A 46-year-old man was referred to the emergency department for drainage of a painful abscess on the left axilla that had grown rapidly during the previous 2 months.

Examination revealed an ex cresc ent erythematous tumor in the form of a nodule with impaired skin integrity. The nodule was stony-hard, nonfluctuant, and attached to deeper layers (Fig. 1).

A subcutaneous nodule with similar characteristics was palpable immediately above the lesion (Fig. 1A, asterisk). In addition, the patient reported intense asthenia and weight loss of 11 kg in recent months.

The clinical suspicion of skin metastasis of an internal tumor prompted us to perform a blood workup, which revealed no significant abnormalities, and chest x-ray (Fig. 1B, red arrow). The findings of the x-ray led us to perform a computed tomography scan of the chest (Fig. 1C, circle), which revealed a hilar mass in the right lung (Fig. 1B and C).

The subsequent extension study revealed brain metastases (Fig. 1D, green arrow, note the surrounding cerebral edema).

Analysis of the biopsy of the lung mass confirmed the diagnosis of pulmonary adenocarcinoma, and palliative treatment was started.