METASTASIS OF ESOPHAGEAL CANCER TO FINGER

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Metastasis of cancers to finger is a very rare finding. Herein, we report on an 80-year-old woman presented with a large painless ulceroproliferative lesion of her right thumb. The lesion was surgically excised. Pathological report revealed a papillary adenocarcinoma—a distant metastasis from the esophagus. The patient had an uneventful course and was discharged from the hospital.

**Keywords:** Esophagus • carcinoma • metastasis

Introduction

Esophageal cancer represents one of the most common cancers in the North of Iran.

Lymph nodes are the most common sites of distant metastasis. Herein, we report on a rare case of esophageal cancer with metastasis to finger. To the best of our knowledge, this is the first report of its kind.

Case Report

An 80-year-old woman presented with a large painless ulceroproliferative lesion of her right thumb (Figure 1). This lesion was fast-growing so that the time till presentation was less than one month. The patient had bleeding from the lesion.

The patient was a known case of esophageal papillary adenocarcinoma. At that time, the patient presented with a symptomatic dysphagia to solid food. In primary work-ups, the lesion was found to be in the lower third of the esophagus. A biopsy was taken through an esophagoscope; the pathological report then was papillary adenocarcinoma of the esophagus (Figure 2).

After the diagnosis was made, the patient refused to be treated by surgery or radiochemotherapy (despite adenocarcinoma of the esophagus, she did not respond well to radiochemotherapy).

The patient was admitted to the Surgery Ward of Shohada Hospital, Tehran, for surgical treatment of her thumb lesion.

X-ray (Figure 3) revealed that the lesion had an association with the bony structure. Liver function test was normal; thoracic CT scan disclosed presence of the tumor (Figure 4).

The thumb was amputated. Histopathological report was the same as before; papillary adenocarcinoma of the esophagus (Figure 5).

Discussion

Esophageal cancer is notorious for its aggressive biological behavior, local infiltration, involvement of the adjacent lymph nodes, and a wide metastasis through the hematogenous spread.

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Figure 1. Macroscopic view of the lesion.
Metastasis of esophageal cancer to finger

Tumors of the upper and mid-thirds infiltrate the loop around the aortic arch, whereas lower third tumors may invade the diaphragm, pericardium, or stomach. The extensive mediastinal lymphatic drainage, which communicates with cervical and abdominal collateral vessels, is responsible for the finding of mediastinal, supraclavicular, or celiac lymph node metastases in at least 75% of patients with esophageal carcinoma. Lower esophageal tumors spread to paraesophageal, celiac, and splenic hilar nodes. Distant metastasis to the liver and lung is common. To the best of our knowledge, this is the first report of metastasis of esophageal cancer to finger.

In esophageal carcinoma, metastasis and a grave outcome are common. In a literature review, metastasis to hand is very uncommon with the majority of cases arising from a primary bronchial carcinoma with multiple secondary deposits in the bone. A case of metastasis to the middle phalanx bone of small finger in a patient who had had a resection of a colonic adenocarcinoma two years before, has been reported. The other reported case is a malignant cystosarcoma phylloides of breast with metastasis to the pulp of little finger in a 47-year-old woman.

We could not find any report on the esophageal cancer with metastasis to finger in textbooks of surgery.

References