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Cutaneous metastasis in a patient with stage IV primary lung cancer

Introduction

Skin metastases of internal malignancies are relatively uncommon causing diagnostic challenges in primary care. Early recognition and diagnosis are crucial to initiating appropriate treatment.

Case Presentation

A 58-year-old Caucasian male with a past medical history of diabetes mellitus presented to the dermatology clinic with a lesion on his right cheek. The lesion was present for approximately 6 months and was slowly growing in size. The patient denied any prior history of skin cancer or dermatologic conditions.

Physical examination revealed a non-tender, firm, erythematous plaque measuring approximately 1 cm in diameter on the right cheek. The lesion was slightly raised and had a smooth surface. There were no associated lymph nodes or other cutaneous lesions.

Histology revealed a malignant melanoma. Immunohistochemical staining confirmed the diagnosis of melanoma.

Discussion

Cutaneous metastasis is a rare but important clinical entity, particularly in patients with a history of cancer. Early recognition and timely consultation with a dermatologist are essential to ensure appropriate management and follow-up.

Literature Review

Skin metastases from internal malignancies can present as plaques, nodules, or ulcers. They are often asymptomatic but can cause significant cosmetic concerns. The most common sites for cutaneous metastases are the head and neck, trunk, and extremities. Metastatic melanomas are known to develop cutaneous lesions more frequently than other cancers.

Conclusion

Cutaneous metastases should be considered in the differential diagnosis of any new skin lesion, especially in patients with a history of cancer. Early recognition and referral to a dermatologist can lead to timely diagnosis and appropriate treatment.