Cutaneous Metastatic Breast Cancer

Susan Moore, RN, MSN, APN-NP, AOCN®

Breast cancer is the most commonly diagnosed cancer in women and the second leading cause of cancer deaths among women in the United States. Many women diagnosed with breast cancer will achieve a cure with surgery followed by adjuvant chemotherapy, hormonal therapy, or radiation therapy (RT). Some breast cancer survivors will develop locally recurrent disease defined as “any reappearance of cancer in the ipsilateral breast, chest wall, or skin overlying the chest wall after initial therapy” (Recht, Come, Troyan, & Sadowsky, 2000, p. 731).

One of the most distressing presentations of locally recurrent breast cancer is the appearance of cutaneous metastases. After melanoma, breast cancer is the most common cancer to metastasize to the skin (Mordenti, Peris, Fargnoli, Cerroni, & Chimienti, 2000). The presence of skin metastases is a daily, visible reminder of the disease. Disruption of the integumentary barrier can become infected and result in open, bleeding wounds that are difficult to control. The purpose of this article is to increase oncology nurses’ understanding of the pathophysiology of cutaneous metastases, facilitate recognition of the various presentations of cutaneous metastatic breast cancer, discuss management of both the underlying disease process and skin lesions, and identify issues of psychosocial support for patients and families throughout the continuum of illness.

Pathophysiology

Cutaneous metastatic skin lesions are extensions of tumors to the skin, preferentially occurring in the skin overlying or proximal to the primary tumor. Most commonly, breast cancer metastasis to the skin occurs via direct extension or through vascular or lymphatic channels. Other mechanisms include iatrogenic implantation of malignant cells following a surgical procedure, such as mastectomy or reconstruction.

The appearance of cutaneous metastases in breast cancer is generally a late sign, although cutaneous metastases may be the presenting sign of an undiagnosed, asymptomatic breast cancer. Cutaneous metastases of breast cancer generally are found on the chest, abdomen, and scalp; less frequently on the back, upper arms, and lower abdomen; and rarely on the buttocks, perianal region, lower extremities, and eyelids (Schwartz, 1995).

Several types of cutaneous metastases are unique to breast cancer. Carcinoma erysipeloides is found generally in patients with inflammatory breast cancer and is the most common situation in which skin metastasis is the presenting sign of the underlying cancer. The lesions generally are rash-like, warm, tender, and erythematous, they often are elevated above the skin surface, and they usually have a distinctive leading edge (see Figure 1). The

Submitted January 2002. Accepted for publication March 6, 2002. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/02.CJON.255-260

B

B