

Signos de Leser-trélat en un carcinoma de células en anillo de sello

Leser-trelat sign in a signet-ring cell carcinoma

CASE REPORT

Leser-Trélat sign is defined by the sudden appearance with a rapid increased in number and size of multiple seborrheic hyperkeratosis, associated to a neoplasm, mostly from the gastrointestinal tract¹⁻³.

Male, 80 years old, with systemic hypertension, type-2 diabetes *mellitus*, cerebrovascular disease, chronic kidney disease and prostate adenocarcinoma operated 15 years ago. He is admitted due to a 1-year clinical picture characterized by weight loss, painful right hypochondrium, nausea and vomiting. Physical revealed, in addition to painful right hypochondrium, multiple hyperkeratotic lesions spread over his trunk and back, a paraneoplastic sign known as Leser-Trélat. He had an outpatient ultrasound scan with multiple hypoechoic liver nodular lesions.

Blood tests revealed mild anemia (Hb 11,4g/dl), cytocholesteriasis (AST 54U/L; ALT 79U/L; FA 227U/L; GGT 720U/L; total bilirubin 0,5mg/dl) and an extremely high CEA (2627ng/ml). Thoraco-abdominopelvic CT had evidence of multiple diffuse metastasis (lymph nodes, lung, adrenal glands and liver), but no primary tumour was found. After his digestive tract endoscopic exams showed no alterations, he underwent a liver lesion biopsy that confirmed infiltration by well-differentiated carcinoma, with mucus lakes and numerous "signet ring" cells, whose immunohistochemical profile was compatible with gastrointestinal tract origin (positive for cytokeratins 7 and 20, CDX2 and S100P).

This case emphasizes the importance of a thorough objective examination, since it was possible to make a presumptive diagnosis upon admission only by observing the patient's skin. Although endoscopic examinations were innocent, Leser-Trélat sign associated with liver biopsy results and CEA are strongly suggestive of gastrointestinal origin³.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this work.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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Figure 1. Multiple hyperkeratotic lesions, distributing on trunk and dorsal region, a paraneoplastic sign knowing as Leser-Trélat

