

# BREAST MALIGNANCY WITH LESER-TRÉLAT SIGN IN A GERIATRIC PATIENT

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## ABSTRACT

We report a case of a 71-year-old female who presented with axillary pain and pruritic seborrheic keratoses under the breast skin, which suggested a Leser-Trélat sign. Subsequently,

underlying breast cancer was detected. Patients with a Leser-Trélat sign should always be investigated for malignancy.

**Key Words:** Seborrheic keratoses, breast cancer, paraneoplastic syndromes

## GERİATRİK BİR HASTADA LESER- TRELAT İŞARETİ İLE BİRLİKTE MEME KANSERİ

### ÖZET

**Amaç:** Meme altı derisinde Leser-Trelat işareti olarak bilinen kaşıntılı seboreik keratozlu ve aksiller ağrı

yakınması olan 71 yaşında kadın hastayı sunduk. Hastada daha sonra meme kanseri tespit edildi. Leser-Trelat işareti olan hastalar malignite açısından araştırılmalıdır.

**Anahtar Kelimeler:** Seboreik keratoz, meme kanseri, paraneoplastik sendromlar

## INTRODUCTION

The criteria for the Leser-Trélat (LT) sign are sudden appearance and rapid increase in size and number of seborrheic keratoses, in association with underlying visceral cancer.<sup>1</sup>

Ronchese, in 1965, defined the criteria for diagnosis of LT sign as rapid increase of seborrheic keratoses, pruritus, previous blemish-free skin and associated internal malignancy.<sup>2</sup>

It is usually encountered with malignancies such as gastrointestinal adenocarcinoma, but lung, kidney, liver, or pancreatic cancer can also accompany this finding. The exact underlying pathogenesis is unknown.



Figure 1. Multiple seborrheic keratoses under the breast

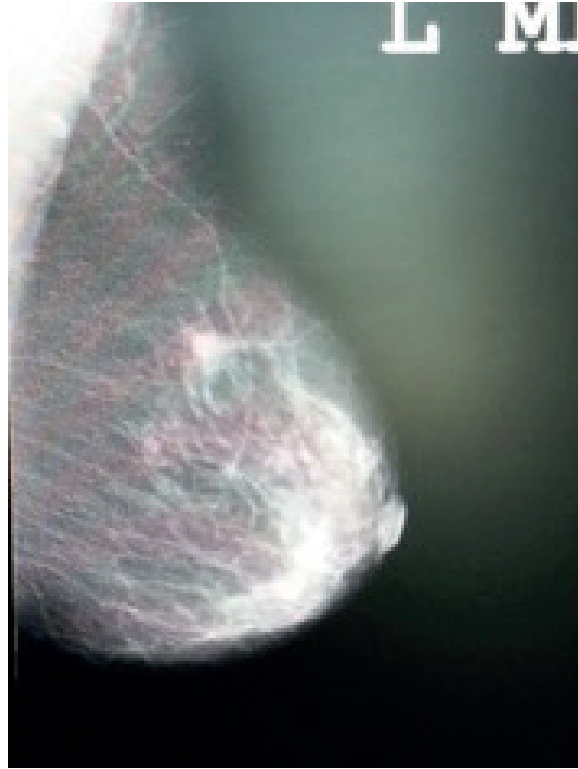
## CASE REPORT

A 71-year-old obese woman presented to our clinic with axillary pain. The patient's pain had begun about 3 months before, in her left axillary region, →

and she had similar pain under the breast skin region. Physical examination revealed a left axillary painless lymph node about 1x1 cm in size. A 2x1 cm mass on the upper outer quadrant of her left breast was also palpated. She had multiple seborrheic keratoses under the breast (Figure 1). Although there was no symptom of suspicious malignancy, she was further investigated. Laboratory test results were as follows: Hgb: 12.4g/dl, MCV: 81;femtoliter(fl) vitamin B12: 250 pg/dL; ferritin: 33 µg/l; fasting plasma glucose: 95 mg/dl and tumor markers were normal. Posteroanterior chest radiography, abdominal and breast ultrasonography, mammography, upper and lower gastrointestinal (GIS) endoscopy, and thoracoabdominal computerized tomography (CT) were performed. Breast ultrasonography result confirmed a 11x7 mm heterogeneous hypoechoic mass with irregular contours on the upper outer quadrant of the left breast. In addition, mammography results revealed a 18x15 mm irregular spiculated mass on the upper outer quadrant of the left breast (Figure 2). Other tests were normal. The patient was operated on and a frozen biopsy result confirmed breast malignancy. She then underwent modified radical mastectomy and lymph node dissection. The postoperative pathology result reported invasive ductal adenocarcinoma.

## DISCUSSION

Usually, the Leser-Trélat sign is associated with adenocarcinoma, most frequently of the colon, breast, or stomach, but also of the lung, kidney, liver, and pancreas.<sup>3</sup> This paraneoplastic syndrome is thought to be related to a tumor derived from circulating growth factor, which induces epidermal proliferation and results in the rapid development of multiple seborrheic keratoses.<sup>4</sup> The importance of the immunohistochemical analyses of endogenous mediators such as epidermal growth factor receptor protein and the consequent high risk of underlying malignancies has been described.<sup>5</sup> In the literature, malignancies with different origins have been reported.<sup>6</sup> It is important to emphasize that patients



**Figure 2.** Mammography imaged 18x15 mm irregular spiculated mass on the upper outer quadrant of the left breast

who have sudden onset of multiple seborrheic keratoses must be evaluated by a screening program in order to rule out any underlying cancer. Leser-Trélat sign is considered as a reliable cutaneous marker for presence of an internal malignancy. However, some authors do not accept the Leser-Trélat sign as a paraneoplastic syndrome, because seborrheic keratoses and cancers may already be present in elderly patients independently. Likewise, there are reports of Leser-Trélat sign in healthy old people. In conclusion, this case describes Lesser-Trélat sign in an elderly patient with breast cancer. Although there are few reports of a Lesser-Trélat sign that does not accompany an internal cancer, patients with acute onset and/or rapid increase in size and number of multiple seborrheic keratoses should be evaluated in order to rule out an underlying cancer.



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## REFERENCES

- Sperry K, Wall J. Adenocarcinoma of the stomach with eruptive seborrheic keratoses: the sign of Leser-Trelat. *Cancer* 1980; 45: 2434-2437.
- Ronchese F. Keratosis, cancer and sign of Leser-Trelat. *Cancer* 1965; 18: 1003-1006.
- Ponti G, Luppi G, Losi L, et al. Leser-Trélat syndrome in patients affected by six multiple metachronous primitive cancers. *J Hematol Oncol* 2010; 3: 2.
- Ellis DL, Kafka SP, Chow JC, et al. Melanoma, growth factors, acanthosis nigricans, the sign of Leser-Trelat, and multipl acrochordons: a possible role of alpha- transforming growth factor in cutaneous paraneoplastic syndromes. *N Engl J Med* 1987; 317: 1582-1587.
- Stieler W, Plewig G. Acanthosis nigricans maligna and Leser-Trélat sign in double malignancy of the breast and stomach. *Z Hautkr* 1987; 62: 344-366.
- Safa G, Darrieux L. Leser-Trélat Sign without Internal Malignancy. *Case Rep Oncol* 2011; 4: 175-177.