

Acrokeratosis paraneoplastica with in-situ squamous cell carcinoma

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A 75-year-old man presented with a 2-month history of swelling, dryness and cracking of his fingers and toes (Figure 1). The nails of both fingers and toes became ridged and cracked. He also had ulcerations and crusts affecting his vermillion and mucosa of his lips consistent with acrokeratosis paraneoplastica. All his initial investigations, including computed tomography imaging from head to pelvis and panendoscopy, did not reveal any neoplasm.

Figure 1. Photographs of the patient's condition



Cutaneous manifestations of acrokeratosis paraneoplastica: (A) and (B) show the scaly and hyperkeratotic changes (arrows) on the fingers; (C) and (D) show dystrophic changes in the nails (arrows); and (E) and (F) show widespread ulcerations (arrows) affecting the lips and tongue.

In the absence of an identified malignancy, he was monitored closely. A year after his initial presentation, repeat investigations were all normal but a review by the otolaryngologist revealed a small ulcer on his right buccal mucosa. This area was biopsied and in-situ SCC was detected with evidence of ulceration. He then underwent wide excision of surrounding fields which confirmed in-situ SCC but no invasive malignancy. After resection of the SCC, his skin lesions resolved but the nail changes persist.

In acrokeratosis paraneoplastica, cutaneous eruptions can predate clinical evidence of cancer by several months or even years. Therefore any clinical sign that is consistent with acrokeratosis paraneoplastica should be followed by screening of the upper aerodigestive tract. If initial investigations are unrevealing, patient should be followed up to identify any early manifestation of an underlying neoplasia.

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