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# Carcinoma Encuirasse Presenting As Carcinoma Erysipeloides - A Case Report

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## Abstract

Cutaneous metastases of the breast carcinomas can present clinically as nodules, plaques and tumors (most commonly as nodules) as well as 'erysipelas-like' lesions are known as 'carcinoma erysipeloides'.Cutaneous breast cancer metastasis can be expressed with variable morphology: papulonodular lesions, erysipeloid or sclerodermiform infiltration. *Carcinoma en cuirasse* was first described by Velpeau in 1838, a description chosen because of its resemblance to the metal breastplate of a cuirassier. The interval between diagnosis of cancer and resultant metastasis is variable. Even rarer, but not less important, is cutaneous metastasis *en cuirasse* located on thoracic and abdominal walls characterized by infiltrated, hard and sclerodermiform plaque. [7] Cutaneous metastasis presents most commonly a few months or years after the primary has been diagnosed. Less frequently a metastasis is diagnosed at the same time as the primary tumor or presents as the first manifestation of the disease. Primary breast carcinoma is the most common cause of cutaneous metastases in adult females.Here we reported a case of carcinoma erysipeloides in a 50-years old female presented with erythematous indurated plaque involving the skin overlying the left breast.

**Keywords:** Carcinoma encuirasse, breast carcinoma, Carcinoma erysipeloides.

## Introduction

Carcinoma erysipeloides (CE) is an uncommon type of cutaneous metastasis in which malignant cells spread to the skin via superficial dermal lymphatic vessels. The diagnosis of underlying breast carcinoma may be delayed in the context of uncommon presentations such as CE. Cutaneous metastasis occurs infrequently and is rarely present at the time cancer is initially diagnosed. These metastases are often estimated at 0.7 to 9% and are the initial signs of the disease in 37% of men and six percent of women.[1,2] Carcinoma erysipeloides (CE) is an uncommon but distinctive form of cutaneous metastasis that usually manifests clinically as a fixed erythematous patch or plaque resembling cellulitis.CE may rarely be the first sign of "silent" tumor of breast or erysipelas.[3]

## Case Report

50- years old female presented with erythematous indurated non-tender hard plaque, involving

the skin, of the left breast(Figure1). Right breast was normal. Systemic examination, complete blood counts and routine biochemistry were normal. Further examination of left breast showed tumour mass in the left breast approximately measuring 2x1.5 cm, hard in consistency, irregular in outline and fixed to underlying structure and overlying skin(Figure 2). Fine needle aspiration cytology was done from plaque- like lesion and left breast lump. Both aspirates revealed similar cytological features.

Smears were cellular. They revealed groups, clusters and acinar arrangements of ductal cells showing high nuclear-cytoplasmic ratio, moderate anisonucleosis, pleomorphism and hyperchromatism (Figure3)Cytological diagnosis of ductal carcinoma of left breast with cutaneous metastasis was offered.

**Discussion**

An unusual cutaneous manifestation of breast and ovarian malignancy is carcinoma erysipeloides, which presents with features of cellulitis and is due to metastasis within the skin.[4] Carcinoma erysipeloides (CE) is an uncommon but distinctive form of cutaneous metastasis that usually manifests clinically as a fixed erythematous patch or plaque resembling cellulitis.CE may rarely be the first sign of “silent” tumor of breast or erysipelas. It is important to differentiate it from erysipelas, which is an infection commonly due to Group A-hemolytic streptococci because of the difference in management and implications. Hence, lack of a fever, absence of leukocytosis and long history with such skin lesion not responding to antibiotics should alert the physician of a possibility of cutaneous metastasis.[5]

Erysipeloid or inflammatory carcinoma is an uncommon form of cutaneous metastasis. Worldwide, breast carcinoma (BC) comprises 22.9% of all nonmelanoma skin cancers and 16% of all female cancers.[6] CE constitutes about 1% of metastasis from breast cancer and is often considered a marker of tumor recurrence.[7]

CE, as the first manifestation of BC, is very rare and accounts for about 2%–5% of all cases.[8,9] In a recent retrospective review by Mordenti *et al*. 164 cases of skin metastases specifically from breast carcinoma were examined to determine the most common clinical and histopathological presentations. Skin papules and/or nodules were found in 80% of patients, telangiectatic carcinomas in 11%, erysipeloid carcinomas in 3%, ‘en cuirasse’ carcinomas in 3%, alopecia neoplastica in 2% and a zosteriform type in 0.8%.[10]

**Conclusion**

Erythematous lesions of skin should be investigated thoroughly, considering the possibility of cutaneous metastasis of breast carcinoma. Erythematous plaques are not always infective in origin like erysipelas. So it has to be investigated thoroughly as the line of treatment is different in these two conditions.

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**Legends Figure**

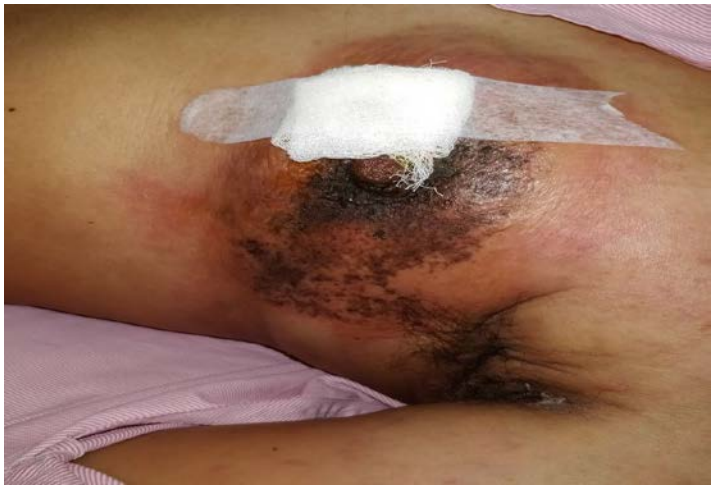

Figure1. Clinical photograph showing erythematous indurated non-tender hard plaque, involving the skin, of the left breast.

Figure2. Clinical photograph showing reduction of left breast volume under hardened plaque.

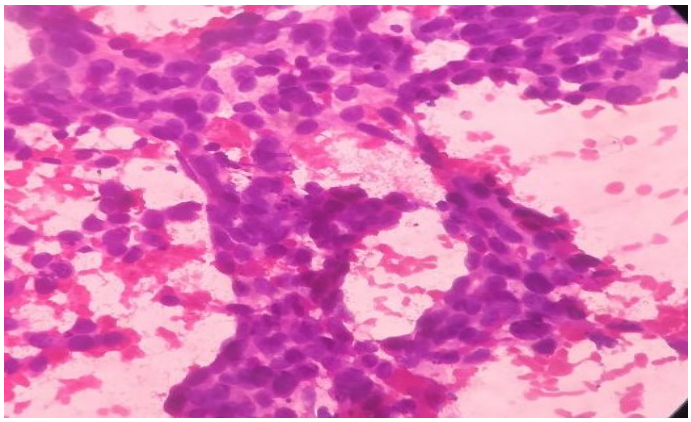

Figure 3: Photomicrograph showing groups, clusters and acinar arrangements of large tumor cells.