Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.1654-23
Intern Med 62: 3259-3260, 2023
http://internmed.jp

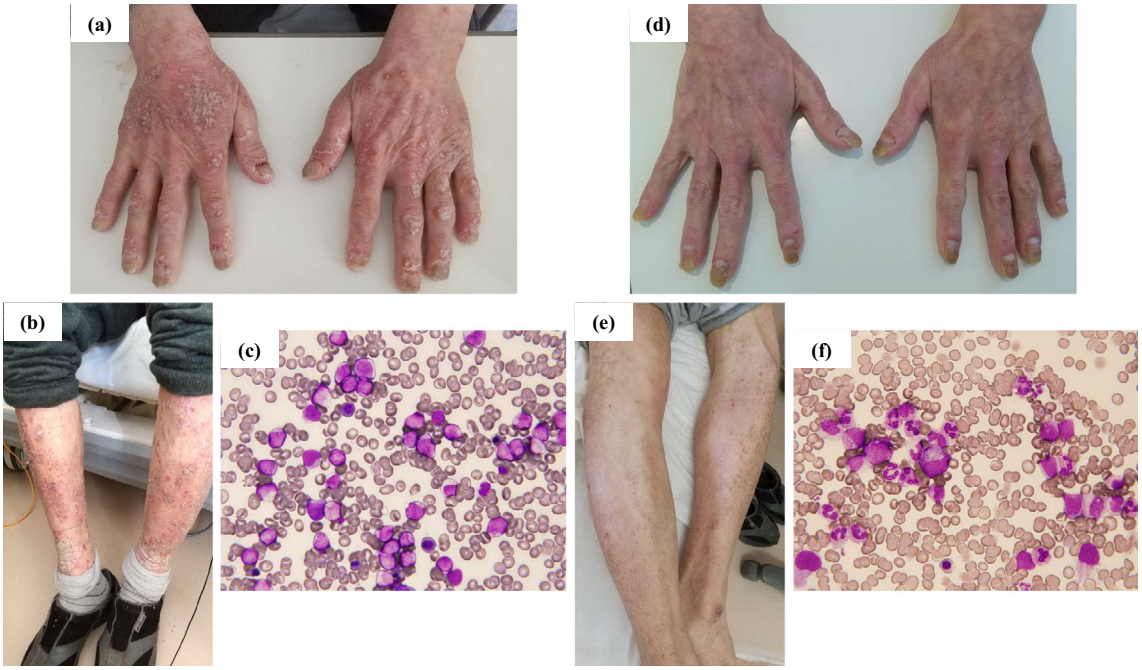
【 PICTURES IN CLINICAL MEDICINE 】

Bazex Syndrome in Acute Myeloid Leukemia

Satoko Oka[1] and Kazuo Ono[2]

Key words: Bazex syndrome, psoriasis, acute myeloid leukemia

(Intern Med 62: 3259-3260, 2023)
(DOI: 10.2169/internalmedicine.1654-23)



Picture.

A 72-year-old man was hospitalized with itching, discoloration, hardening, and exfoliation involving the hands, feet, and back that was refractory to common topical treatment for five months (Picture a, b). A complete blood count test performed at the time of initial presentation showed anemia (hemoglobin 10.3 g/dL). Skin biopsy revealed focal parakeratosis and lymphohistiocytic infiltration of the upper dermis without malignant cells. Laboratory tests revealed leukocytosis with blast cells (29%), anemia, and thrombocytopenia. A bone marrow examination showed >20% blasts with multilineage dysplasia (Picture c). The patient was diagnosed with acute myeloid leukemia with myelodysplasia-related changes and was treated with induction therapy (cytarabine and idarubicin). After induction therapy, the skin lesions markedly regressed (Picture d, e) and a bone marrow examination showed complete remission (Picture f). Acrokeratosis paraneoplastica (Bazex syndrome) is a paraneoplastic syndrome. It is most commonly associated with squamous cell carcinoma. Cases associated with acute myeloid leukemia (AML) are rare (1). Cutaneous paraneoplastic lesions usually precede tumor symptoms (2). In the present case, the hyperkeratotic eruption was considered to have occurred in association with the development of AML. When we encounter patients with hyperkeratotic eruptions that are difficult to treat, Bazex syndrome should be considered.

The patient detailed in this case report gave his consent for

[1]Division of Hematology, Japanese Red Cross Society Wakayama Medical Center, Japan and [2]Division of Pathology, Japanese Red Cross Society Wakayama Medical Center, Japan
Received: January 20, 2023; Accepted: February 8, 2023; Advance Publication by J-STAGE: March 15, 2023
Correspondence to Dr. Satoko Oka, okas@jasmine.ocn.ne.jp

publication.

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

References

1. Cohen JM, Cheng CE, DeSouza A, et al. Hypersensitivity reaction as a harbinger of acute myeloid leukemia: a case report and review of the literature. Ann Dermatol **27**: 190-193, 2015.

2. Thomas I, Schwartz RA. Cutaneous paraneoplastic syndromes: uncommon presentations. Clin Dermatol **23**: 593-600, 2005.