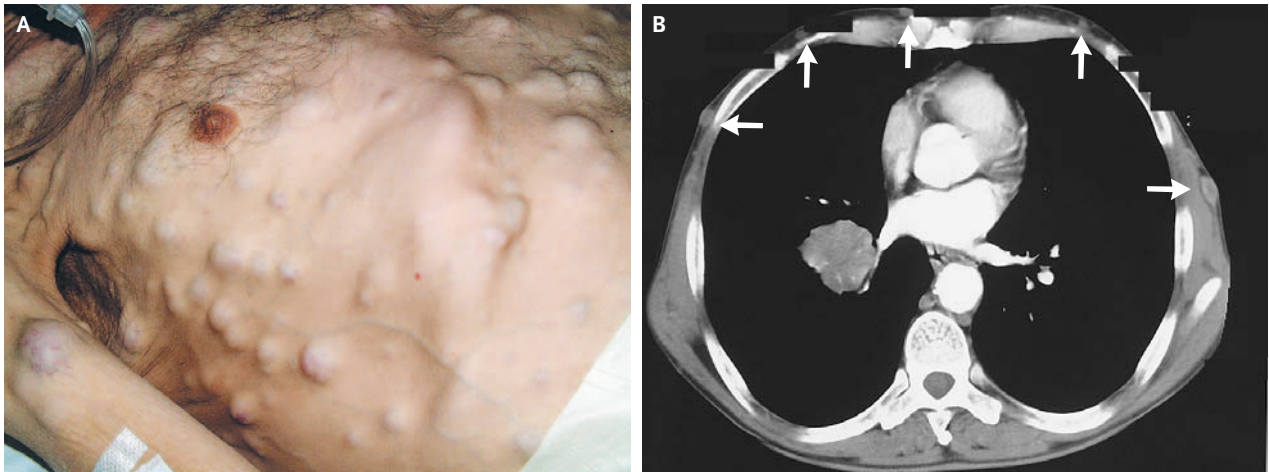


IMAGES IN CLINICAL MEDICINE

## Cutaneous Metastases of Small-Cell Lung Cancer



**A** 70-YEAR-OLD FORMER SMOKER PRESENTED WITH A HISTORY OF SEVERAL weeks of multiple painless cutaneous nodules on his chest wall. He also reported fatigue, weight loss, and cough with blood-tinged sputum. More than 30 subcutaneous nodules were identified on physical examination (Panel A). There was no clubbing, peripheral edema, or joint deformity. The respiratory examination was otherwise normal. Radiography and computed tomography (Panel B) of the chest revealed a mass in the right lower lobe, mediastinal lymph nodes, and multiple cutaneous nodules (arrows). The results of laboratory tests were negative. Levels of rheumatoid factor, complement, antineutrophil cytoplasmic autoantibodies, and carcinoembryogenic antigen were normal. A flexible bronchoscopic examination showed an endobronchial tumor in the right lower lobe. Cutaneous and bronchial biopsy specimens of the tumor were positive for small-cell lung cancer. As in other cancers, the onset of cutaneous metastatic disease in patients with lung cancer is uncommon and indicates a poor prognosis. This patient was treated with systemic chemotherapy but died one month after presentation.

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