

## Cutaneous Metastasis as the Initial Presentation of Pancreatic Adenocarcinoma

### Metástase Cutânea como Manifestação Inicial de Adenocarcinoma Pancreático

**Keywords:** Adenocarcinoma; Neoplasm Metastasis; Pancreatic Neoplasms; Skin Neoplasms/secondary

**Palavras-chave:** Adenocarcinoma; Metástase Neoplásica; Neoplasias do Pâncreas; Neoplasias da Pele/secundária

Dear Editor,

Cutaneous metastases display diverse clinical morphologies and may represent the first manifestation of an internal malignancy. Metastatic spread from pancreatic adenocarcinoma to the skin is particularly rare.<sup>1</sup>

A 71-year-old male patient was evaluated for a progressively enlarging violaceous, indurated plaque on the left buttock, first noted six months earlier, and associated with unintentional weight loss. Physical examination revealed a solitary infiltrative plaque measuring approximately 5 x 6 cm, without palpable lymphadenopathy (Fig. 1A). Dermoscopic findings were nonspecific. The histopathological examination of an incisional biopsy was suggestive of metastatic adenocarcinoma with an immunohistochemical profile consistent with pancreatobiliary origin (CK7 positive, CK20 negative) (Fig. 1B). Laboratory tests showed markedly elevated tumor markers (CA 19-9 and CA 125). Subsequent imaging studies identified a pancreatic tail mass with hepatic, pulmonary, and bone metastases, supporting the diagnosis of metastatic pancreatic adenocarcinoma, and enabling staging.

The patient initiated palliative chemotherapy with gemcitabine and nab-paclitaxel but experienced rapid disease progression and died shortly thereafter, reflecting the poor prognosis associated with cutaneous dissemination of pancreatic cancer.

Cutaneous metastases from pancreatic cancer are uncommon and usually indicate advanced disease. While

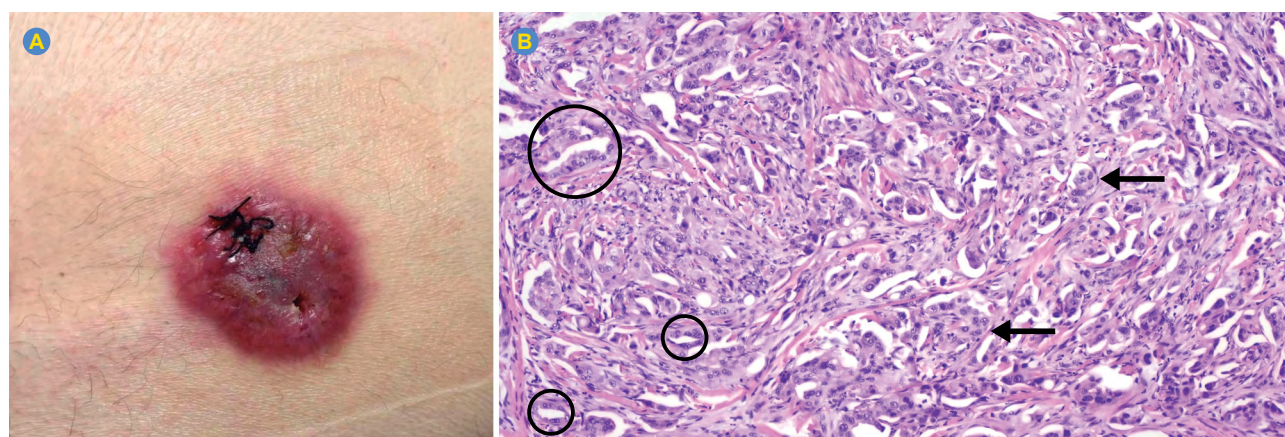
some studies suggest a tendency for umbilical involvement,<sup>2</sup> others describe a preference for non-umbilical sites, such as the head, neck, and thoracic regions.<sup>3</sup> The typical presentation of these lesions is a nodule or a mass-like lesion, often associated with primary tumors located in the pancreatic head or uncinate process.<sup>3</sup> Therefore, a non-nodular gluteal cutaneous metastasis from an adenocarcinoma of the pancreatic tail, as seen in this case, presents a significant diagnostic challenge.

A broad differential diagnosis was initially considered, including cutaneous lymphoma, adnexal tumors, subcutaneous infectious processes or metastatic disease. The immunohistochemical profile helped exclude other primary sites and pinpoint a pancreatobiliary origin. The markedly elevated CA 19.9 and CA 125 levels further supported the diagnosis and reflected advanced disease burden, consistent with previous reports.<sup>4</sup> Published data indicate that median survival after diagnosis of cutaneous metastasis from pancreatic adenocarcinoma is typically less than six months, as observed in this case.<sup>3,5</sup>

This case emphasizes that atypical, rapidly progressive cutaneous lesions – particularly in elderly patients with systemic symptoms – should prompt consideration of an underlying visceral malignancy. Early skin biopsy, appropriate immunohistochemical evaluation, comprehensive staging, and multidisciplinary collaboration are essential for establishing the diagnosis, guiding management, and initiating timely palliative care in patients with advanced pancreatic adenocarcinoma.

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The authors declare that no AI tools were used during the preparation of this work.



**Figure 1** – (A) Clinical photograph of the left-buttock lesion – a single, violaceous plaque. (B) Hematoxylin and eosin (H&E) staining showing diffuse infiltration of the dermis by a malignant epithelial neoplasm with infiltrative growth pattern, ductal and glandular differentiation (circle), atypical epithelioid cells (arrow) with abundant amphophilic cytoplasm, and vesicular pleomorphic nuclei, as well as a markedly sclerotic stroma, with no significant necrosis.

**AUTHOR CONTRIBUTIONS**

JL: Study conception and design, data collection, drafting of the manuscript.

JLF, JCC: Critical review of the manuscript.

MMX: Supervision, critical review of the manuscript.

All authors approved the final version to be published.

**PROTECTION OF HUMANS AND ANIMALS**

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

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**DATA CONFIDENTIALITY**

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

**PATIENT CONSENT**


Obtained.

**CONFLICTS OF INTEREST**

The authors have no conflicts of interest to declare.

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