

Acral Metastasis of Oral Squamous Cell Carcinoma: A Rare Presentation

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Clinical Image

A 72-year-old woman presented with a six-month history of skin and nail lesions. The patient had a medical history of oral basaloid squamous cell carcinoma (pT1N0MxR0), treated with surgery at diagnosis (ten years ago). Five years later, the patient had a recurrence with distant metastases (lymph node, lung, and liver), and then she was submitted to a new resection surgery, and chemo and radiotherapy. On physical examination there was oedema, erythema, discoloration, and stripping of the nail of the left ring finger. X-ray images of the left ring finger show complete resorption of the distal phalanx, an image that is suggestive of acral metastasis.

Acrocutaneous metastasis represent approximately 0.1% of all metastatic lesions to the skeleton. Metastases are more common in bones that are rich in red marrow; however, the bone of the hand is not rich in red marrow, which may explain the rarity of metastatic tumours in this part of the body [1]. Acrometastasis with head and neck primary tumour is an extremely rare situation with only a few cases reported [2].

REFERENCES

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