoides2.

Any skin lesions at sites of surgical scars in patients with previous gastric cancer resection should be biopsied for the detection of tumor recurrence and initiation of appropriate treatment.



Fig 1: Drain site growth.

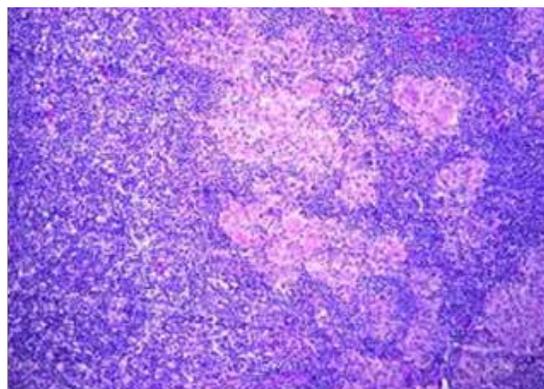


Fig 2: Histopathological picture of adenocarcinoma

REFERENCE

1.Cutaneous Metastasis at a surgical drain site after gastric cancer resection Case Rep Oncol.2010 Sep-Dec;3(3):495-497. | 2.Gastric adenocarcinoma cutaneous metastasis arising at a previous surgical drain site: a case report.Journal of Medical Case Reports 2009. |