A case of a rare acral psoriasiform dermatosis associated with internal malignancy

A 64 years-old Caucasian man, an ex-smoker (30 pack-years), with no personal or familiar history of psoriasis. For six months, the patient has developed symmetric scaly hyperkeratotic skin lesions, over the dorsal areas of hands and feet, earlobes and nose, followed by hyperpigmentation of malar and periorbital regions (fig. 1A and 1B). Skin biopsy (figure 1C) revealed hyperkeratosis with focal parakeratosis, acanthosis and a moderate mononuclear perivascular infiltrate in the dermis. He was referred for Internal Medicine consultation due to paraneoplastic syndrome suspicion. No other symptoms or relevant abnormal laboratory exams were found. Further assessment with thoracic CT-scan (figure 1D) revealed a nodule on the right upper lobe, suggestive of a malignant tumour, which was consistent with the lung biopsy result. The patient underwent an upper right lobectomy and the postoperative histopathology examination confirmed adenocarcinoma- T1N0M0. Months later, there was significant improvement of skin lesions.

Acrokeratosis paraneoplastica, also named with the eponymous Bazex, is rare. It is more prevalent in men older than 40 years and mostly associated with squamous cell carcinoma of the upper aerodigestive tract. Less frequently, other sites and histological types were described, such as adenocarcinoma[1]. Is clinically characterized by symmetrical psoriasiform lesion firstly on extremities, then extending to palms and soles and lastly involving arms, legs and trunk[2]. Histopathological findings of the affected skin are unspecific.

This syndrome usually precedes malignancy symptoms and treatment of the tumor frequently induces the resolution of the dermatosis[3].

This case reports an unusual association of Bazex syndrome with lung adenocarcinoma and highlights the importance of recognizing it for an early diagnosis and a better prognosis of the underlying disease.

References

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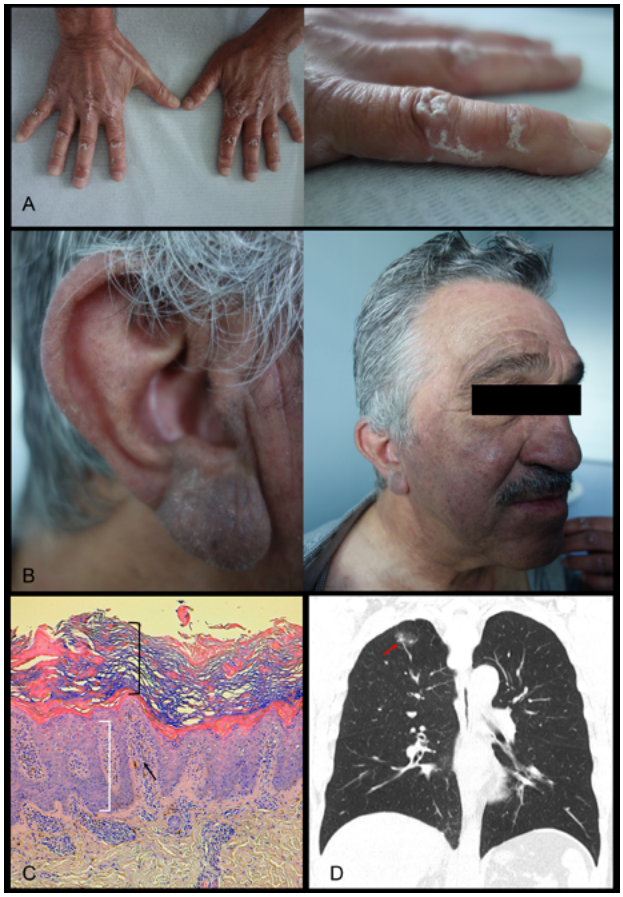
Figure 1. A- Scaly hyperkeratotic skin lesions over the dorsal areas of both hands of the patient. B- Hyperkeratosis and hyperpigmentation of earlobe, malar and periorbital regions. C- Histologic examination of the skin biopsy (H&E) with hyperkeratosis and focal parakeratosis (black bracket), acanthosis (white bracket) and a moderate mononuclear perivascular infiltrate in dermis (black arrow). D- Coronal plane of thoracic CT-scan showing a 2 cm nodule on the right upper lobe (red arrow).



Diagnóstico:
Paraneoplastic Acrokeratosis (Bazex Syndrome) associated with lung adenocarcinoma

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