



Scalp cutaneous metastases: A warning bell

M. Lambertini^{a,b,*}, C. Misciali^{a,b}, B. Melotti^c, E. Dika^{a,b}

^a Division of Dermatology, IRCCS Policlinico di Sant'Orsola, via Massarenti 9, 40138 Bologna, Italy

^b Division of Dermatology, Department of Experimental, Diagnostic and Specialty Medicine (DIMES), University of Bologna, 40138 Bologna, Italy

^c Division of Oncology, IRCCS Policlinico di Sant'Orsola, via Massarenti 9, 40138 Bologna, Italy

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A 53-year-old woman was referred to our dermatology unit for the development in the last few weeks of reddish and purplish macules and plaques of the forehead and scalp (Fig 1a, b) as well as verrucous plaques on the latero-cervical skin (Fig 1c). A histologic diagnosis of lung adenocarcinoma cutaneous metastases (CM) was rendered.

The most common sites of metastatic lung adenocarcinoma are brain, liver and bones. CM are rarely observed. CM are usually associated to a poor outcome, especially when localized on the scalp, and they may be the revealing sign of an unknown cancer or index of a therapeutic failure. Scalp localization has been observed in less than 5% of all cases of CM from visceral cancers.¹ The clinical presentation of CM is heterogeneous, showing in most cases single or multiple nodules, but even sclerodermoid lesions or zosteriform painful vesicle-like elements resembling herpes zoster.²

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* Correspondence to: Martina Lambertini, Division of Dermatology, Department of Experimental, Diagnostic and Specialty Medicine (DIMES), University of Bologna, 40138 Bologna, Italy.

E-mail address: mlambertini@hotmail.it (M. Lambertini).



Fig. 1. Clinical presentation of lung adenocarcinoma cutaneous metastases of the scalp. Reddish and purplish macules and plaques of the forehead (a,b), verrucous plaques of the latero-cervical skin (c).

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