

Transient Acantholytic Dermatitis (Grover's Disease) in a Patient with Gastric Carcinoma

Sir,

Miralles et al. (1) have recently reported a case of transient acantholytic dermatitis (TAD) in a patient with tumour of the thymus, who had developed superior vena cava syndrome. This transitory and benign dermatosis has been recently

described in association with some malignancies, mostly from haematologic, renal and genitourinary systems (2), and also with malignant melanoma (2) and multiple basal cell carcinoma (3). In most of these cases TAD occurred either simultaneously or following the diagnosis of neoplasm. In some cases

TAD recurred when the cancer relapsed (2). Febrile episodes, excessive sweating, occlusive immobility and some therapies (ionizing radiation, PUVA, interleukin have been postulated to be predisposing factors for developing TAD in these patients (2), but these conditions cannot always be found (1, 2).

In the past 3 years we have diagnosed 3 histologically proven cases of TAD in our department. One of them was an 80-year-old male who had undergone a partial gastrectomy due to a perforating gastroduodenal ulcer. Two days before the surgery, he developed an itchy papular rash over the chest, arms and back. A cutaneous biopsy specimen displayed classic epidermal changes of TAD, with a pattern of spongiosis and acantholysis. The histology of the stomach specimen disclosed a peptic ulcer adjacent to an adenocarcinoma infiltrating several nodes. The rash resolved in 2 weeks. No recurrence of TAD or cancer was observed after 1 year of follow-up. To our knowledge, this is the first case reported of TAD in a patient with gastric carcinoma. As in 12% of patients, the onset of TAD coincided in our case with the diagnosis of a previously unsuspected malignancy (2). The lesions appeared

2 days before surgery, so the predisposing factors mentioned above can hardly explain TAD in our patient.

REFERENCES

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