

## IMAGES IN DERMATOLOGY

### [Translated article] Complete Resolution of Bazex Syndrome After Surgical Treatment of Squamous Cell Carcinoma of the Larynx

### Síndrome de Bazex con resolución completa tras tratamiento quirúrgico de carcinoma epidermoide de laringe

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A 52-year-old woman, a former smoker with no prior history of interest, presented in the clinic with erythematous violaceous desquamative plaques on her fingers (Fig. 1A) and feet, as well as hyperpigmentation on both cheeks and the cervical region (Fig. 1b).

In view of suspicion of Bazex syndrome, a blood workup and cervical-thoracic-abdominal-pelvic computed tomography scan were ordered. The scan showed a mass below the epiglottis measuring 3 x 3 cm that obliterated the pyriform sinuses. Complete laryngectomy was performed, with bilateral functional cervical drainage, revealing an epidermoid carcinoma of the larynx with neoplastic invasion of one of the resected lymph nodes. The patient was administered radiotherapy with cisplatin as adjuvant. After resection of the primary tumor, the acral lesions (Fig. 1c) and facials ones (Fig. 1d) resolved.

Bazex syndrome is a paraneoplastic dermatosis characterized by the appearance of erythematous violaceous desquamative plaques in acral regions. The syndrome has been described in association with different tumors, with squamous cell carcinomas predominating.

It has been postulated that some growth factors produced by the tumor, such as epidermal growth factor (EGF) and insulin-like growth factor (IGF), may stimulate keratinocytes and, as a result, trigger hyperkeratotic lesions. Another hypothesis is that there may be cross reactivity between tumor antigens and the skin.

Differential diagnosis includes entities such as psoriasis, eczema, lupus, Reiter disease, palmoplantar keratoderma, and tinea manuum.



**Figure 1** A, Erythematous, violaceous, desquamative, and symmetric plaques on the anterior surface of the fingers of both hands. B, Hyperpigmented plaques on both cheeks and in the upper cervical region. Resolution of the lesions on the hands (C) and face (D) after treatment of the underlying neoplasm.

Topical treatment is ineffective, with resolution of the skin lesions occurring after treatment of the primary tumor.

Recognition of this entity could enable early diagnosis of the underlying neoplasm.

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