Leser-Trélat Sign

Eric M. Neverman, DO, MHA
Kevin Clary, MD

From the Internal Medicine-Pediatrics Residency Program at the University of Missouri School of Medicine in Columbia.

Financial Disclosures: None reported

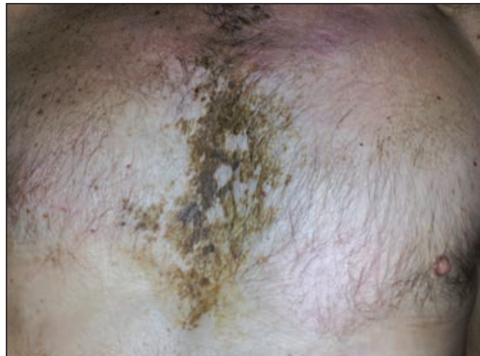
Support: None reported.

Address correspondence to Eric M. Neverman, DO, MHA, Internal Medicine-Pediatrics Residency Program, University of Missouri, 1 Hospital Dr, DC058.00, Columbia, MO 65201-5276.

E-mail: nevermane@health.missouri.edu

Submitted September 23, 2013; final revision received November 9, 2013; accepted November 19, 2013.

A 64-year-old man presented to the emergency department with a 1-day history of hematochezia and a 3-month history of melena, during which time he experienced a 20-lb weight loss. Physical examination revealed confluent seborrheic keratoses on the patient's chest (image). Results of laboratory tests indicated microcytic anemia, with a hemoglobin level of 9.4 g/dL and a mean corpuscular volume of 78.4 μm^3. Colonoscopy revealed 2 ulcerated masses within the sigmoid colon; the scope could not be advanced past the proximal lesion. Histopathologic evaluation of biopsy specimens showed ulcerated, moderately differentiated adenocarcinoma. The patient underwent resection of the segment of the colon with the masses and continued to receive surgical oncologic treatment.



An eruption of seborrheic keratoses occurring with a malignant tumor, particularly gastrointestinal adenocarcinoma, is consistent with Leser-Trélat sign.[1] Some researchers have disputed the association of seborrheic keratoses with malignant tumors because both findings occur frequently in older individuals.[2] However, reports [3-5] of Leser-Trélat sign in young individuals suggest that seborrheic keratoses may indicate underlying malignant findings. (doi:10.7556/jaoa.2014.119)

Acknowledgment

We acknowledge Caryn Scoville of the J. Otto Lottes Health Sciences Library at the University of Missouri for her research assistance.

References

1. Constantinou C, Dancea H, Meade P. The sign of Leser-Trelat in colorectal adenocarcinoma. *Am Surg*. 2010;76(3):340-341.
2. Fink AM, Filz D, Krajnik G, Jurecka W, Ludwig H, Steiner A. Seborrhoeic keratoses in patients with internal malignancies: a case-control study with prospective accrual of patients [published online March 4, 2009]. *J Eur Acad Dermatol Venereol*. 2009;23(11):1316-1319. doi:10.1111/j.1468-3083.2009.03163.x.
3. Fasoldt JJ, Brumwell EP, Lackey JN. Leser-Trélat sign presenting in a patient with recurrent pre-B-cell acute lymphocytic leukemia. *Cutis*. 2012;89(1):33-35.
4. Hamada Y, Iwaki T, Muratani H, Imayama S, Fukui M, Tateishi J. Leser-Trélat sign with anaplastic ependymoma–an autopsy case. *Acta Neuropathol*. 1997;93(1):97-100.
5. Westrom DR, Berger TG. The sign of Leser-Trélat in a young man. *Arch Dermatol*. 1986;122(12):1356-1357.

© 2014 American Osteopathic Association