



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## DERMATOSES IN PATIENTS WITH MALIGNANCY: A HOSPITAL BASED STUDY

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**Introduction:** Considering the number of metabolic and immunological changes associated with internal malignancies, it is not surprising that these patients have various signs of skin involvement, adding to morbidity and mortality.

**Objectives:** To delineate the pattern of dermatoses in patients suffering from malignancies and study the clinicopathological correlation of the same

**Materials and methods:** This was a prospective study done over a period of 13 months on patients visiting Dermatology clinic as well as oncology patients admitted in various wards. Patients with a known malignancy formed part of the study. After taking informed consent, a detailed history-taking and thorough clinical examination was performed.

**Results:** Of the 324 patients, 75% presented with dermatological complaints. Primary skin malignancies were seen in 4.63% patients. Direct extension to the skin from an underlying malignancy was found in 2.68% and cutaneous metastases in 2.13 %. Most patients had more than one skin manifestation. Of the non-specific dermatoses, infections and infestations as well as disorders of pigmentation were the commonest (32.72% each). This was followed by eczemas, photodermatoses, seborrheic keratoses and acquired ichthyosis. Radiation dermatitis, either acute or chronic was seen in 15.12% cases. In the patients on chemotherapy, suprapubic hyperpigmentation, acneiform eruption, extravasation reactions and hand-foot syndrome were some of the common findings. Nail changes were seen 69.4% patients, commonest being subungual hyperkeratosis. Disorders of hair growth were seen 62.7% of the patients. 24.6% of the patients had some form of oral involvement, mainly mucosal hyperpigmentation and oral candidiasis.

**Conclusions:** The demographic profile of patients, concurrent comorbidities and the immunosuppressed state arising from the malignancy itself, give rise to a plethora of non-specific dermatoses. The use of radiotherapy and chemotherapeutic drugs also lead to various mucocutaneous side effects in these patients. Hence, there is need to establish supportive oncodermatology as a distinct subspecialty.

