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## Leser-Trélat Sign Associated with Sézary Syndrome and Transitional Cell Carcinoma of the Bladder

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### To the Editor:

Leser-Trélat sign is characterized by the sudden onset and rapid growth in number and size of multiple seborrheic keratoses, in relation to an underlying neoplasm.<sup>1,2</sup> It is sometimes accompanied by pruritus and often associated with acanthosis nigricans.<sup>3</sup>

We describe a 63-year-old man diagnosed with plaque-stage mycosis fungoides who, during phototherapy, developed severe erythema and generalized skin thickening (Figure 1) accompanied by severe pruritus. Based on the skin biopsies, computed tomography scan, and bone marrow

aspirate culture, he was diagnosed with Sézary syndrome. At that time, more than 100 hyperpigmented, keratotic papules of 1 to 2 cm and soft to touch

were observed on the trunk (Figure 1), even though these papules had not been present 1 month earlier. A biopsy of 1 lesion on the trunk showed seborrheic keratosis. A parallel study by the urology department showed transitional cell carcinoma of the bladder. Chemotherapy and bladder instillations with bleomycin were started, with the seborrheic keratoses disappearing completely (Figure 2) within 2 months. Based on all this history, the patient was diagnosed with Leser-Trélat sign that could have been related to either or both neoplasms.

Because seborrheic keratoses and malignant tumors are 2 common diseases in elderly patients, some authors question the existence of this sign because they cannot rule out that coexistence of both is incidental. However, although seborrheic keratoses are a common condition in certain age groups, onset is not sudden.

Various hypotheses have been proposed for the pathogenesis of Leser-Trélat sign; all of them consider that the tumor might secrete a growth factor that stimulates the formation of these lesions<sup>1,4-6</sup> and could explain the



**Figure 1.** Numerous grayish papules on the thorax and abdomen with erythroderma and cutaneous thickening.



**Figure 2.** Patient's skin after treatment of both neoplasms. The erythema and cutaneous thickening seen in the previous images and seborrheic keratoses have disappeared.

association of acanthosis nigricans and Leser-Trélat sign.

Regarding the association of this sign with the various kinds of tumors and their sites of origin, the sign has been reported in relation to adenocarcinoma and squamous carcinoma of the lung,<sup>3</sup> leiomyosarcoma,<sup>1</sup> melanoma,<sup>7,8</sup> lymphomas, leukemia, and Sézary syndrome.<sup>2,5,9-11</sup> Only 1 case of transitional cell carcinoma of the bladder has been reported to date,<sup>12</sup> although the most common tumors are adenocarcinomas, with more than 50 case studies published. These include adenocarcinoma of the stomach and others of the gastrointestinal tract, as well as breast tumors.<sup>1</sup>

The course of Leser-Trélat sign usually runs parallel to that of the underlying neoplasm, although in some published cases, the lesions did not remit with satisfactory treatment of the neoplasm. In our patient, the lesions disappeared after appropriate treatment of both neoplasms, an outcome we consider to be an additional argument to believe that this was a true paraneoplastic syndrome.

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## Gastric Adenocarcinoma Presenting as Generalized Cutaneous Metastases

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### To the Editor:

Cutaneous metastases originating from internal visceral neoplasms are rare, with an incidence among cancer patients of 0.71% to 9%, according to published

series.<sup>1</sup> Only 6% of cutaneous metastases secondary to solid visceral tumors are caused by gastrointestinal carcinomas.<sup>2</sup>

We describe a 72-year-old man, ex-smoker of 30 cigarettes/d, with a history

of alcoholism (alcohol intake of about 80 g/d). He consulted for several episodes of rectal bleeding, reporting the onset of multiple subcutaneous nodules in the last month, anorexia, and a weight loss