

## **MISTAKING A TUMOR FOR AN INFECTION: ACROMETASTASIS OF THE FINGER.**

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**Introduction:** Acrometastasis is defined as metastasis distal to the elbow and knee. It has a rare occurrence with only 0.1% cases reported<sup>1-5</sup>. The most common sites for the primary tumours are namely - lung, colorectal, breast and genitourinary. Though rare, they are an indicator of a poor prognosis, and survival is up to 6 months from diagnosis. They can present as a subtle swelling or present as an infection to the fingers. A high suspicion index should be present when the patient has a known history of malignancy.

**Discussion:** A 42 years-old female with a known case of endocervical adenosquamous carcinoma, presented with a complaint of progressive swelling and pain over her left middle finger for 2 months. It was treated as paronychia-incision and drainage was performed and she was discharged with antibiotics. Two weeks later she returned with the swelling increasing in size. Another incision and drainage was performed and she was started on 6 weeks antibiotics course. However, she presented again 3 weeks later with increased swelling of the lesion with severe pain. Upon presentation, it was a fungating mass that has extended proximal to the distal finger crease. MRI showed multiple metastases to the spine as well as to the bilateral lungs. MRI of the lesion was performed showing a locally aggressive tumour. HPE showed a metastatic lesion with primary from the endocervical adenosquamous carcinoma. In the end, she succumbed to her advanced-stage disease.

**Conclusion:** In conclusion, acrometastasis presentation can mimic an infection and could be a terminal presentation of patients with primary malignant tumour. A high index of suspicion must be given to patients with a history of malignancy. Despite the poor prognosis, amputation is the most common treatment to alleviate pain, return of function and improve patient's quality of life.