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Title: Chronic Skin Ulcer Revealing Metastasis from Gastric Cancer

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Section/Category: Human Research - Human Material

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Cover letter

Dear Editor,

Enclosed please find our manuscript entitled, "Chronic skin ulcer revealing metastasis

from gastric cancer" by Huang WH et al. It is submitted for consideration for

publication under the section, electronic image of the month.

This is a rare case presenting with a chronic skin ulcer owing to metastasis from an

early adenocarcinoma of the stomach. We believe the striking clinical images may be

of particular interest to the readers of the journal. We hope our paper meets the high

standards of the journal.

We warrant that the article is original, is not under consideration by another journal

and has not been previously published. All listed authors have seen and approved the

final manuscript. We would be grateful if the manuscript could be reviewed and

considered for publication in Clinical Gastroenterology and Hepatology.

Sincerely Yours,

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An 82-year-old man presented with a 6-month history of a progressive non-healing facial ulcer despite treatment at local clinics. The patient denied any discomfort of the abdomen, anorexia, or change in bowel movements. On physical examination, there was a well-demarcated ulcer measuring 3-4 cm in diameter over the left lateral side of his face (Figure A). Other physical and laboratory findings were unremarkable. Results of a skin biopsy revealed metastatic adenocarcinoma cells within the dermis and subcutaneous tissue, forming predominantly sheeted to focally nested patterns and scattered signet-ring cell morphology (Figure B, hematoxylin and eosin; original magnification ×200). Following a presumptive diagnosis of cutaneous metastasis from gastrointestinal malignancy, the patient underwent a gastrointestinal survey. Upper gastrointestinal endoscopy disclosed a very small, shallow and linear ulcer, about 0.6 cm in size, with increased vascularity surrounding the ulcer over the greater curvature of the gastric body (Figure C). An early cancer of the stomach was highly suspected, and endoscopic biopsies were taken. Histopathologic studies demonstrated that the skin metastasis was of gastric origin (Figure D, hematoxylin and eosin; original magnification ×200). No other sites of metastases were found after a series of examinations. The patient therefore received systemic chemotherapy but died due to aspiration pneumonia two months after the diagnosis was made.

Cutaneous metastases are not uncommon, occurring in 10% of patients with

metastatic diseases, and may be the first presentation of underlying malignancies, particularly in patients with melanoma, breast cancer, or mucosal cancers of the head and neck.¹ However, skin metastases from gastric cancer are rare, accounting for 6% of all skin metastases, and the vast majority occur in patients with advanced gastric cancer and usually exhibit a poor prognosis.² The liver is the most common site when gastric cancer metastasizes. Early gastric cancer is an extremely rare source of skin metastases, and to the best of our knowledge, this may be the first such report.

The typical skin lesions of metastases are erythematous or hyper-pigmented nodules with firm consistency.³ However, unusual cutaneous features that resemble acute dermatitis, cellulitis or erysipelas, and unusual locations such as the eyebrow, finger and forearm have been reported.⁴ It is unusual for a patient with asymptomatic cancer of the stomach to present with skin metastasis with a non-healing ulcer on the face. A non-healing ulcer of the skin is indicative of an underlying malignancy. Histopathologic features of skin biopsies are the cornerstone for the diagnosis of cutaneous metastasis, as it appears like that of the primary tumor. After recognition of skin metastases, imaging studies should be performed to determine the primary origin and other metastatic sites.

In summary, cutaneous metastases from internal carcinoma of the stomach are rare.

We report the unusual case of gastric cancer presenting as a skin metastasis with a

chronic facial ulcer. When examining a non-healing skin ulcer in a patient, even when asymptomatic, an unusual metastasis to the skin from an early gastric cancer should be kept in mind.

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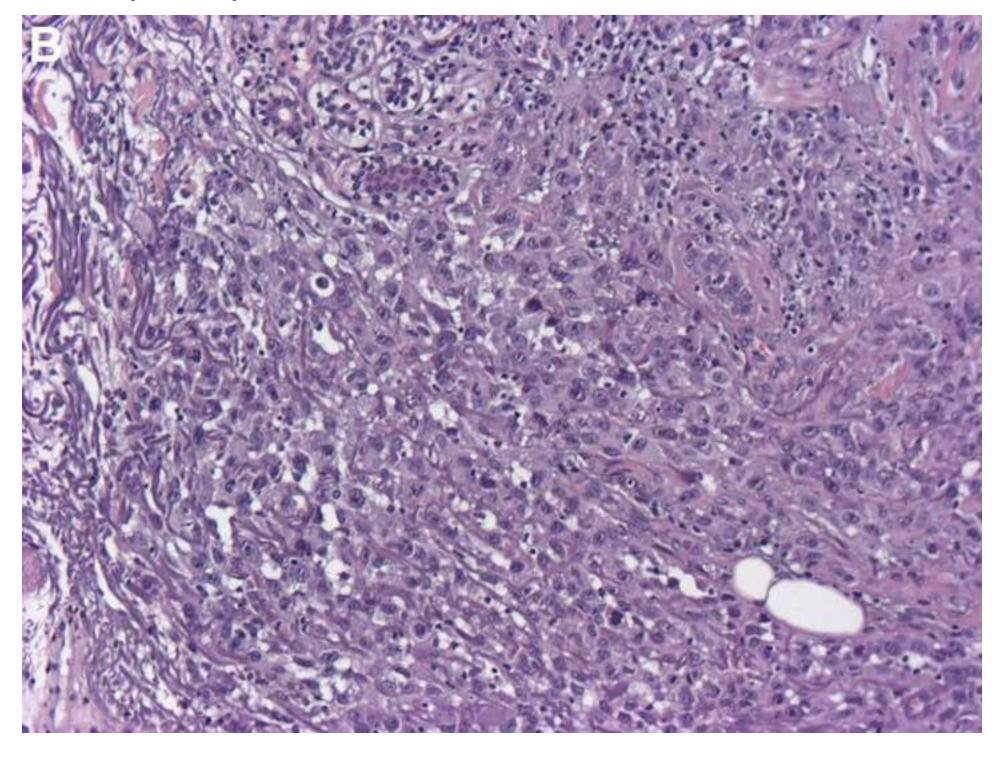
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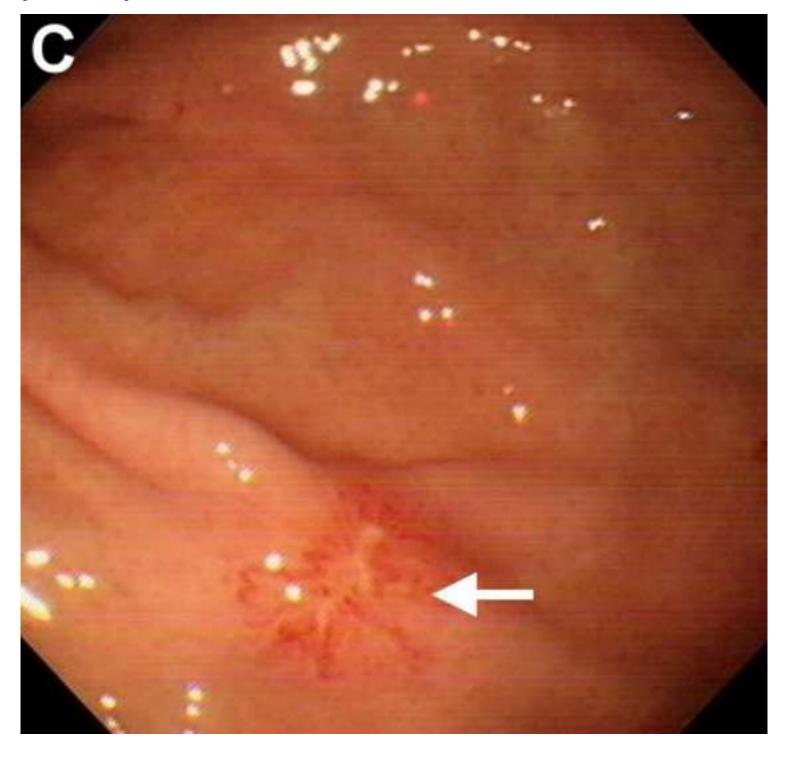
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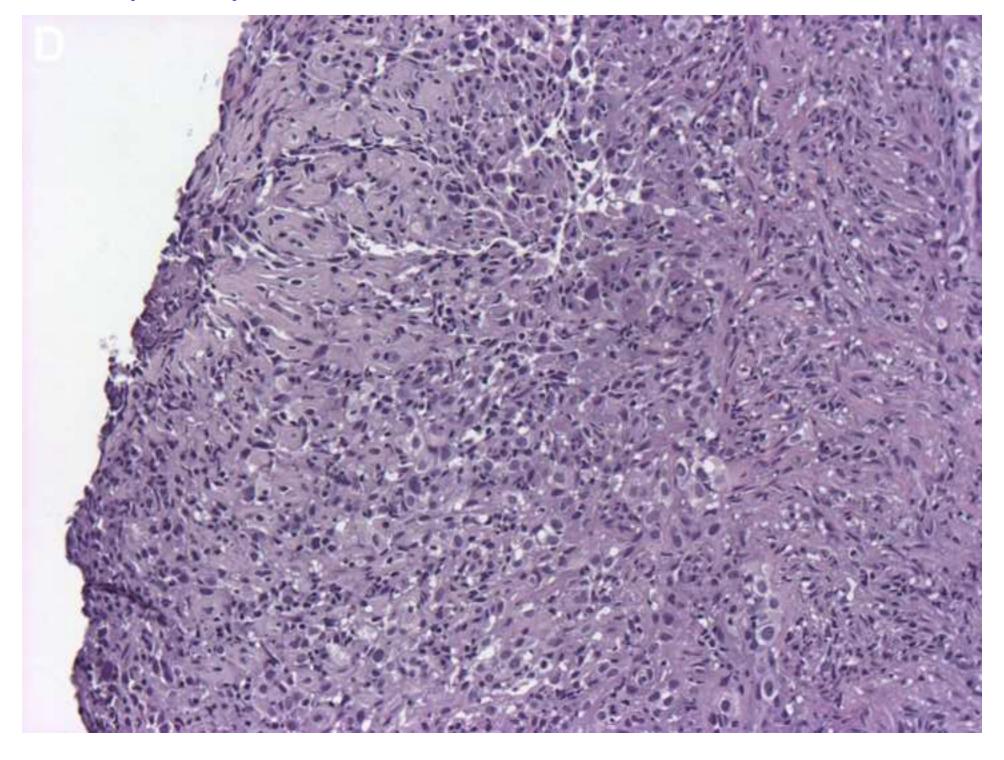
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