

## The Leser-Trelat Syndrome: About A Case

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DOI: [10.36347/sjmcr.2020.v08i05.020](https://doi.org/10.36347/sjmcr.2020.v08i05.020)

| Received: 17.02.2020 | Accepted: 24.02.2020 | Published: 27.05.2020

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### Abstract

### Case Report

THE LESER-TRELAT SYNDROME (LTS) is a paraneoplastic syndrome characterised by the sudden eruption and rapid increase in size and number of seborrheic keratoses as we are reporting in our case [1]. The exact underlying pathogenesis is unknown. Primarily affect the thorax and dorsum, followed by the extremities, face, abdomen, neck and axillaire. It is usually caused by malignancies such as gastrointestinal adenocarcinoma, but also lung, kidney, liver, or pancreatic cancer, mycosis fungoides, Sézary syndrome, and plasmacytoma, have been described in association with this paraneoplastic disorder [3, 4, 5]. After the removal of the internal neoplasm there is a regression of the seborrheic keratoses [2]. LTS should be careful investigated for the existence of an underlying malignancy as illustrated in our case which objectified a tumor of sigmoid.

**Keywords:** LESER-TRELAT SYNDROME (LTS), axillaire, seborrheic keratoses.

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## INTRODUCTION

Seborrheic keratosis (SK) is a common benign epidermal tumor with predominance in adult patients. The Leser-Trelat syndrome (LTS) can evolve an association with an internal malignancy, as we are reporting in our case.

## CASE REPORT

An 83-year-old man, with no notable pathological history, hospitalized in the visceral surgery department. The patient presented for a year and a half lesions in the trunk, developed rapidly, over a period of 6 months. He also noticed for three months melenas with transit disorders, justifying his consultation or the

diagnosis of sigmoid tumor was confirmed histologically.

Clinical examination revealed sessile exophytic tumors with a round or oval appearance, 1 to 3 cm in diameter, welldefined. The surface of the lesion was warty, brown-black in color with numerous black keratotic plugs [Figure 1, 2]. The dermoscopic examination showed a cerebral aspect, with pseudo cysts and pseudocomedons [Figure 3, 4], for which the diagnosis of seborrheic keratosis was made.

The extension balance was normal. The patient is a candidate for surgery



Fig-1, 2: Sessile exophytic tumors with a round or oval appearance, 1 to 3 cm in diameter, welldefined. The surface of the lesion was warty, brown-black in color



Fig-3, 4: The dermoscopic examination showed a cerebral aspect, with pseudo cysts and pseudocomedons

## DISCUSSION

LTS is a paraneoplastic syndrome characterised by the sudden eruption and rapid increase in size and number of seborrheic keratoses [1]. Primarily affect the thorax and dorsum, followed by the extremities, face, abdomen, neck and axillaire. Pruritus and inflammation are frequent findings.

The exact underlying pathogenesis is unknown. The existence of Leser-Trelat syndrome is under debate and it is due to the high frequency of seborrheic keratosis in elderly people. More recent observations suggested that TGF- $\alpha$  produced by the internal malignancy could be responsible for the acute eruption of seborrheic keratosis [2].

It is usually caused by malignancies such as gastrointestinal adenocarcinoma, but also lung, kidney, liver, or pancreatic cancer, mycosis fungoides, Sézary syndrome, and plasmacytoma, have been described in association with this paraneoplastic disorder [3-5].

Physical examination with complete blood count, serum biochemistry, chest radiography, mammography, Pap smear, PSA screening, upper digestive endoscopy and colonoscopy are required during this investigation [6].

Curettage is the treatment of first choice. Other alternatives are laser therapy, cryosurgery, electrocautery or excision. After the removal of the

internal neoplasm there is a regression of the seborrheic keratoses [2].

## CONCLUSION

Leser Trelat syndrome is the development of large numbers of SKs is entirely dependent on the extremely rapid onset of these extensive lesions. It should be careful investigated for the existence of an underlying malignancy.

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