



Letter to the Editor

A rare direct cutaneous invasion of colorectal carcinoma resembling squamous cell carcinoma



Dear Editor,

It is with great interest that we encountered in our clinic "A Rare Direct Cutaneous Invasion of Colorectal Carcinoma Resembling Squamous Cell Carcinoma". This case, identified in our Institution, constitutes a rare and intriguing presentation of colorectal carcinoma with direct Cutaneous invasion. Its clinical resemblance to squamous cell carcinoma renders it an Invaluable educational subject for surgeons and clinicians.

A 68-year-old man consulted a general physician about a lump in the left lower quadrant of his abdomen. It is thought to be an abscess and attempts are made to drain it. The wound on the lesion grows and turns into a 15x15 cm dimension that resembles scc in appearance (Fig. 1). In CT scan, asymmetrical wall thickness increase is observed in approximately 4.5 cm segment of the sigmoid colon. This appearance is considered as a suspicious colon carcinoma and the thickness of the entire intestine wall is observed as normal.



Fig. 1. A substantial ulcerative lesion of exophytic character is observed in the left lower quadrant of the abdomen.

Primary internal malignancies, frequently, lung, breast and malign melanoma metastasise, skin^{1,2}. Furthermore, skin metastases of colorectal cancer may rarely occur, and this rate is 4–6.5 %^{2,3} Cutaneous involvement by direct extension is rarer than metastasis. Colorectal Cancer that invades the sigmoid colon, mesentery and skin is infrequent. Most data is from Case reports.

Very rarely, the first sign of an internal malignancy is subcutaneous metastasis, and may signify disseminated disease. Skin metastases often indicate disease recurrence, reported approximately 4.9 years after excision of a primary visceral tumor.² However, skin lesions as an initial symptom, approximately 0.8 % of cases in asymptomatic internal malignancy patients. The diagnosis of our patient was established based on a biopsy sample taken from the skin lesion.⁴

We resected and removed the invaded colon segment of the descending colon and sigmoid. Colon mesentery and anastomosed it from 5 cm proximally to 5 cm distally. Full thickness skin graft is adapted and used for reconstruction of defects. The patient had a good outcome in three weeks.

The limited number of similar cases reported in the literature underscores the rarity and educational value in this case. We aim to disseminate this report through your esteemed Journal to reach a broad audience of medical professionals, emphasizing the importance of detailed anamnesis, clinical suspicion, and appropriate diagnostic investigations in such uncommon presentations.

Conflicts of interest

In our article, we declare that there are no potential financial or non-financial conflicts of interest associated with this work.

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