ABSTRACT

While analyzing skin presentations on cadavers from Philadelphia College of Osteopathic Medicine, South Georgia (PCOM SGA) anatomy lab, it was noted that one cadaver had a proliferation of brown, waxy plaques that were scattered widespread on the body. Skin biopsy confirmed the gross clinical diagnosis of seborrheic keratoses. During routine chest dissection in the anatomy lab, a mass was discovered in the right breast that was suspicious for malignancy. Later, this was confirmed through histological analysis as an invasive ductal carcinoma of the breast. Therefore, it was determined through both clinical and histological diagnosis that this was a rare finding of Leser-Trélat, which is a cutaneous sign of underlying malignancy.

INTRODUCTION

Seborrheic keratoses (SK) is considered the most common benign skin lesions found in individuals that are middle aged and older. In dermatology practice, these lesions pose no threat to the individual but can be concerning for cosmetic and underlying malignancy reasons when they cover most of the skin surface. Of specific concern is the sign of Leser-Trélat, which has been documented as a cutaneous harbinger of underlying malignancy associated with proliferation of the size and/or number seborrheic keratoses. This rare sign is usually caused by malignancies such as gastrointestinal adenocarcinoma and lung, kidney, liver, pancreatic cancer or malignant melanoma. This case report will describe the histology of the skin lesions in Leser-Trélat and analyze the current literature regarding its association with breast cancer, which is quite rare.

MATERIAL AND METHODS

For this case study, a cadaver from the body donor program at Philadelphia College of Osteopathic Medicine (PCOM). South Georgia, was studied. Skin samples were sent to Colquitt Regional Center for processing, where sections were embedded in paraffin and were stained with H&E stain. A pathologist reported histopathological findings of the skin lesions and the breast tissue samples.

RESULTS

Diagnosis of seborrheic keratoses was confirmed by histology. The underlying malignancy in the breast was discovered by first year osteopathic students during routine cadaveric dissection in the anatomy lab. Sections from the right breast revealed an invasive ductal carcinoma of the breast, not otherwise specified (NOS) type. Once breast malignancy was confirmed, diagnosis of Leser-Trélat was officially determined as a cutaneous sign of the underlying malignancy.

DISCUSSION

Multiple SK lesions covering the face, abdomen, back, as well as both upper and lower extremities were observed in one of the cadavers in the gross anatomy laboratory. Due to the significant number of pigmented, verrucous lesions, the sign of Leser-Trélat was clinically postulated, later confirmed during routine laboratory dissection of the breast tissue. Histology sections confirmed not only multiple SK lesions in the skin, but also revealed an associated breast cancer in the form of an infiltrative ductal carcinoma.

CONCLUSION

The sign of Leser-Trélat is rare by itself and its association with breast cancer is even more uncommon. Once a clinician recognizes the multiple SK eruptions, the patient should be meticulously investigated for an underlying GI malignancy and other cancers like breast cancer. Biopsy and histology diagnosis is crucial for ruling out both cutaneous as well as underlying visceral malignancies; and should be encouraged when patients present in clinic rather than assuming the seborrheic keratoses is benign.

REFERENCES


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