

## Perineal metastases from colorectal carcinoma: a case report

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### Abstract

Skin metastases originating from colorectal cancer are rare. We report a case of rectal cancer metastasizing to the perineal region 3 years after treatment in the absence of any pre-existing anal disease. This was initially thought to be a perianal abscess. Newly developed skin lesions in cancer patients should raise the suspicion of skin metastases and undergo biopsy.

The postoperative pathology was reported as adenocarcinoma, moderately differentiated, mucinous (colloid) type. The tumor involved the lateral wall of the distal portion of the anal canal, adjacent lateral area of soft tissue and overlying skin. The patient tolerated the surgical procedure well.

He received 2 cycles of systemic chemotherapy with mFolFox6, but unfortunately passed away 4 months later from sepsis.

### Introduction

Colorectal cancer is the fourth most common cancer in men and the third in women. Worldwide, nearly 1.2 million cases of colorectal cancer were reported in 2007<sup>1</sup>. The most common site of metastasis from colorectal cancer is the liver. Metastasis to the perineal area is rare; however, lack of knowledge to this fact may lead to a delay in managing patients with such presentation. Here we report a case of rectal carcinoma metastasizing to the perineal area.

### Case presentation

A 60 years old male presented with a painful perineal mass that had been gradually increasing in size for 5 months. The pus containing mass was localized to the right perineal area. It was incised and drained twice before the patient presented to our hospital.

Three years prior, the patient was diagnosed with infiltrating well differentiated adenocarcinoma of rectum, T3N1M0. He underwent low anterior resection with total mesorectal excision with free margins. Postoperatively he received concurrent chemoradiotherapy, (capecitabine based). This was followed by 8 cycles of FolFiri.

On examination, a tender fungating mass about 8 X 10 cm was found on the right perineal region that was draining purulent discharge (figure 1). A biopsy from the mass revealed a well differentiated adenocarcinoma.

Colonoscopy showed the anastomosis at 3-4 cm from anal verge with no evidence of local recurrence. The patient underwent an abdominal perineal resection.

### Conclusion

Colorectal cancer most commonly metastasizes to liver and lungs. Skin metastases from colorectal cancer are rare. In general, skin metastases from solid primary tumors account for only 0.7 % to 9% of all metastases<sup>2</sup>. The incidence of skin metastases arising from colorectal cancer constitutes 9% in women to 11-19% in men of all skin metastases<sup>2</sup>. Skin metastases are more common in rectal cancer than colon cancer and they most commonly appear on the abdomen and perineal regions<sup>2</sup>. Some case reports in the literature report colorectal metastasis to the skin of the genitalia, back<sup>3</sup>, and head<sup>5</sup>. Recurrence at the site of the wound<sup>6</sup> has been reported as well.

In our case, skin metastasis appeared in the perineal region and was confused with a perianal abscess. The patient underwent incision and drainage twice without biopsy. Colorectal cancer seeding pre-existing anal fistula has been reported<sup>7</sup>; however, our patient didn't have any history of peri-anal disease.

Colorectal carcinoma can metastasize to the skin of the perineal area even in the absence of pre existing anal disease. Knowledge of this fact may enhance the management and treatment of patients who have such unusual presentation. Newly developed skin lesions in cancer patients should raise the suspicion of skin metastases and undergo biopsy.

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