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Short Report

FINGERS METASTASES IN A WOMAN WITH LIVER CANCER

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CASE REPORT

A 51-year-old woman was admitted to our hospital on May 29, 1995 with the complaint of right upper abdominal pain, anorexia and weight loss for more than 5 months. By CT scan, a round pathologic lesion with the size of 7.7 cm × 6.6 cm × 7.0 cm on the left lobe, and an irregular and lobulated focus with the size of 8.0 cm × 8.0 cm × 12 cm on the right lobe of liver were found. The result of chest radiograph showed that there were scattered nodular shadows on the lung. Serum HBV surface antigen (HBsAg) was positive, and the serum level of alpha-fetoprotein (AFP) was 1,650 ng/L. Primary liver cancer complicated with lung metastases was diagnosed. She received general chemotherapy and other supporting therapy. After 20 days, she left the hospital with the release of her abdominal pain and improve in appetite. Three weeks later, she came back for another course of chemotherapy. On physical examination, a red, cone and protruding vegetation with in length 0.6 cm, covered by a thin membrane, on the top of the ring finger of her left hand. The vegetation developed rapidly. After 2 weeks, it became a globular neoplasm with the size of 1.6 cm × 1.5 cm × 1.5 cm, full of bumps and holes on outside appearance, and often bled because of the

rupture of the membrane. Adenocarcinoma cells were observed through local secretion pathological examination. At that time, neoplasms as large as green beans appeared on the thumb and the little finger of the patient's left hand. After the treatment of injecting absolute alcohol to the bottom of the globular cancer swelling, local bleeding was controlled, and the focus was reduced gradually.

DISCUSSION

Advanced liver cancer may metastasize to other organs through the blood circulation, but it seldom metastasize to fingers. When the cancer cells circulate in the blood, any injury will give the chance to them to inoculate at the local site. The ring finger of the left hand is usually the site for routine exam of blood, so this may be the reason of finger metastasis. At first, the metastatic cancer cells formed a small subcutaneous nidus under the skin of the ring finger, then the cancer swelled and grew to the outside of the skin owing to frequent blood sampling. Therefore, we suggest that the examiner should pay more attention to the condition of the finger when he samples the blood in a cancer patient, and avoid hurting the finger which already has local metastasis.

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