



**ORIGINAL RESEARCH PAPER**

**Oncology**

**CASE REPORT- CANCER EN CUIRASSE: OUT OF THE ORDINARY PRESENTATION OF CARCINOMA BREAST**

**KEY WORDS:** Carcinoma en cuirasse, skin metastasis, breast cancer.

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**ABSTRACT**

Carcinoma en cuirasse is an unusual skin metastasis of breast cancer where carcinoma cells disseminate along tissue spaces or through lymphatic vessels resulting in cutaneous and subcutaneous infiltration. This may affect the chest wall, axilla and abdomen. The primary malignant tumor that most commonly metastasizes to the skin in women is breast cancer, which can be manifested through papulonodular lesions, erysipeloid or sclerodermiform infiltration and en cuirasse. Cancer en cuirasse is relatively a rare presentation. Due to the small number of documented cases, data on this disease are limited. Here we report a case of a patient who developed Cancer en Cuirasse and discuss her progression on treatment.

**INTRODUCTION-**

Carcinoma en cuirasse (CeC) is an unusual skin metastasis of breast cancer where carcinoma cells disseminate along tissue spaces or through lymphatic vessels resulting in cutaneous and subcutaneous infiltration that may affect the chest and abdomen<sup>1</sup>. Carcinoma en cuirasse was first described by Velpeau in 1838, a description chosen because of its resemblance to the metal breastplate of a cuirassier. It has also been called scirrhus carcinoma, pachydermia and Acarcine eburnee by various authors<sup>2</sup>. CeC first appears as nodules that coalesce, forming diffuse sclerodermoid indurations invading the chest wall and abdomen<sup>3</sup>. Cancer en cuirasse presents clinically in two stages first, there is erythema and pitting edema of the skin, often confused with a benign dermatitis. Second is formation of thick leathery skin that hardens. These metastases are often estimated at 0.7% to 9% and are the initial signs of the disease in 37% of men and 6% percent of women<sup>4</sup>. Due to the small number of documented cases, data on this disease are limited. It is usually confused with benign skin conditions but diagnosis can be differentiated by histology. Carcinoma en cuirasse usually appears after the mastectomy however, it may rarely be the presenting feature of carcinoma breast. The interval between diagnosis of cancer and resultant metastasis is variable, but in general it occurs within the first three years<sup>5</sup>. It may be first manifestation of an unknown primary malignancy or first indication of metastasis of treated malignancy. Guidelines for diagnosis and treatment are limited due to small number of reported cases.

**Case history-**

We report a case of carcinoma en cuirasse in a 50-year old female with carcinoma breast who presented with lump in right breast from 2 months. She was diagnosed as stage IIIB (T4N0M0) breast cancer. Patient underwent right MRM (modified radical mastectomy); 29 of 34 lymph nodes had disease present. Histopathology showed infiltrating ductal carcinoma, grade 3 and IHC showed triple negative tumor. Patient then received 4 cycles of FEC (Injection 5-FU, Epirubicin, Cyclophosphamide) regimen as adjuvant therapy. 4 months after mastectomy; while on adjuvant treatment patient developed small vesicular lesions over right chest wall, axilla and abdomen with skin induration (Image-1). Biopsy from skin lesions confirmed the diagnosis of cancer en cuirasse. Patient then received 4 cycles of Injection Docetaxel. After receiving four cycles of chemotherapy with taxanes patient showed regression of lesions (Image-2).



Image- 1

Image- 2

**DISCUSSION-**

Cutaneous metastasis of breast cancer is a rare presentation. Prognosis of patients with skin lesions depends on the type and biological behavior of the primary tumor. Because breast carcinoma with skin metastasis is associated with advanced cancer, their prognosis is generally reserved and therapy often ineffective. Cutaneous metastasis may be the first clinical internal unknown malignancy manifestation or the first cancer metastasis sign allegedly treated.

Carcinoma en cuirasse is a rare form of breast cancer presentation, or even the initial presentation and are often confused with benign skin conditions. Hence, a thorough examination of patient should be done presenting with features resembling to CeC. Guidelines for diagnosis and treatment of CeC are limited due to the small number of reported cases.

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