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LETTER TO EDITOR

Response to: Prurigo Nodularis and Hodgkin's Lymphoma – A Rare Association

Firdaus Hayati[1*], Meryl Grace Lansing[2], Nornazirah Azizan[3]

[1] Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia
[2] Department of Medicine Based Discipline, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia
[3] Department of Pathobiology and Medical Diagnostic, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Kota Kinabalu, Sabah, Malaysia

*Corresponding author's email: m_firdaus@ums.edu.my

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Dear editor,

We read with great interest the article by Go ZL et al., which was published in your esteemed journal[1]. The authors had reported an unusual and yet important case of cutaneous manifestations of malignancy. Being the only and initial presentation of Hodgkin's lymphoma, prurigo nodularis can manifest as a benign dermatological appearance in the underlying sinister condition. We want to again highlight the importance of this bizarre cutaneous presentation which can counterfeit the actual and occult villain.

Paraneoplastic dermatoses are daunting to the attending physician. It is defined as dermatological manifestations of hormonal, neurological or haematological disturbances in relation to the presence of malignancies without direct association with either primary or secondary tumour invasion[2]. Curth's criteria can be utilized to diagnose cutaneous paraneoplastic syndromes. These criteria include (1) simultaneous occurrence of both neoplasia and paraneoplasia, (2) regression of the skin lesion after disease treatment, (3) lack of association between the skin lesions and genetic syndrome, (4) there is a specific type of neoplasia that occurs with paraneoplasia, (5) the dermatosis is rare in the general population, and (6) there is a high frequency of association between both conditions[2].

There are numerous reported discoveries of paraneoplastic dermatoses in the literature[2]. Among these, there are surgically important entities that intrigue the attending surgeons such as acanthosis nigricans (AN), Leser-Trélat syndrome (LTS) and Bazex syndrome (BS). The AN is featured as a thickening and darkening of the skin which can appear around the skin folds, scalp, back and front of the abdomen[4]. The skin lesions disappear following total gastrectomy followed by adjuvant chemo-radiotherapy. Meanwhile, LTS is characterized by the eruptive appearance of multiple seborrheic keratoses on the body[5]. It is associated with underlying malignant diseases namely colon, breast, stomach, and also the lung, kidney, liver, and pancreas[6]. BS is defined by the presence of symmetrical papulosquamous eruptions (psoriasiform cutaneous eruptions), nail dystrophy and skin scaling usually localized in the body extremities[7]. It is associated with squamous cell carcinoma (SCC) of the head and neck, particularly of the oral cavity, oropharynx, larynx and oesophagus.

Recognising cutaneous manifestation of internal malignancy can be challenging given the wide differentials of any given abnormal skin morphology associated with systemic symptoms. Take for example Sweet Syndrome (SS); characterised by the sudden appearance of tender, erythematous and oedematous cutaneous papules, plaques or nodules that are often accompanied with fever and leukocytosis[3]. Although malignancy-associated SS contributes to a significant percentage of cases, other causes of SS such as infection, inflammatory diseases and drug-induced skin disorders should be ruled out to raise the index of suspicion for an associated internal malignancy[4].

An important key to prompt recognition is, therefore, the awareness and recognition of some of the typical paraneoplastic dermatoses which may lead to the early diagnosis of a neoplasm and subsequently the establishment of early treatment. As highlighted by Curth's criteria, most paraneoplastic dermatoses disappear when the primary tumour is removed and reappear in the case of recurrence or metastases. Surgical skin biopsy usually provides a benign histological diagnosis in the background of occult malignancy.

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