Case Report

Foot Metastasis from Parotid Gland Cancer Mimicking a Diabetic Foot Wound; Report of a Case

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Abstract

A 52 year-old-man with known parotid gland cancer presented with metastasis of foot. The lesion mimicked diabetic foot ulceration. In this report we aimed that; underlie the distant metastasis of parotid gland cancer and consider the possibility of tumor metastasis in lesion resembling diabetic foot ulceration.

Keywords: Parotid gland cancer; Diabetic foot; Metastasis

1. Introduction

Salivary gland tumors are rare, representing less than 1% of all cancers and only 6 to 8 percent of head and neck tumors. Parotid gland tumors are approximately 80 to 85 percent of salivary gland tumors [1, 2]. The vast majority of parotid gland tumors are benign and approximately 25 percent are malignant [3]. Malign parotid gland tumors are; which the most common type is mucoepidermoid carcinoma and rare ones are adenoid cystic carcinoma, malign mix tumors, acinic cell carcinoma, and adenocarcinoma. Salivary gland cancers classified as low and high grade. Tumor grade correlate with recur and distant metastasis. Distant metastases most frequently localize to lung and then followed by bone and liver [4]. In this report we discuss the case of 52 year old men with foot metastasis of parotid tumor. In a patient with foot ulceration like a diabetic foot we should be aware of the distant metastasis of any cancer.

2. Case Report

In 2000, the patient presented with fullness his right ear. He was diagnosed with parotid gland cancer. He underwent surgery of total parotidectomy. After that he completed 50 days adjuvant radiation therapy. In 2010 CT scan of the **Journal of Cancer Science and Clinical Therapeutics**98

patient revealed lung metastases but he refused to be treated. In 2015 he presented with backache. He reported weakness and back pain. Thorax BT scans revealed lung metastasis progressed. Endobronchial lesion biopsy has been reported as in the first instance "salivary gland metastasis." The patient completed 2 cycles chemotherapy. After chemotherapy control BT imaging shows that the disease progressed. Because of this reason; six more cycles of chemotherapy were given and completed February by 2016. After three month drug-free period patient reported the wound on his foot. On Physical examination, there was necrotic, ulcerated wound on the first and second finger of the foot (Figure 1). The lesion look like diabetic foot wound. Histopathology of the lesion biopsy confirmed neoplastic lesion of parotid gland cancer metastasis.



Figure 1: Necrotic, ulcerated wound first and second finger of his foot.

3. Discussion

We report a rare case of cutaneous metastasis from parotid carcinoma. This represents the first report of cutaneous metastasis mimicking diabetic foot wound. Clinicians interested in diabetic foot should keep the diagnosis of cutaneous metastasis in mind and always perform skin biopsy when encountering these lesions.

References

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