

Skin lesions in a patient with head and neck cancer

C.M.L. Driessen^{1*}, M.M. van Rossum², W.A.M. Blokk³, C.M.L. van Herpen¹

Department of ¹Medical Oncology, ²Dermatology, and ³Pathology, Radboud university medical center, Nijmegen, the Netherlands, *corresponding author: tel.: +31 (0)24 3667264, fax: +31 (0)24 3540788, e-mail: chantal.driessen@radboudumc.nl

CASE REPORT

A 61-year-old man presented with a six-month history of skin lesions. It started with blisters on both hands and pruritis. Shortly thereafter, his feet were also involved and they became swollen. After four months, skin lesions evolved on his nose and ears. The patient reported weight loss, but no further symptoms. Before presentation in our clinic, he was treated with class III corticosteroid ointment oral antibiotics and zinc ointment, without effect.

His medical history revealed a tumour resection followed by postoperative radiotherapy for a pT₄N_{2b}M₀ squamous cell carcinoma of the hypopharynx 13 years before presentation with the skin lesions.

On dermatological examination in our clinic, livid erythematous squamous plaques on the hands, feet, knees and nose were seen. There was a subungual hyperkeratosis with onycholysis on both the hands and feet (*figure 1*).

WHAT IS YOUR DIAGNOSIS?

See page 485 for the answer to this photo quiz.

Figure 1. Our patient at presentation



DIAGNOSIS

Histopathological examination of a lesion on his left hand revealed a slightly acanthotic epidermis with hyperparakeratosis. There was a perivascular, partially bandlike, mononuclear inflammatory infiltrate with spongiosis. Furthermore, an interface dermatitis was seen. Both the clinical and histopathological picture were compatible with the Bazex syndrome. By means of a fungal culture, an onychomycosis was diagnosed.

Physical examination by the ENT physician showed a second primary T₂N₁M₁ hypopharynx tumour with axillary lymph node metastasis. Because palliative chemotherapy was not an option due to his low WHO performance score, we started dexamethasone 10 mg once daily. Within one week an evident improvement of his skin lesions was observed (figure 2). The patient continued his treatment and tapered the dexamethasone gradually with good results until he died three months later.

DISCUSSION

The Bazex syndrome, also called acrokeratosis paraneoplastica, is a rare paraneoplastic acral erythematous squamous dermatosis associated with internal malignancy. This syndrome was first described in 1965 by Bazex *et al.* in a patient with a squamous cell carcinoma of the head and neck region in association with cutaneous lesions which resolved after the malignancy was treated.¹ No cases without underlying malignancy have been described. The most common associated neoplasms are squamous cell carcinomas of the upper aerodigestive tract and other malignancies with cervical or mediastinal lymph node metastases.^{1,2} The syndrome is more common in men and the mean age is 60 years. In almost 70% of the cases the cutaneous symptoms precede the diagnosis of the malignancy by several months. Therefore diagnosis is often difficult.² The clinical features are violet to red psoriasiform plaques on acral sites. The nails are often involved with subungual hyperkeratosis, onycholysis, yellow discoloration and ridging.³ Histopathological findings are often aspecific and clinical and histopathological features can mimic several other conditions such as psoriasis, eczematous dermatitis or lichen planus.³ The pathophysiology of the syndrome is still unknown, but it is hypothesised that an underlying

Figure 2. Our patient after one week treatment with dexamethasone



immunological mechanism or tumour-produced growth factor play a role.^{2,4} The symptoms improve or resolve after treatment of the underlying malignancy.^{2,4} Treatment with dexamethasone has not been described before, but showed to be effective in our patient with an improvement in his quality of life.

REFERENCES

1. Bazex A, Salvador R, Dupré A, et al. Syndrome paranéoplasique à type d'hyperkératose des extrémités. Guérison après le traitement de l'épithélioma laryngé. Bull Soc Fr Dermatol Syphiligr. 1965;72:182.
2. Bologna JL, Brewer YP, Cooper DL. Bazex syndrome (Acrokeratosis Paraneoplastica). An analytic review. Medicine. 1991;70:269-80.
3. Bologna JL. Bazex' syndrome. Clin Dermatol. 1993;11:37-42.
4. Pecora AL, Landsman L, Imgrund SP, et al. Acrokeratosis paraneoplastica (Bazex's syndrome). Arch Dermatol. 1983;119:820-6.