SKIN MANIFESTATIONS OF INTERNAL DISEASE

PARANEOPLASTIC ERYTHRODERMA: REPORT OF THREE CASES

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Background: Erythroderma is a severe skin disorder. Different diseases may culminate with erythroderma: exacerbation of previous dermatoses (psoriasis, eczema, pityriasis rubra pilaris, etc), drug eruptions, cutaneous lymphomas. Rarely, erythroderma may be a manifestation of an internal malignancy.

Observation: We report three cases of paraneoplastic erythroderma. None of the cases had previous dermatologic disorders, exposition to allergens or new medications. All cases had biopsies performed in three different sites at the same date, all with spongiotic and psoriasiform dermatitis with few eosinophils. T-cell receptor gene rearrangement analysis on skin and blood showed polyclonal populations in all cases.
Case 1: 55-year-old man with erythroderma for 12 months. Immunophenotyping of lymphocytes showed CD4/CD8 ratio of 5,14, 17% of CD4+CD26-, and 55% of CD4+CD7- cells. CT scan evidenced a 2,2cm spiculate solid nodule on superior lobe of the left lung. Biopsy revealed an alveolar adenocarcinoma. Erythroderma and blood alterations resolved after 1 year of surgical excision of the lesion.
Case 2: 75-year-old man with erythroderma for 2 years. There were no alterations on peripheral blood. CT-scan showed a 2,2cm irregular non-calcified nodule on the left inferior lobe. Biopsy revealed a neuroendocrine carcinoma. Erythroderma resolved after three cycles of chemotherapy (carboplatin and etoposide).
Case 3: 64-year-old man with erythroderma for 12 months. Immunophenotyping of lymphocytes showed CD4/CD8 ratio of 7,1. Peripheral blood smear showed 4% of atypical lymphocytes, suggestive of Sézary cells (132 cells/mm3). CT-scan revealed a bulging of the bladder due to increased volume of the prostate. Biopsy confirmed a prostate adenocarcinoma. Erythroderma resolved after surgical excision of the prostate.

Key message: Erythroderma is potentially life-threatening, and finding its etiology is a key element to treat these patients. Paraneoplastic erythroderma is rare, and our cases highlight the importance of a thorough clinical and laboratory investigation of erythrodermic patients in search for occult malignancies.