

中文題目：食道癌合併皮膚轉移為臨床之初步表現以及預後不佳之徵象

英文題目：A case of esophageal cancer with skin metastasis as an initial presentation and a sign of poor prognosis

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Background:

The common sites of esophageal cancer metastasis include lymph nodes, lung, liver, bones, adrenal glands, and brain, while skin metastases take only 1% of esophageal cancer metastases. Skin metastases from internal organs malignancy are rare, and that from esophageal cancer are even rare, less than 1%. Among these cases, only a small part of them involved facial region. Based on previous case reports, cutaneous metastases can be the first presentation of esophageal cancer, which also implies the worst prognosis. Pathologic types of these esophageal cancers can range from adenocarcinoma, squamous carcinoma, and basal squamous cell carcinoma, etc. They were presented with ulcerated, flesh-colored nodules, vascular nodules, or zosteriform eruptions.

Method (Case Presentation):

This case was a 48-year-old man with a history of alcoholism, 30-year cigarette smoking, and betel nuts intake. His chief complaint is multiple skin painless nodules over his body for 2 weeks prior to hospitalization. Accompanied symptoms included fever with chills, drowsiness, dizziness, general weakness, mild dysphagia, and poor appetite. Laboratory tests revealed severe hypercalcemia (ionized, 8.02 mg/dL) with low Parathyroid Hormone level (6.26 pg/ml). CT scan showed diffuse esophageal thickening from the upper to lower third portion, with suspected metastasis to lymph nodes, bilateral lungs, pleura and bone. We performed endoscopic biopsy on the esophagus, and the pathology result demonstrated squamous cell carcinoma. Skin biopsy on one of subcutaneous nodules was performed as well, and the pathologic report was also compatible with squamous cell carcinoma. We kept hydration with diuretics, calcitonin, and bisphosphonates to suppress his serum calcium level. During the hospital stay, right knee septic arthritis and infective endocarditis were suspected, and broad-spectrum antimicrobial agents were administered. The clinical condition deteriorated rapidly, and finally, he expired 23 days after admission.

Results & Outcome:

Clinicians should be aware of this clinical condition to make the right diagnosis. Surgical operation plays less role and palliative chemotherapy + radiotherapy might be considered. Hospice care is also an alternative because of short life expectancy. In our case, he presented with multiple skin nodules over the trunk and face as the first sign of esophageal cancer and an indicator for poor

prognosis.