A 49-year-old thin man presented to the emergency department with a non-tender rubbery round mass about 3 cm in diameter on his left upper arm. It had enlarged in the recent 2 months. He was a heavy smoker for >20 years. He had difficulty in swallowing solid food for about 1 month before this visit. Panendoscopy revealed several exudative coating ulcerations at the squamo-columnar junction. Chest computed tomography showed lower third esophageal cancer with metastatic lymphoadenopathy and liver metastasis. The final pathological report after biopsy of the upper arm mass confirmed the metastatic esophagus squamous cell carcinoma (ESCC).

Early symptoms of esophageal cancer are usually non-specific and so the disease is often diagnosed at the metastatic stage with poor prognosis. Progressive solid food dysphagia accompanied by weight loss indicate obstruction of the esophagus. The incidence of skin metastases from internal malignancy are rarely seen, with a frequency of between 0.7% and 9%. Skin metastatic lesions of ESCC are extremely rare and only a small number of cases have been reported.2

Text from: K.-Y. Wang, H.-J Lin and Y.-H. Chen, Department of Emergency Medicine, Chi-Mei Medical Center, Yong Kang City, Tainan, Taiwan R.O.C. email: lancelot0520@gmail.com

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