



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## ERYTHEMA GYRATUM REPENS WITH HYPERCORTYSOLEMIA AND SIADH IN A CASE OF A PATIENT WITH A NEOPLASM OF UNKNOWN ORIGIN

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**Background:** Erythema gyratum repens is a paraneoplastic disorder associated with underlying neoplasm of lung, breast, digestive system and other organs. The hypothesis of its pathogenesis is that tumors can lead an immune reaction which is a cross-reaction with a skin. Treatment of erythema gyratum repens is a treatment of underlying neoplasma.

**Observation:** This is a case report of a 89-year-old woman with cutaneous lesions on the back, abdomen, lower and upper limbs associated with severe pruritus. A rapidly spreading, superficial, annular shape, pink erythema with zebra-like pattern. Patient was also heavy smoker. During hospitalization at the Dermatology Clinic we found hyponatremia, hypoosmolality and a urine osmolality above 100 mosmol/kg, also high level of the urine sodium but the serum potassium concentration was normal and the serum uric acid concentration was low. On this basis, we made a diagnosis of SIADH.

Another finding was a hypercortysolemia. In the 1 mg dexamethasone suppression test we received high level of cortisol. Unfortunately, we did not marked ACTH level.

In CT was diagnosed a solid tumor in left lobe of thyroid gland and probably AML in left kidney. Tumor markers were normal. Laboratory testing revealed increased level of thyroid hormones, CRP 24.1 mg/dl and leukocytosis. No abnormalities were found on breast X-ray. Uterus ultrasound and proteinogram were not clinically significant. A tissue biopsy was nonspecific.

During making of chest X-ray and CT the patient had a pneumonia. There is a probability that pneumonia could be a mask of lung cancer.

Further diagnosis of underlying neoplasm was not succeed because of patient death.

**Key message:** Small cell lung cancers often produces many hormones eg. ACTH and vasopressin. Erythema gyratum repens is associated mostly with lung neoplasm.

