[PICTURES IN CLINICAL MEDICINE]

Bazex Syndrome

Keiichi Iwanami¹, Mori Nakai² and Koichi Kitamura²

Key words: Bazex syndrome, paraneoplastic acrokeratosis, psoriasis, pancreatic cancer

(Intern Med 57: 1501-1502, 2018)

(DOI: 10.2169/internalmedicine.9771-17)

Picture 1.

A 76-year-old woman presented to our hospital with a 3-month history of scaly plaques on the extremities. Prior to visiting our hospital, she visited a dermatology clinic and was diagnosed with psoriasis vulgaris. She was treated with topical corticosteroid and methotrexate, but these failed to relieve her symptoms, and she was referred to our hospital for a further evaluation and treatment. On presentation, she had violaceous psoriasiform dermatitis on the distal extremities, which was more prominent on the lower distal extremities than the trunk (Picture 1). A blood examination revealed elevated liver enzymes, biliary enzymes, pancreatic amylase and conjugated hyperbilirubinemia. Computed tomography (CT) of the abdomen revealed cancer of the pancreatic head with biliary obstruction and multiple liver metastases (Picture 2). Based upon the distribution of the skin lesions and the complication of the malignancy, the psoriasiform lesions were diagnosed as paraneoplastic acrokeratosis (Bazex syn-

Picture 2.

drome) (1). Bazex syndrome is a rare cutaneous paraneoplastic disorder characterized by psoriasiform lesions on acral areas, such as the hands, feet, nose and ears. The peak incidence occurs in the 60s. There is a male predominance of about three-to-one over women. While the pathogenesis of Bazex syndrome is unknown, one hypothesis holds that growth factors, such as epidermal growth factor (EGF) and insulin-like growth factor (IGF), produced by tumor cells stimulate keratinocytes. Another hypothesis states that autoreactive T cells provoked by tumor cells play a pathogenic role in psoriasiform lesions. Skin lesions precede the diagnosis of malignancy in most cases (2). Thus, psoriasiform dermatitis can be an indicator of internal malignancy.

The authors state that they have no Conflict of Interest (COI).

References

1. Bazex A, Griffiths A. Acrokeratosis paraneoplastica-a new cutaneous marker of malignancy. *Br J Dermatol* **103**: 301-306, 1980.
2. Räßler F, Goetze S, Elsner P. Acrokeratosis paraneoplastica (Bazex syndrome) - a systematic review on risk factors, diagnosis, prognosis and management. *J Eur Acad Dermatol Venereol* **31**: 1119-

¹Department of Rheumatology, Nerima Hikarigaoka Hospital, Japan and ²Department of General Internal Medicine, Nerima Hikarigaoka Hospital, Japan

Received: July 5, 2017; Accepted: September 24, 2017; Advance Publication by J-STAGE: December 27, 2017

Correspondence to Dr. Keiichi Iwanami, namiiwanami@gmail.com

1136, 2017.

The Internal Medicine is an Open Access article distributed under the Creative

Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

© 2018 The Japanese Society of Internal Medicine
Intern Med 57: 1501-1502, 2018