



Hospital Federal
dos Servidores do Estado



Desafio diagnóstico de lesão extensa no couro cabeludo

Fernanda Ribeiro e Fonseca
Lícia Berberich Melo
Luyze de Sá Campos
Paula Ribeiro Barbosa
Alexander Richard Bauk
Christiane Gomes Belinho Cruz

Anamnese

- **Sexo feminino, 43 anos.**
 - **QP:** “cisto na cabeça”.
 - **HPP:** HAS (em uso de atenolol e hidroclorotiazida).
 - **Alergia:** dipirona e AINES.
 - Negava tabagismo e etilismo.
- **HMA:**
 - Surgimento de pequeno cisto no couro cabeludo, não sabia há quanto tempo.
 - Progressão da lesão após alisamento realizado há 1 ano.
 - Lesão dolorosa, pruriginosa e com focos de sangramento.
 - Ausência de melhora com antibióticos orais e tópicos.
 - Negava sintomas sistêmicos.

17/04/2024



17/04/2024



Hipóteses Diagnósticas

Carcinoma Espinocelular

Metástase cutânea

Doença linfoproliferativa

Foliculite dissecante

Angiossarcoma

Micobacteriose atípica

Esporotricose

Leishmaniose

Tuberculose cutânea

Melanoma

Paracoccidiomicose

Conduatas

Exames Laboratoriais

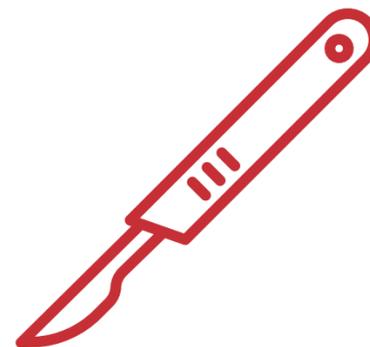
Anemia
Discreta leucocitose
Trombocitose
↑ PCR
Hipocalemia
Hipoalbuminemia



Culturas do Fragmento

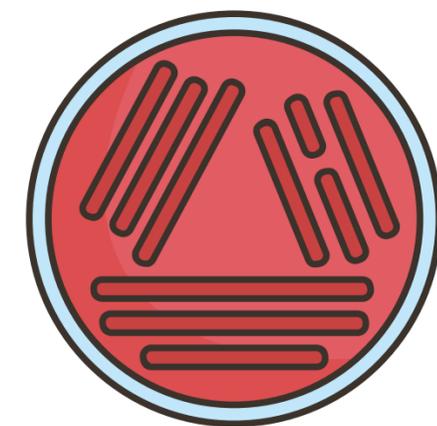
Bactérias: *Bordetella hinzii*,
Achromobacter xylosoxidans e
S. aureus

Fungos e micobactérias: negativo



Hemocultura

Staphylococcus
haemolyticus
sensível a Vancomicina



Conduatas

Exames de Imagem



TC crânio: espessamento cutâneo difuso de aspecto nodular, se estendendo ao subcutâneo e musculatura.

TC cervical: linfonodomegalias nas cadeias cervicais.

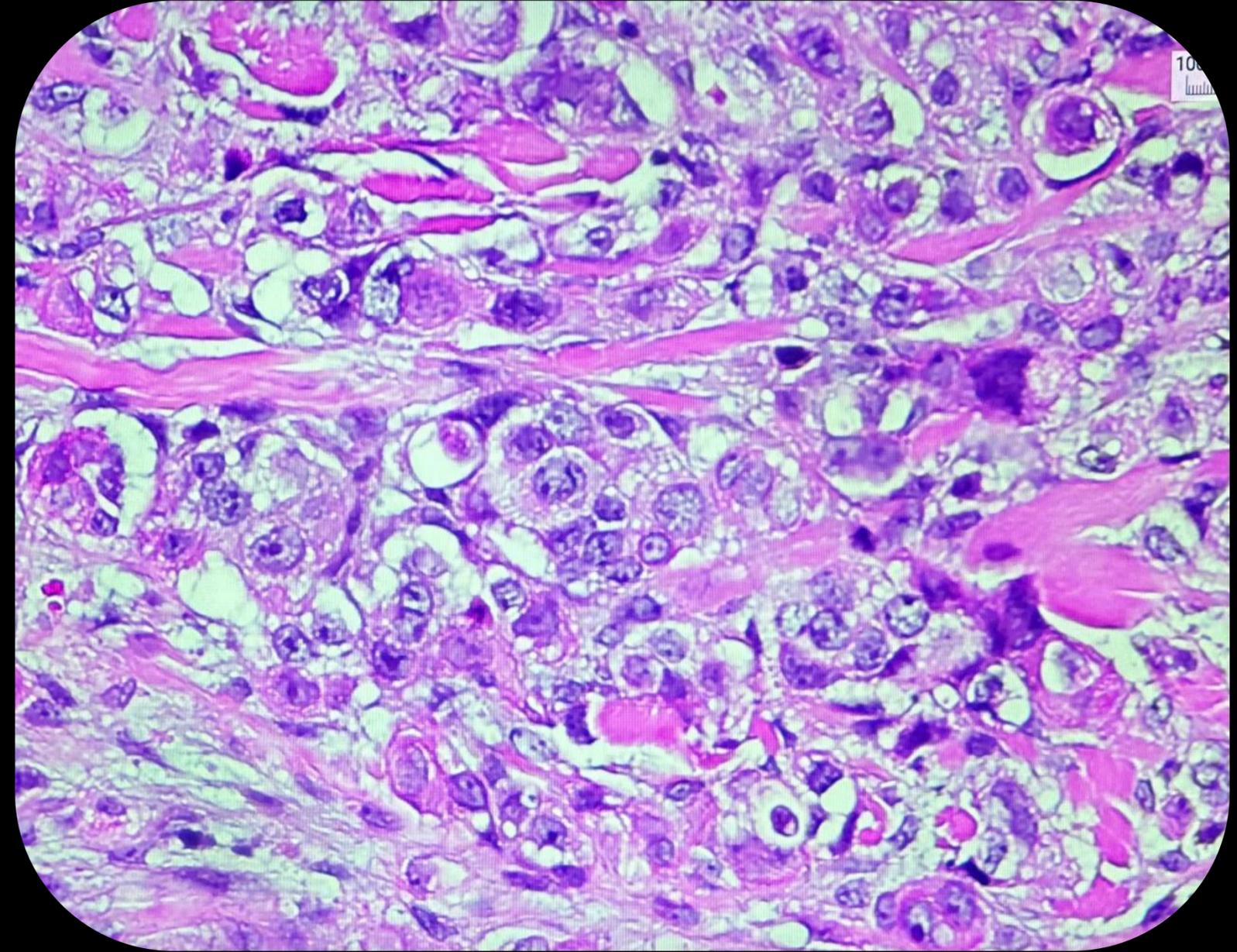
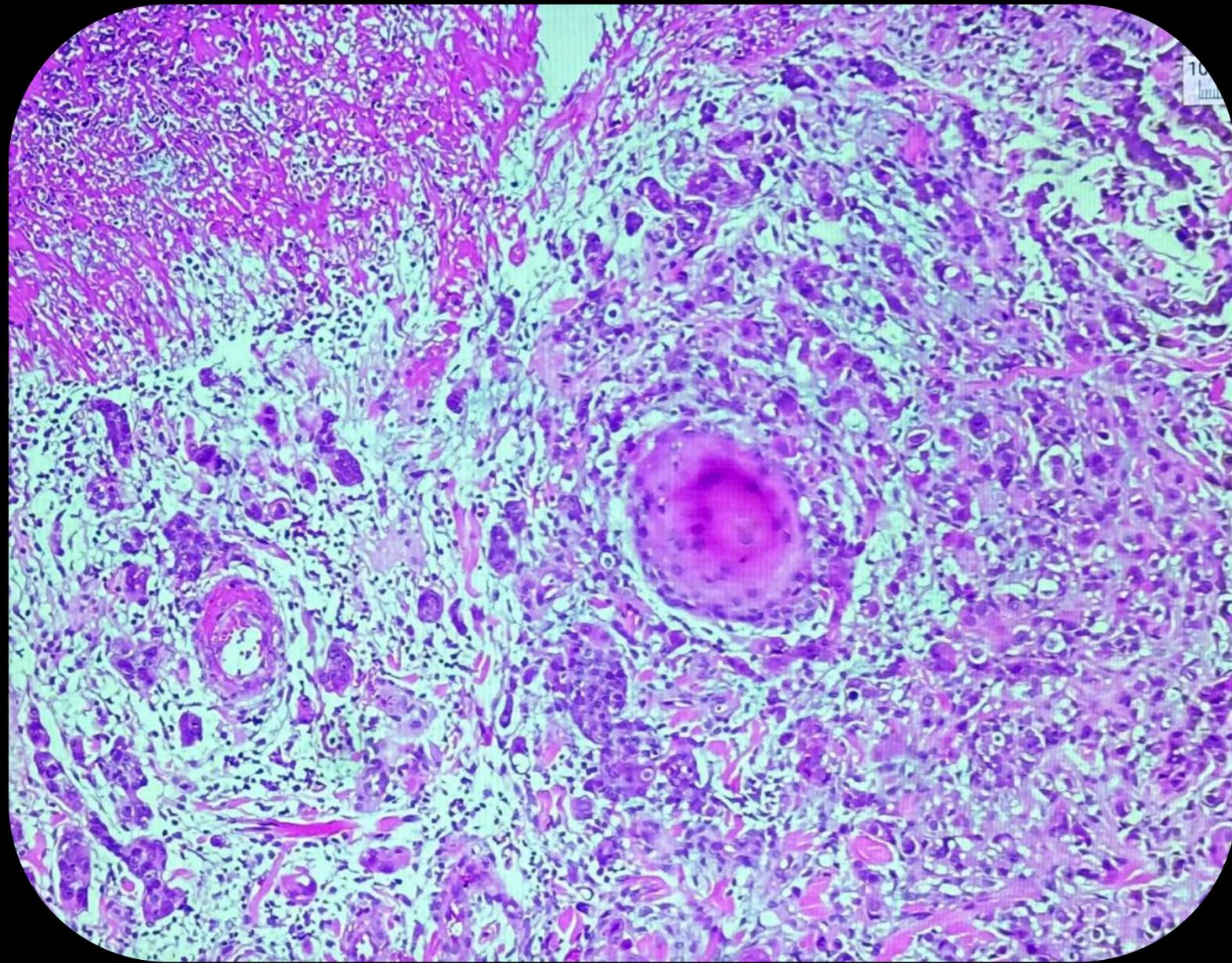
TC tórax: áreas líticas em vértebras torácicas (implante secundário?).

Medicamentosa



Clindamicina 14 dias + Ciprofloxacino 10 dias + Sintomáticos

Histopatológico



Conclusão: ADENOCARCINOMA.

Não é possível distinguir se a neoplasia é primitiva ou se representa uma metástase epidermotrópica.

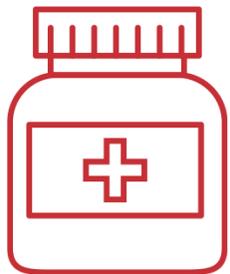
Internação



06/05 a 20/05



Investigação de sítio primário



Antibioticoterapia com Vancomicina



Proctologia

Ginecologia

Radiologia

Gastroenterologia

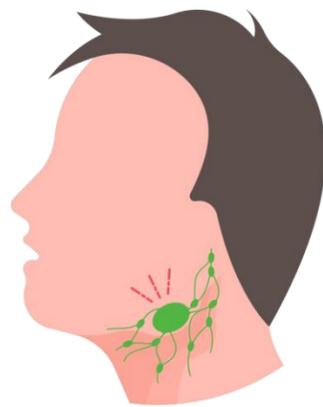
Hematologia

Oncologia

Mastologia

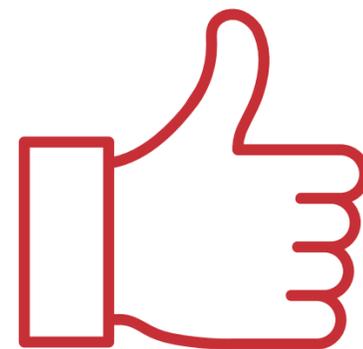
Internação

Imprint de linfonodo cervical

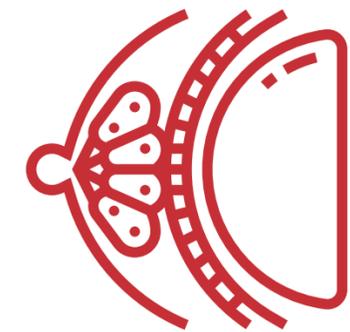


Linfonodo infiltrado
provavelmente por tumor
primário sólido (TGI, pulmão,
mama, ovário, pâncreas).

TC abdômen e pelve
Retossigmoidoscopia
Colonoscopia
USG transvaginal
USG abdômen total



1ª Mamografia:
BI-RADS 1



2ª Mamografia:
BI-RADS 0

Imuno-histoquímica

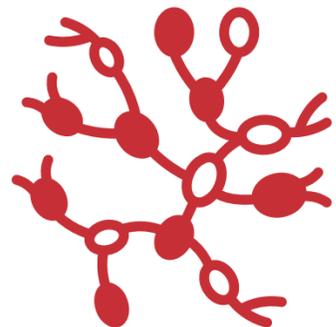
Pele



GATA-3: positivo nas células neoplásicas.

Conclusão: Carcinoma metastático de sítio primário em mama.

Linfonodo cervical



Positivo para GATA-3 e RE.

Carcinoma invasivo da mama do tipo não especial metastático para linfonodo.

Investigação

- **RM mamas:** cistos + nódulo 13mm em QSE da mama esquerda, pouco irregular, realce persistente, baixa suspeição. Linfonodos axilares habituais.
 - — ▪
- **USG mamas:** nódulo oval circunscrito com pequenas áreas císticas de permeio no QSE da mama esquerda.
 - — ▪
- **Core biopsy guiada por USG:** parênquima mamário sem particularidades.

Cutaneous Manifestation as Initial Presentation of Metastatic Breast Cancer: A Systematic Review

Cassandra Johnson, DO; Daniel P. Friedmann, MD; Anita Gade, DO; Naveen Dhawan, MBA; Kathryn Hinchee-Rodriguez, PhD; Vineet Mishra, MD; Sofia Rodriguez, DO; Matthew Apicella, DO

Giant Primary Apocrine Carcinoma of Frontal Region: Clinical Presentation, Surgical Treatment and Review of the Literature

Dragana Petrović Popović (✉ draganapetrovicpopovic@gmail.com)

University Clinical Center of Serbia: Univerzitetski klinicki centar Srbije <https://orcid.org/0>

CASE REPORT

Independent primary cutaneous and mammary apocrine carcinomas with neuroendocrine differentiation: Report of a case and literature review

Ryan C. DeCoste¹ | Michael D. Carter^{1,2} | Penelope J. Barnes^{1,2} | Aleodor A. Andea^{3,4} | Min Wang³ | Daniel Rayson⁵ | Noreen M. Walsh^{1,2,6}



Review

Clinical, Pathological, and Molecular Features of Breast Carcinoma Cutaneous Metastasis

Silvia González-Martínez^{1,2,†}, David Pizarro^{3,†}, Belén Pérez-Mies^{3,4,5,6}, Tamara Caniego-Ca
Giuseppe Curigliano^{7,8}, Javier Cortés^{5,9,10,11,12,13,*} and José Palacios^{3,4,5,6,*}

Journal of Plastic, Reconstructive & Aesthetic Surgery (2012) 65, e67–e70



ELSEVIER

CASE REPORT

Primary apocrine carcinoma of scalp: Report of primary scalp cutaneous apocrine carcinoma indistinguishable from cutaneous metastasis of breast carcinoma

Han Koo Kim^{*}, Kun Il Chung^a, Bo Young Park^a, Tae Hui Bae^a, Woo Seob Kim^a, Tae Jin Lee^b

Biomédica 2021;41:409-19
doi: <https://doi.org/10.7705/biomedica.5758>

Reporte de caso

¿Carcinoma de mama o carcinoma de glándula sudorípara? Presentación de dos casos y análisis de la literatura

Mauricio Luján^{1,2}, Gabriel Varela^{3,4,5}, Diego Morán¹

¹ Oncología Clínica, Clínica de Oncología Astorga, Medellín, Colombia

² Facultad de Medicina, Universidad Pontificia Bolivariana, Medellín, Colombia

³ Patología Oncológica, Hospital Pablo Tobón Uribe, Medellín, Colombia

Clinical Case Report

Medicine®

OPEN

Primary cutaneous apocrine carcinoma of the scalp Two case reports and literature review

Jun Ho Choi, MD^a, Hyun Myung Oh, MD^a, Kwang Seog Kim, MD, PhD^{a,*}, Yoo Duk Choi, MD, PhD^b,
Sung Pil Lee, MD, PhD^c, Won Il Hwang, MD^a, Jae Ha Hwang, MD, PhD^a, Sam Yong Lee, MD, PhD^a

Letter to the Editor

Scalp metastases as the first sign of a breast carcinoma

Magdalena Ciężyńska¹, Katarzyna Płużańska-Srebrzyńska², Joanna Narbutt², Paweł Kolano³,
Olga Stasikowska-Kanicka⁴, Aleksandra Lesiak²

¹Department of Proliferative Diseases, Nicolaus Copernicus Multidisciplinary Centre for Oncology and Traumatology, Lodz, Poland

²Department of Dermatology, Paediatric Dermatology and Dermatological Oncology, Medical University of Lodz, Lodz, Poland

³Department of General and Oncological Surgery, Tomaszow Health Centre, Tomaszow Mazowiecki, Poland

⁴Department of Nephropathology, Medical University of Lodz, Lodz, Poland

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Occult Breast Carcinoma Presenting as Scalp Metastasis

Ricardo L.B. Costa^a | Rubens B. Costa-Filho^b | Marilyn Rosa^c | Brian J. Czerniecki^a

^aDepartment of Breast Cancer, Lee Moffitt Cancer Center, Tampa, FL, USA; ^bDivision of Hematology and Oncology, Department of Medicine, Northwestern University, Chicago, IL, USA; ^cDepartment of Anatomic Pathology, Lee Moffitt Cancer Center, Tampa, FL, USA

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Study Design A
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Data Interpretation D
Manuscript Preparation E
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ABEF 1,2 Ghader Jamjoum
ABEF 3 Fatima S. Arab
AEF 4 Rama Tayeb
EF 2,3 Ali Samkari
EF 3 Adel Ali Johari
DF 5 Laila Ashkar
E 4 Jumana Akbar

Corresponding Author: Rama Tayeb, e-mail: ramatayeb.edu@gmail.com
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1 Department of Surgery, King Abdulaziz University Hospital, Jeddah, Saudi Arabia
2 Gastrointestinal Oncology Unit, King Abdulaziz University Hospital, Jeddah, Saudi Arabia
3 Department of Surgery, Faculty of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia
4 Faculty of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia
5 Department of Diagnostic Radiology, King Abdulaziz University, Jeddah, Saudi Arabia

PanAfrican
Medical
Journal

Article

Case report

Cutaneous metastasis of occult breast cancer: a case report

Rafael Everton Assunção Ribeiro da Costa, Cristiane Amaral dos Reis, Rafael de Deus M Ana Lúcia Nascimento Araújo, Fergus Tomás Rocha de Oliveira, Sabas Carlos Vieira

Corresponding author: Rafael Everton Assunção Ribeiro da Costa, State University of Piauí, Teresina, PI, E rafalearcosta@gmail.com

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Keywords: Breast neoplasms, unknown primary, neoplasm metastasis, skin neoplasms, case report

**Metástase cutânea
de câncer de mama
oculto**



**Carcinoma
apócrino cutâneo
primário**

Metástase cutânea de câncer de mama oculto

Disseminação de células malignas do câncer de mama para a pele, sem tumor primário identificável nos exames de imagem.



Ocorre em até 24% dos casos de câncer de mama metastático.



Histopatológico:

Morfologia típica de adenocarcinoma (infiltração dérmica, pleomorfismo nuclear, angioinvasão, necrose, estroma reativo).



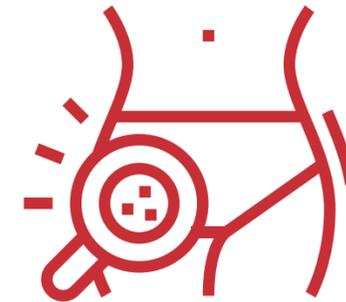
Imuno-histoquímica:

- ER, PR, AR e GATA3: positivos na maioria dos casos
- HER2, Ki-67 e P53: subtipos mais agressivos.
- GCDFP15 e Mammaglobina: auxiliam na identificação de metástases de origem mamária.

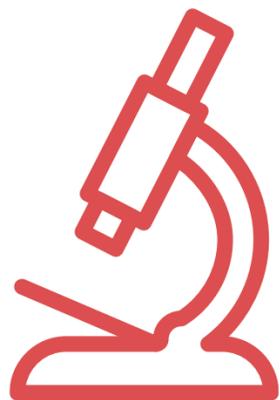
Carcinoma Apócrino Cutâneo Primário (PCAC)

Tumor maligno raro originado nas glândulas sudoríparas apócrinas.

Regiões mais comuns: axilas, região anogenital, couro cabeludo.



Histopatológico:



- Células com citoplasma eosinofílico, núcleos pleomórficos.
- Padrão de crescimento glandular.
- Decapitação apócrina: liberação de material secretório no lúmen.
- Estroma com leve reação desmoplásica.

Carcinoma Apócrino Cutâneo Primário (PCAC)

Imuno-histoquímica:

- **Positividade:** EMA, CEA, GCDFP-15, AR, HER2, CK7, Ki-67, Adipofilina e Perilipina
- **Negatividade:** S-100, HMB-45, Melan-A
- **ER, PR, GATA-3, Mammaglobina e P63:** negativos na maioria dos casos



TABLE 1 Immunohistochemical profiles of scalp and breast tumors

Antibody	Scalp tumor	Breast tumor
CK7	+	+
CK20	–	–
Synaptophysin	+	+
Chromogranin	+ (diffuse)	+ (patchy)
GATA3	+	+
GCDFP-15	–	+
ER	+	+
PR	+	+
HER2	–	Equivocal (2+) ^a
CDX2	–	–
TTF-1	–	–

^aNegative for *HER2* gene amplification by fluorescence in situ hybridization.

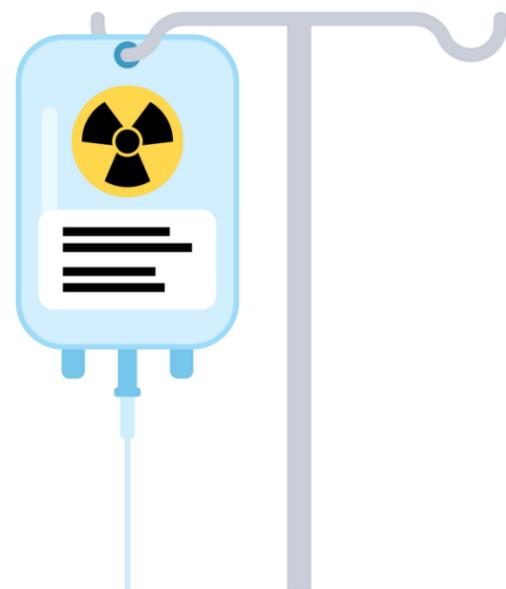
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	METÁSTASE CUTÂNEA DE CÂNCER DE MAMA OCULTO	CARCINOMA APÓCRINO CUTÂNEO PRIMÁRIO
LOCALIZAÇÃO	Áreas adjacentes à mama (tórax, abdômen, pescoço).	Axilas, virilha, região anogenital, couro cabeludo.
HISTOPATOLÓGICO	<p style="text-align: center;">SEMELHANTES:</p> infiltração dérmica, reação estromal, atipia nuclear, formação de ilhotas/cordões, invasão linfovascular, padrão sólido.	
IMUNO-HISTOQUÍMICA	ER, PR, HER2, GATA-3, AR, EMA, GCDFP-15, CEA, Adipofilina/Perilipina: PODEM SER POSITIVOS EM AMBOS	
TRATAMENTO	Tratamento multimodal (QT, RT, hormonioterapia e cirurgia).	Excisão cirúrgica com margens amplas.

Atualmente



Paciente em acompanhamento ambulatorial com
Oncologia e Mastologia.



Realizando quimioterapia paliativa com
Doxorrubicina + Ciclofosfamida.

19/06/2024



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Obrigada

