

THE CLINICAL PICTURE

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The Leser-Trélat sign

AN 85-YEAR-OLD WOMAN presented with night sweats, dry cough, and an unintended 30-pound weight loss over the preceding 6 months. She also reported the sudden onset of “itchy moles” on her back.

Physical examination revealed multiple brown papules with a “stuck-on” appearance on her upper back, consistent with seborrheic keratoses (Figure 1), raising concern for the Leser-Trélat sign.

Computed tomography of the chest, abdomen, and pelvis revealed a left lower lobe lung mass extending through a diaphragmatic hernia and into the stomach and spleen and a metastatic lesion in the liver (Figure 2). A biopsy of the lung mass demonstrated squamous cell carcinoma of pulmonary origin.

KERATOSES AND MALIGNANCY

The Leser-Trélat sign is the sudden development of multiple pruritic seborrheic keratoses, often associated with malignancy.¹⁻⁴ Roughly half of these associated malignancies are adenocarcinomas, most commonly of the stomach, breast, colon, or rectum. However, it can be seen in other malignancies, including lymphoma, leukemia, and squamous cell carcinoma, as in this case.

Eruption of seborrheic keratoses has also been observed with benign neoplasms, pregnancy, human immunodeficiency virus infections, and the use of adalimumab, which indicates that the Leser-Trélat sign is not very specific. Despite these concerns, the eruption of multiple seborrheic keratoses should continue to trigger the thought of an internal malignancy in the differential diagnosis.

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doi:10.3949/ccjm.84a.17021



Figure 1. Multiple seborrheic keratoses on the patient's upper back.

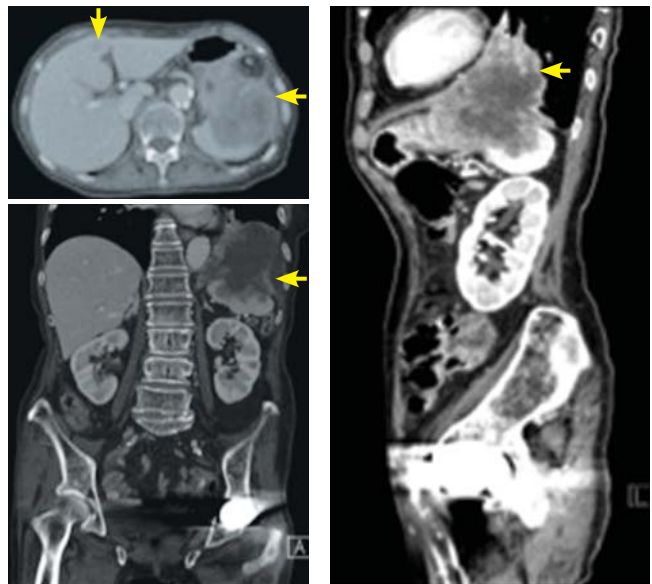


Figure 2. Computed tomography shows a left lung mass extending through the diaphragm and into the stomach with one metastatic lesion in the liver.