



SKIN MANIFESTATIONS OF INTERNAL DISEASE

NECROLYTIC MIGRATORY ERYTHEMA MIMICKING PEMPHIGUS ERYTHEMATOSUS: A SILENT CRY OF METASTATIC PANCREATIC NEUROENDOCRINE TUMOUR

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Background: Necrolytic migratory erythema (NME) is a paraneoplastic eruption associated with glucagonoma, an α -cell pancreatic islet cell tumour, which usually presents in 4th and 5th decade. In our case, NME presented as Pemphigus erythematosus at younger age with metastasis.

Observation: A 22 year old unmarried girl presented with itchy brown-black crusted plaques with oozing over the face, trunk and extremities for 1½ years duration in caudo-cephalic progression. Examination revealed well-defined variable sized black colored crusted plaques with erythematous halo over face predominantly perioral area, feet, hands and flexures with multiple hyperpigmented macules distributed symmetrically over flexor aspect of both lower extremities along with multiple crusted erosions over vulva and perianal area. Investigation revealed anemia with normal LFT, RFT, fasting and postprandial blood sugar with HbA1c-5.0% and negative ANA reflex, elevated ESR, CRP. biopsy showed pale, vacuolated keratinocytes having subcorneal clefts with occasional neutrophil. The underlying dermis showed sparse perivascular chronic inflammatory infiltrate. DIF was negative for IgA, IgG, IgM and C3. USG abdomen revealed multiple well defined space occupying lesions in liver, showing definite internal vascularity with arterial wave form and spectral Doppler as Metastasis. CECT abdomen showed pancreatic neuroendocrine tumour with multiple liver metastasis. Liver biopsy showed pancreatic neuroendocrine tumor which was concordant with glucagonoma TSH with AFP, CA 19- 9, CA 125, Beta-HCG all were within normal limits. Serum glucagon levels were 2146 pg/mL.

Key Message: An emaciated patient with chronic recalcitrant dermatosis mimicking Pemphigus erythematosus involving periorificial areas can be NME, a silent cry of occult pancreatic malignancy. Even the young persons are not immune to this condition. A high degree of suspicion and early diagnosis is very important in deciding the treatment plan and can increase the survival of the patient.

