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Carcinoma en cuirasse in breast cancer: A rare entity with poor prognosis

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Abstract

Carcinoma en cuirasse is a rare cutaneous manifestation of metastatic breast cancer, occurring in 3–6% of cases. We present the case of a 52-year-old patient with metastatic breast cancer who developed extensive erythematous, indurated, and sclerotic skin lesions invading the chest, wich were confirmed as carcinoma en cuirasse. Despite palliative chemotherapy, she passed away within a year.

Keywords: Carcinoma en cuirasse; Cutaneous metastasis; Breast carcinoma.

Description

A 52-year-old patient with a history of right breast carcinoma diagnosed 10 years ago, treated with Patey surgery, chemotherapy, radiotherapy, and hormone therapy, experienced a recurrence in the contralateral breast four years later. She is currently undergoing palliative treatment for pulmonary and bone metastases. The patient was admitted to our facility due to skin lesions on the trunk and back, evolving over six years, with noted extension in the past three months. Clinical examination revealed erythematous, infiltrated papules on the thoracic wall and abdomen, extending to the left upper limb and neck. These papules had merged into an erythematous, erosive, indurated, and sclerodermic plaque invading the chest and back, with overlying dark crusts that were difficult to remove (Figures 1,2). Based on this clinical presentation, carcinoma en cuirasse was suspected and confirmed by skin biopsy. Palliative chemotherapy was continued, but the patient passed away one year later.

Carcinoma en cuirasse is an extremely rare form of cutaneous metastasis in breast cancer, with only a few cases reported to date [1]. It indicates a highly aggressive malignancy and may represent the initial manifestation of breast cancer, a recurrence, or disease progression if left untreated. This condition is characterized by diffuse carcinomatous infiltration of the skin and subcutaneous tissue, leading to a hardened, indurated, and sclerodermiform appearance, often forming a shield-like pattern [2]. Prognosis is poor, with a median survival of 13.8 months and a 10-year survival rate of only 3.1%. Due to its rarity, there is no established consensus on treatment. Available options include chemotherapy, radiotherapy, hyperthermia and hormonal therapy, but the primary focus remains symptom relief and quality of life improvement rather than cure [3]. Early recognition by dermatologists is crucial for timely management and preventing disease progression to advanced, untreatable stages, as observed in our patient.

Déclarations

Conflict of interests: The authors declared no potential conflicts of interest.

Informed consent: The patient in this manuscript has given written informed consent to the publication of the case details and clinical images.

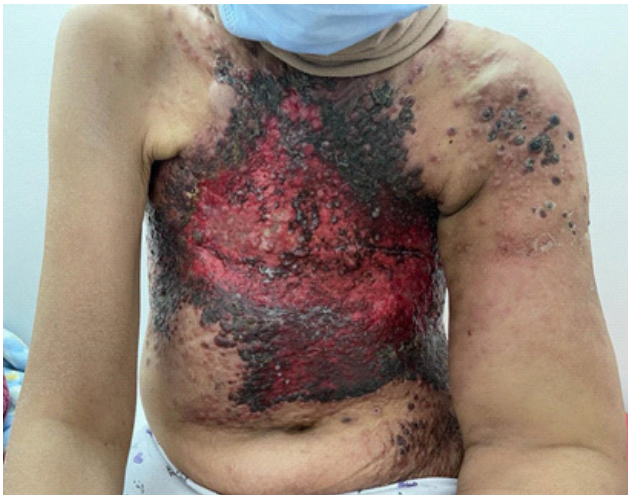

Figure 1: Erosive and sclerotic plaque on the chest.

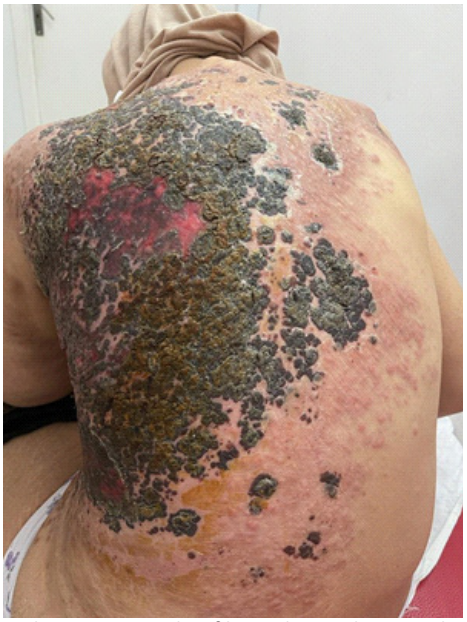

Figure 2: Erythematous and infiltrated papules on the back, covered with dark and adherent crusts.

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