

Transient Acantholytic Dermatitis Associated with Superior Vena Caval Syndrome in a Patient with Carcinoid Tumour of the Thymus

Sir,

Transient acantholytic dermatosis (TAD) was described by Grover in 1970 (1). TAD may occur in patients with an internal malignancy. The first oncology patient with TAD was reported by Yaffee in 1981 (2). Since then 25 patients with TAD and malignancies have been published (3). It is not clear if TAD may be indirectly secondary to the neoplasm or its treatment, or – less probably – directly related to the tumour. Several predisposing factors for the development of TAD have been proposed, e.g. fever, excessive heat and sweating. We have recently seen a patient with superior vena caval (SVC) syndrome due to a carcinoid of the thymus that developed a TAD.

A 68-year-old man suffering from chronic bronchitis referred a 2-month history of oedema on the face, neck and upper chest, and simultaneously a pruritic papular eruption appeared on the upper chest. He had no fever or weight loss. On physical examination, mild oedema on the face, neck and upper chest, with dilatation of collateral veins, was observed. Oral and conjunctival oedema and hoarseness were also detected. There were numerous erythematous papules limited to the upper chest. A cutaneous biopsy specimen revealed focal suprabasilar acantholysis, and a diagnosis of TAD was made. Laboratory data were irrelevant. A body TC scan showed a mass in the anterior mediastinum compressing SVC. A carcinoid tumour of the thymus was diagnosed from tissue samples obtained by mediastinotomy. Three weeks after admission, polychemotherapy (cisplatin, cyclophosphamide, prednisone) was started, and SVC syndrome and cutaneous lesions disappeared in 2 weeks.

Many neoplasms have been associated with TAD. In a recent report Guana & Cohen (3) reviewed the neoplasms associated with TAD and found that a haematologic malignancy was described in 12 (47%) individuals, carcinoma of the genitourinary tract in 8 (31%), malignant melanoma in 3 (11%), lung and

breast carcinoma, and a metastatic adenocarcinoma of unknown origin in 1 (11%). Although the pathogenic mechanism remains unknown, several events, including a prolonged febrile episode (48%), sweating (4) (40%), occlusive immobility (5) (28%), systemic therapy (6) (12%) and ionizing radiation (7) (4%), have been proposed as possible predisposing factors for the development of TAD in these patients. None of these factors were found in our patient. We propose to add carcinoid tumour of the thymus to the list of neoplasms found in patients with TAD and include SVC syndrome as a possible predisposing factor.

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