

CASE REPORT

False Leser-Trélat sign: Eruptive seborrheic keratosis sine malignancy

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ABSTRACT

The sign of Leser–Trélat (LT) is defined as the sudden eruption of multiple seborrhoeic keratoses (SKs), or increase in the number and size of existing SKs, associated with an underlying malignancy. The most common associated neoplasms belong to the gastrointestinal tract, mainly the stomach and colon. However, various malignancies have been reported in this context. We report a 63-year-old male with eruptive seborrheic keratosis in whom despite extensive work up no underlying malignancy was detected.

INTRODUCTION

Leser-Tre'lat is a well-known paraneoplastic sign that is usually associated with adenocarcinoma of the gastrointestinal system. It occurs with the sudden appearance or growth of large numbers of seborrheic keratoses.^{1,2} Once the diagnosis of eruptive seborrheic keratosis has been established a thorough investigation in order to detect any underlying malignancy should be done. However, sometimes despite all the efforts no malignancy can be detected. We call this false Leser-Trelat or eruptive seborrheic keratosis sine malignancy.

CASE REPORT

A 63-year-old male presented with maculo-papular dark brown skin lesions all over his body, more accentuated on the flexural surfaces that started at a slow rate one year ago, but increased rapidly over the past 5 months (Fig. 1). There was history of similar lesions in his grandmother. Skin biopsy showed hyperkeratosis, papillomatosis and acanthosis. There were interlacing thin strands of pigmented basaloid cells enclosing small horn cysts (Fig. 2). A diagnosis of multiple eruptive

seborrheic keratosis was made and the patient was fully worked up without any special findings and kept under surveillance.



Fig. 1 Dark brown papules and macules all over the body.

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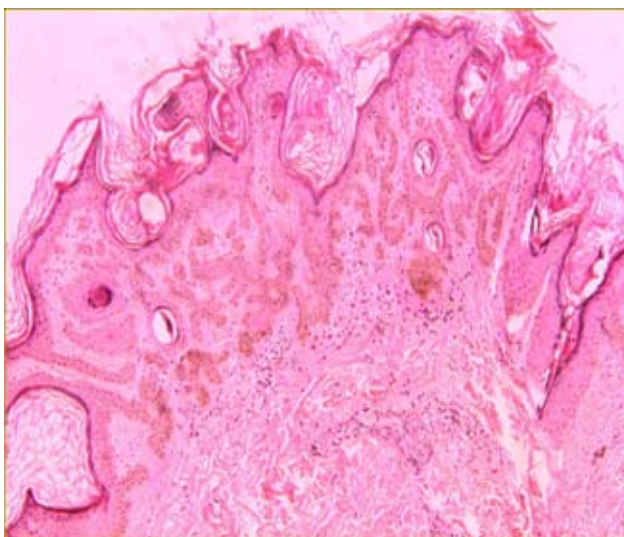


Fig. 2 Hyperkeratosis, papillomatosis, acanthosis as well as interlacing thin strands of pigmented basaloid cells enclosing small horn cysts.

DISCUSSION

The sign of Leser-Tre'lat manifests as the sudden appearance and/or at least a rapid increase in the number or size of seborrheic keratoses in association

with a malignant tumor. It was first described in 1890 by a German surgeon, Edmund Leser, and a French surgeon, Ulysse Tre'lat, who reported separate cases.³ Until now, pregnancy, various benign tumors and more than 32 different malignancies have been described in association with this sign.⁴⁻⁸ Although there is controversy about the validity of this sign, it is considered as a paraneoplastic syndrome.^{9,10} In the pathogenesis of the sign of Leser-Tre'lat, the role of tumour-derived circulating epidermal growth factors such as transforming growth factors (TGFs) and melanocyte-derived growth factors acting on keratinocytes has been proposed.^{10,11}

We presented a case of what we called false Leser-Tre'lat sign or eruptive seborrheic keratosis sine malignancy because despite extensive work up no malignancy was detected. All patients presenting with Leser-Tre'lat sign should be regarded as having occult malignancy until proven otherwise through appropriate investigation. If investiga-

tions are negative, patients should be carefully followed up, and investigations repeated, especially if the sign progress or/and become more florid.

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