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症　　例

A Case of Pancreatic Cancer with the Sign of Leser-Trélat

Tetsuya Hirano[1], Hidenori Yoshioka and Tadao Manabe[2]

1)Department of Surgery, Yoshioka Hospital, Kyoto, Japan
2)First Department of Surgery, Faculty Medicine, Kyoto University, Kyoto, Japan
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Abstract

A case of 79-year-old man with pancreatic cancer associated with the sign of Leser-Trélat was presented. Abdominal CT scanning was performed and a pancreatic tail tumor involving the spleen and the greater omentum as well as ascitic retention were detected. Ba-enema study showed the stenosis of the sigmoid colon, suggesting the peritoneal disseminations. Absolute non-curative operation of side-to-side transverso-sigmoidostomy was performed for colonic stenosis, and biopsy of the disseminated omental tumor was performed, which was histologically diagnosed as well differen-

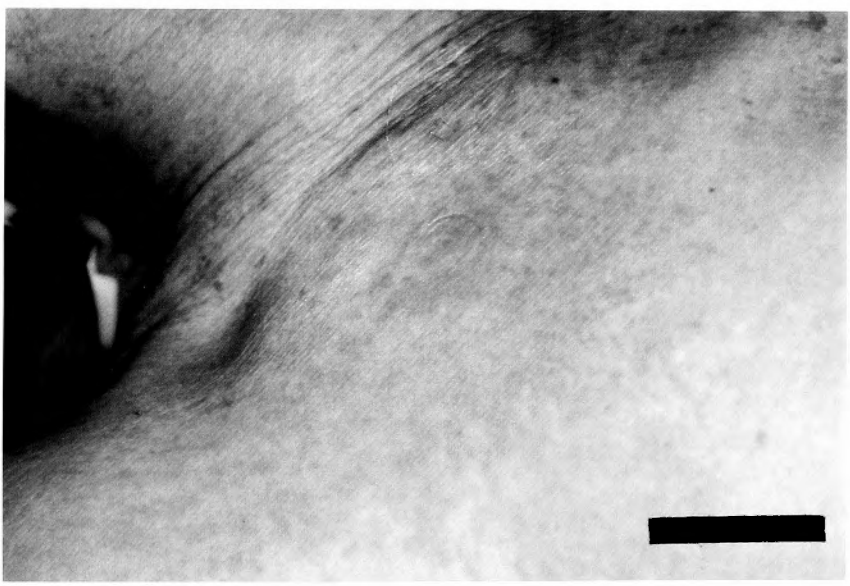

Fig. 1 Freckles and keratoses on the anterior cervical and chest region.

Key words: Pancreatic cancer, Sign of Leser-Trélat.
索引用語：膵癌，レーゼルートレラ徴候.
Present address: Department of Surgery, Yoshioka Hospital, Johfukujidori, Imadegawa-kudaru, Kamigyoku, kyoto 602, Japan.

tiated papillary adenocarcinoma compatible with pancreatic cancer. The postoperative course was uneventful and at present the patient was followed at outpatient clinic. To our knowledge, this case is the first report with pancreatic cancer associated with the sign of Leser-Trélat in Japan.

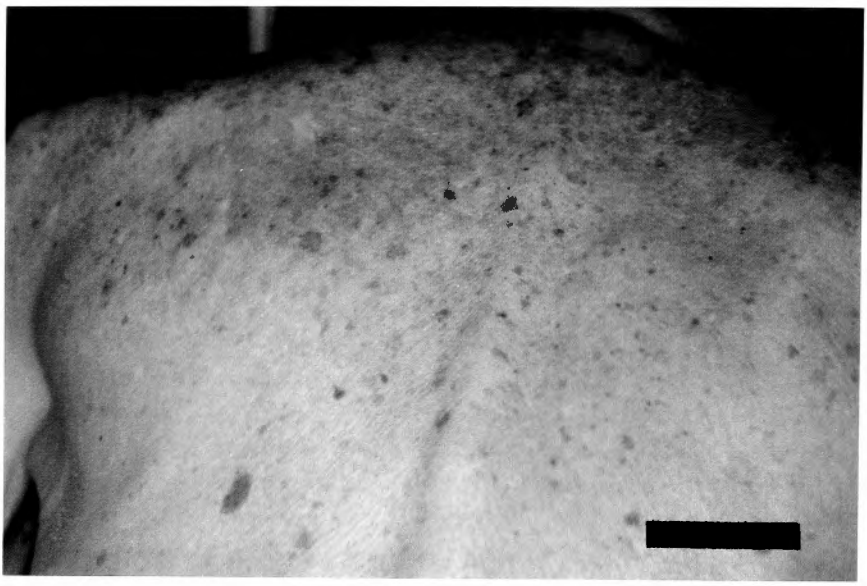

Fig. 2 Freckles and keratoses on the back.

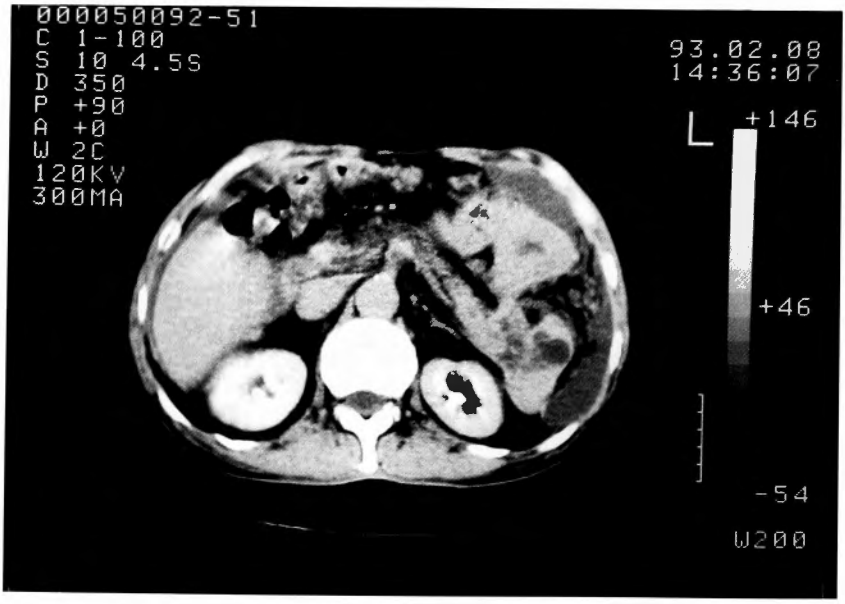

Fig. 3 Abdominal CT scan shows a large tumor in the tail of pancreas involving the spleen and greater omentum. A mlid ascitic retention is also noted.

Introduction

The sign of Leser-Trélat is defined as the sudden appearance and rapid increase in size and number of freckles and keratoses, accompanied by pruritus, on a skin that was previously blemish-free[1]. It is considered to be a sign of internal malignant tumors.

We present a case of pancreatic cancer associated with the sign of Leser-Trélat. No similar report was found in the literature in Japan, and this is the first reported case in Japan.

Case Report

This 79-year-old man was admitted to our department on February 5, 1993, for clinical investigation of abdominal discomfort and pain. From the beginning of November 1992, the patient and his family noticed that freckles and keratoses with an intense pruritus in the anterior cervical and anterior chest region as well as back had increased rapidly in number and size (Figure 1 and 2).

On physical examination, the abdomen was slightly distended, suggesting a mild retention of ascites. A man's fist-sized hard abdominal mass without spontaneous pain and tenderness was palpable in the left hypochondrium. Biochemical laboratory data were almost within normal

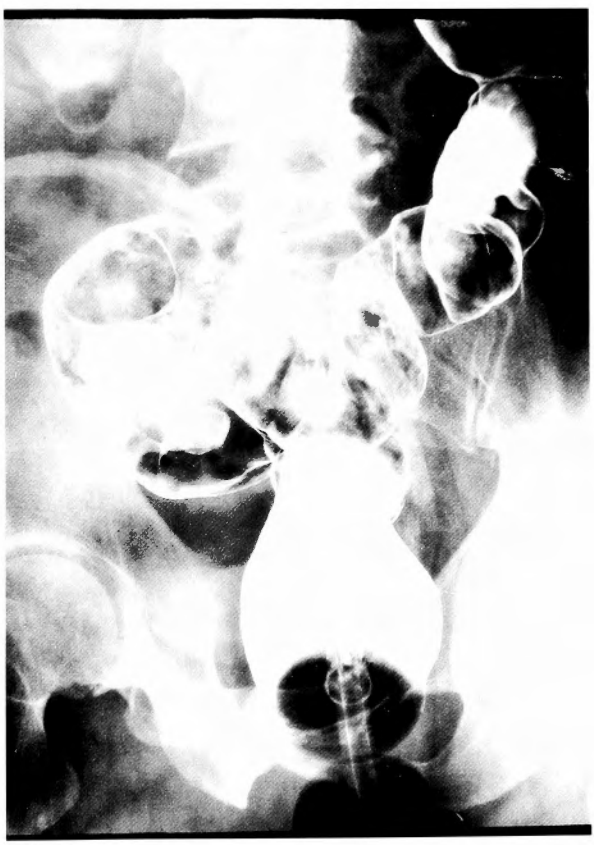

Fig. 4 Ba-enema study shows a narrowing of the lower sigmoid colon.

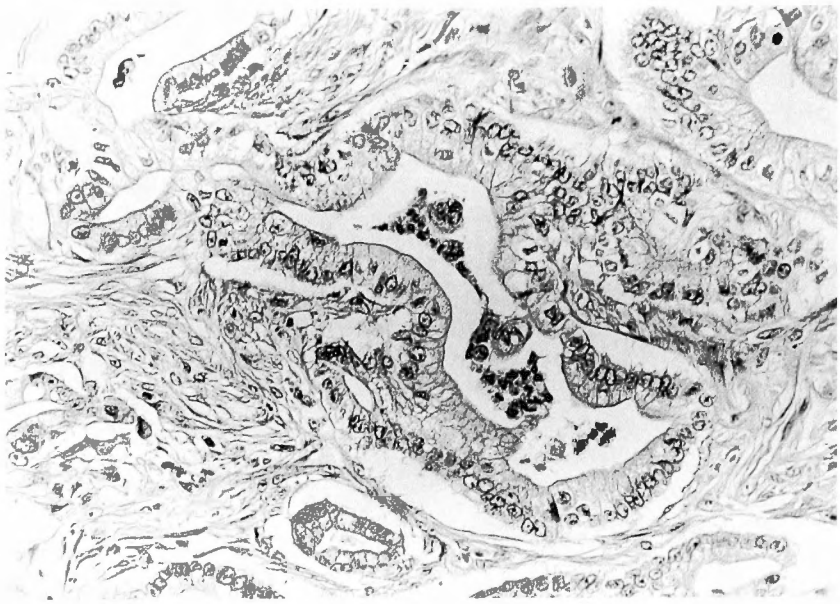

Fig. 5 Histology of the disseminated tumor to the omentum shows well differentiated papillary adenocarcinoma infiltrating the adipose tissue (×200, H-E stain).

ranges, and there were no particular family history, nor his own past history. As regards tumor markers, CEA and AFP were 1.6 ng/ml and 6.9 ng/ml, respectively, which were both within normal ranges. However, CA19-9 was 4010 U/ml, showing a remarkably high value.

An abdominal CT scanning showed a large tumor in the tail of pancreas involving the spleen and the greater omentum, also indicating a mild retention of ascites (Figure 3). Ba-enema study showed a narrowing of the sigmoid colon, suggesting a peritoneal dissemination and peritonitis carcinomatosa (Figure 4).

On 16th February, 1993, laparotomy was performed. In addition to a mild retention of slightly bloody ascites, there was a large tumor in the tail of pancreas, which involved the spleen, greater omentum and the splenic flexure of the colon, The tumor was also fixed to the retroperitoneum. Moreover, there were many intraabdominal disseminations. As pancreatic cancer was found to be too advanced to be operated, absolute non-curative and palliative operation of side-to-side transverso-sigmoidostomy was performed bypassing the involvement in the splenic flexure. For the histological specimen, the disseminated tumor to the omentum was excised, which was dianosed as well differentiated papillary adenocarcinoma compatible with pancreatic cancer (Figure 5). 10 mg of MMC was injected into the abdominal cavity before the closure of the abdomen. The postoperative course was uneventful and the patient was discharged at 7th March, 1993. At present, the patient was followed up at outpatient clinic.

Discussion

Cutaneous signs of internal malignant tumors have been one of the most important diagnostic in 19th century. The sign of Leser-Trélat was credited to a German and a French surgeon, Edmund

Leser and Ulysse Trélat, who reported cases of keratoses associated with malignant tumors about 1890[1]. After that time, about 60 reports have been made as the sign of Leser-Trélat from other countries and Japan[2]. The sudden appearance and rapid increase in number and size of freckles and keratoses with an intense pruritus, on a skin previously blemish-free, may be a manifestation of visceral cancer as the sign of Leser-Trélat[3].

Various malignancies including gastrointestinal cancers have been reported in the sign of Leser-Trélat, and about 50% of the cases have been reported asssociated with gastrointestinal malignancies. Particularly, 30% of the cases have been reported to have gastric cancers[4]. However, only one case associated with pancreatic cancer has been reported[5], and our present case is the first reported in Japan.

In another report[4], early gastric cancer has been reported to be detected when the sign of Leser-Trélat was pointed out. However, in our case, when the sign was considered to be associated with intraabdominal malignancies, pancreatic cancer have already too advanced as peritonitis carcinomatosa to be radically operated. Consulting at the point when the skin lesions had appeared was desirable.

Finally, freckles and keratoses are very common in the elderly and in the dermatological practice. However, there are enough isolated cases[1,3] in the literature of the rapid growth and appearance of these lesions associated with internal malignant tumors to make them potentially important diagnostic signs.

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和文抄録

Leser-Trélat 徴候を呈した膵癌の1例

吉岡病院外科
平野鉄也，吉岡秀憲
京都大学第一外科
真辺忠夫

79歳の男性で Leser-Trélat 徴候を呈した膵癌の1例を報告する．腹部不快感・腹痛にて当科を受診する．腹部症状の発現より約2ヶ月前に前頸部・前胸部・背部を中心に老人性疣贅の多発に気付いていた．また，同部に皮膚瘙痒症を伴っている．本院入院後，腹部 CT 等の精査により膵尾部癌と診断し，開腹するもすでに癌性腹膜の状態にて姑息的 bypass 手術のみ施行した．本症例は Leser-Trélat 徴候にもかかわらず，すでに進行癌であったが，一般診療においては Leser-Trélat 徴候のような dermadrome にも十分注意を払い内臓悪性腫瘍の早期発見に努めることが重要と考えられた．また，文献上本症例は Leser-Trélat 徴候を呈した膵癌の本邦第一例目である．