

## Clinical Image

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# Cutaneous metastasis revealing infiltrating prostate adenocarcinoma

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### Clinical image description

A 74-year-old man was referred to hospital for condylomatous lesions of left inguinal fold. Clinical examination highlighted multiple budding lesions, fixed to the skin with subcutaneous induration; scrotal and penis edema, and edema of both lower limbs (Figure 1). CT scan showed multiple dense nodular skin lesions of the left inguinal fold with diffuse infiltration of the subcutaneous fat but also suspicious budding lesion of posterior wall of bladder (measured at 62 x 29 mm) with invasion of ureteral meatus with lateral and interaorticocaval adenomegaly and multiple nodules of retroperitoneum. A cystoscopy, after circumspersion, was performed. It showed a bladder invasion by a tumoral process from prostate. Biopsies were performed at the same time as skin biopsies. Both biopsies found ductal infiltrating prostate adenocarcinoma ISUP 5 (OMS 2016). PSA was measured at 1610 µg/L. A combination of a selective antagonist of natural gonadotropin-releasing hormone and a second-generation hormone therapy was started [1]. This clinical presentation has already been described in the literature even if this remains rare [2]. However, we report here a clinical case of prostate adenocarcinoma skin metastasis that led to the diagnosis even though the cancer wasn't known. This presenta-

tion is aggressive and should be considered as high risk with necessity of triplet treatment as in PEACE-1 [3] and ARASENS [4] clinical trials.



**Figure 1:** Clinical examination revealing nodular lésions, skin color (black arrow), with scrotal and penis edema (white arrow) at the first consultation at public hospital.

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