Florid cutaneous papillomatosis with adenocarcinoma of stomach in a 35 year old male

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ABSTRACT

Various paraneoplastic dermatoses may be seen in association with underlying visceral, especially gastrointestinal, malignancy. Florid cutaneous papillomatosis describes the sudden appearance of multiple acuminate keratotic papules that morphologically resemble viral warts. It may be seen in association with acanthosis nigricans and/or the sign of Leser Trélat. We report a 35-year-old male with extensive seborrhoeic keratoses and florid cutaneous papillomatosis. Unusually marked verrucous changes caused disfigurement of the hands and feet. The patient also reported dyspepsia, abdominal distention and weight loss 6 months prior to the development of cutaneous lesions. Gastroscopy revealed a large growth in the stomach. Histopathology of the tumor showed features of adenocarcinoma.

Key Words: Florid cutaneous papillomatosis, Paraneoplastic dermatosis, Sign of Leser Trélat

INTRODUCTION

Various paraneoplastic dermatoses, such as migratory superficial thrombophlebitis (Trousseau’s sign), acanthosis nigricans, acanthosis palmaris (tripe palms), the sign of Leser Trélat and hypertrichosis lanuginosa acquisita may be seen in association with underlying visceral, especially gastrointestinal, malignancy. Florid cutaneous papillomatosis is a rare paraneoplasia described by Schwartz and Burgess in 1978. The condition is characterized by the rapid appearance of numerous warty lesions that are clinically indistinguishable from viral warts.

We report a patient with adenocarcinoma of the stomach, in whom extensive seborrhoeic keratoses and florid cutaneous papillomatosis were associated. To the best of our knowledge, confluent warty lesions giving rise to grotesque verrucous changes in the hands and feet, have not been reported earlier in the world literature.

CASE REPORT

A 35-year-old man was seen in the dermatology outpatient department with generalized verrucous skin lesions. The lesions first appeared on the trunk and spread rather rapidly to involve the entire body in 6 months. The lesions were 3-5 mm sized, skin-colored to dark brown verrucous papules and a few of these were flat with “stuck on” appearance, morphologically resembling seborrhoeic keratoses. These lesions involved the trunk, face and proximal extremities. Some lesions were acuminate and morphologically resembled verrucae vulgaris. These warty lesions, seen on the distal extremities, assumed gross verrucous changes,
virtually obliterating the normal-looking skin of the hands and feet [Figure 1].

The patient also complained of progressive weight loss, dyspepsia and abdominal distention since the last one year. Complete blood counts, serum biochemistry, urine and stool examinations and chest skiagram were normal. Gastroendoscopy revealed the presence of a large growth in the stomach extending up to the esophagus. Histopathology of the skin lesions showed pronounced hyperkeratosis, irregular acanthosis and papillomatosis. Histopathology of the gastric tumor showed features of adenocarcinoma.

DISCUSSION

The abrupt onset of acanthosis nigricans (AN) or multiple seborrhoeic keratoses (the sign of Leser Trélat) in middle-aged or older people is often associated with an underlying malignant neoplasm.[2] Florid cutaneous papillomatosis refers to the sudden appearance of multiple acuminate keratotic papules occurring in association with underlying malignancy of the stomach, breast, lungs and ovary.[3-7]

Morphologically, these lesions may be indistinguishable from generalized warts.[5] The histology of these lesions shows pronounced hyperkeratosis, irregular acanthosis and serrated papillomatosis. Vacuolation in the upper epidermis, parakeratosis or eosinophilic inclusions, the features suggestive of verruca vulgaris, are generally absent.[5]

In our patient, these wart-like lesions occurred in association with extensive eruptive keratoses over the trunk and face. The interesting and hitherto unreported feature seen in our patient was the unusually marked and grotesque verrucous changes in the hands and feet almost obliterating the visualization of normal-looking skin of hands and feet. Investigations revealed that the patient had underlying gastric adenocarcinoma, reported to be the most commonly associated neoplasm in the earlier reports as well.[7]

It has been postulated that as in patients with malignant AN and the sign of Leser Trélat, a tumor secreted epidermal growth factor (EGF) may be the cause of multiple florid cutaneous papillomatosis in these patients.[8] The patients with sudden appearance of non-viral, verrucous, papillomas (florid cutaneous papillomatosis) should therefore be screened carefully for an underlying malignancy irrespective of age.

REFERENCES