Locoregional cutaneous metastases (Core)

The presence of an in-transit metastasis indicates stage N2.[1,2]

Locoregional cutaneous metastases are metastatic tumour deposits affecting the anatomic region located between the primary tumour and regional lymph node basin. They may be detected clinically or only after microscopic examination. The metastatic deposits may involve the dermis, subcutis or skeletal muscle. In analogy to melanoma, metastases have historically been designated as *microscopic satellite*, *satellite* or *in-transit* lesions. *Satellites* have been defined as metastases occurring within an arbitrarily chosen radius of less than 2 cm of the primary tumour. The term *microscopic satellite* has been used for metastases adjacent to the primary tumour detected upon microscopic examination. Metastatic lesions detected outside a radius of 2 cm are described as *in-transit* metastases. Since there is no apparent prognostic difference between these arbitrary subtypes of metastases, they are grouped together herein as locoregional cutaneous metastases. Diagnostic problems can sometimes occur. An in-transit lesion may be confused with a second primary Merkel cell carcinoma (MCC). A microscopic satellite lesion may be confused with part of the primary tumour that was artifactually separated from the mother lesion by surgery or regression. Thus, for a suspected microscopic satellite to be accepted as bonafide metastasis it must be clearly separated from the main tumour by intervening normal tissue devoid of evidence of prior surgery or regression to avoid overdiagnosis.

References

1 Amin MB, Edge SB and Greene FL et al (eds) (2017). *AJCC Cancer Staging Manual. 8th ed.*, Springer, New York.

2 Brierley JD, Gospodarowicz MK and Wittekind C (eds) (2016). *UICC TNM Classification of Malignant Tumours, 8th Edition*, Wiley-Blackwell.