

Clinical Image

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Leser-Trelat syndrome and mycosis fungoides: A rare association**G Basri^{1*}; M El Jazouly¹; S Nejjari¹; I Chikhaoui¹; K Slamti¹; S Chiheb^{1,2}**¹Dermatology Department, Cheikh Khalifa International University Hospital, Faculty of Medicine, Mohammed VI University of Health Sciences, Morocco.²Dermatology Department, Ibn Rochd University Hospital, Faculty of Medicine, Hassan II University, Morocco.***Corresponding Author: G Basri**

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Introduction

Leser-Trelat syndrome is one of the multiple cutaneous manifestations of paraneoplastic syndromes occurring in patients presenting solid cancers. We report the rare case of a patient with Leser-Trelat syndrome associated with mycosis fungoides.

Case presentation

A 76-year-old patient, with a history of type II diabetes, presented to the dermatology department for red and scaly lesions on his arms and chest. The eruption was diffuse, non-painful, pruritic skin and has been evolving for 3 months. Skin examination revealed erythematous, oval infiltrated plaques, well limited, located on the upper limbs and trunk. We also noted, on the back, papular lesions with a rough surface, brownish in color, with a particular "Christmas tree" arrangement with the presence of cerebriform appearance, with bitten edges, with pseudo-comedones on dermoscopy, confirming the diagnosis of eruptive seborrheic keratoses (Figure 1). The examination of lymph nodes, as well as the rest of the organs, was normal. Histological study of the red plaques revealed epidermal spon-

giosis with atypical lymphocytes epidermis infiltration. Immunohistochemistry studies revealed an elevated CD4 /CD8 ratio confirming the diagnosis of mycosis fungoides. No Sézary cells were found. A full check-up, including a chest and abdomen scan, came back normal. The treatment was based on high-potency topical corticosteroid application with no amelioration which lead to combined treatment with methotrexate injections.

Discussion

The finding of the Leser-Trélat sign is credited to two European surgeons, Edmund Leser and Ulysse Trélat, who first described the eruption of skin lesions in patients with cancer [1]. The Leser-Trélat sign is defined by a sudden and rapidly extensive occurrence of seborrheic keratosis. When it is associated with an underlying malignancy it is defined as the Leser-Trélat syndrome. In fact, it is considered one of the less-reported cutaneous manifestations of paraneoplastic syndromes in the literature [2]. The affected individuals are mainly elderly but without gender or ethnicity predominance. According to the literature,

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the cancers most frequently associated are adenocarcinomas of either digestive or pulmonary origin and rarely occur in association with hematopoietic malignancies, especially cutaneous T-cell lymphoma [3]. The occurrence of this syndrome may either precede or be concomitant with the onset of cancer. Furthermore, some authors have reported that the presence of this sign is a poor prognostic factor for the underlying neoplasia, which is the case in our patient. Our observation represents one of the rare cases where Leser-Trelat syndrome is associated with mycosis fungoides.



Figure 1: Papular brown rash with a typical christmas tree form.

Conclusion

This observation highlights on one of the less frequent paraneoplastic lesions of cancers in general and of mycosis fungoides in particular. Despite the frequent occurrence of seborrheic keratoses in the elderly, the diffuse and rapidly evolving character, but also the presence of pruritus, should draw attention to the possibility of an associated paraneoplastic syndrome.

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