CLINICAL SNAPSHOT

Erysipelas carcinomatosum

A 73-year-old man presented at our emergency department with a painless ulcerating tumor of the right breast and serous secretion from the nipple. The tumor had been growing progressively for 6 months. We found a circa 30 × 17 cm area of erythema with multiple centrally located, aggregated papules, some of them eroded, with a sticky yellowish crust. The nipple was not demarcated. The breast showed doughy, subcutaneous hardening, and there was an enlarged, immobile lymph node in the right axilla. We diagnosed erysipelas carcinomatosum.

The inflammatory carcinoma of the right breast was treated by neoadjuvant chemotherapy (EC-P scheme), subsequent mastectomy and tissue sampling from the right axilla, and irradiation of the chest wall and lymph outflow pathways (TNM: ypT2 ypN1a (3/3) L1 V0 R1). Erysipelas carcinomatosum is a flat, lymphogenic skin metastasis of a primary cancer that is usually located in the breast but is occasionally found in the pancreas, stomach, lungs, rectum, or ovary. The incidence of breast cancer in men is 1:100 000. The risk factors include obesity, genetic diseases, inflammation of the testicle or epididymis, and radiotherapy. The average age at onset is 10 years higher (61 to 65 years) in men than in women.

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Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare

Cite this as: Sundheimer CF, Vandersee S: Erysipelas carcinomatosum. Dtsch Arztebl Int 2019; 116: 0022. DOI: 10.3238/arztebl.2019.0022b