

中文題目：以類血管炎表現之膀胱癌皮膚轉移

英文題目：Cutaneous metastasis of urothelial carcinoma presenting as urticarial vasculitis

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Introduction: Urothelial bladder carcinoma is a malignancy arising from urothelium of the urinary bladder. Cutaneous metastasis is rare, comparing with metastasis to liver, lung, or bone. We present a patient with urothelial bladder carcinoma who developed vasculitis-like lesions which ended up being metastasis.

Case Report: A 63-year-old man with bladder urothelial carcinoma presented skin rash on the groins for two months. The skin rash was initially asymptomatic, but became painful gradually. Physical exam revealed some tender erythematous-to-purplish indurated papules and plaques on bilateral groins. The skin scrapping test for potassium oxide was negative for fungal hyphae. Differential diagnosis includes urticarial vasculitis, vasculopathy, or cutaneous metastasis. Skin biopsy at left groin was performed. The pathology result showed metastatic carcinoma with predominant lymphovascular malignant emboli in the dermis. Small nests invade perivascular tissue. The PAS stain is negative for fibrinoid vasculopathy. Extravasation of red blood cells and focal necrotic nuclear debris are noted. The iron stain is inconspicuous. Immunohistochemically, cancer cells stain GATA3. Based on morphology, reference and immunostain result (GATA3 positive), originating from urothelial carcinoma is considered.

Discussion: The common metastatic sites for urinary malignancies include lung, liver, and bone. Metastasis to skin is rarely.¹ The clinical manifestation includes violaceous papules, infiltrated nodules, or ulcerated plaques.^{2, 3} The cutaneous metastasis of urothelial carcinoma can also mimic other disorders, such as carcinoma erysipeloides or vasculitis.⁴ The prognosis of cutaneous metastasis presents poor outcome, so early diagnosis may make earlier management.³ The origin of metastasis usually relies on the immunohistochemical stain. GATA3 immunostain is an important strategy for the diagnosis of urothelial carcinoma.⁵

Conclusion: Cutaneous metastasis is rare and easily neglected by patient and physician, but may be the first sign of disseminated disease. In patients with urothelial carcinoma who develops vasculitis-like lesions, we should take cutaneous metastasis into consideration.

References:

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