[Translated article] Complete Resolution of Bazex Syndrome After Surgical Treatment of Squamous Cell Carcinoma of the Larynx

Síndrome de Bazex con resolución completa tras tratamiento quirúrgico de carcinoma epidermoide de laringe

C. Couselo-Rodríguez, R. Galego-Fernández, M.J. Núñez-Fernández

Servicio de Dermatología, Complejo Hospitalario Universitario de Pontevedra, Pontevedra, Spain
Grupo de Investigación DIPO, IIS Galicia Sur, SERGAS-UVIGO, Pontevedra, Spain
Medicina Familiar y Comunitaria, Centro de Salud de Monteperroiro, Pontevedra, Spain
Servicio de Medicina Interna, Complejo Hospitalario Universitario de Pontevedra, Pontevedra, Spain

A 52-year-old woman, a former smoker with no prior history of interest, presented in the clinic with erythematous violaceous desquamative plaques on her fingers (Fig. 1A) and feet, as well as hyperpigmentation on both cheeks and the cervical region (Fig. 1b).

In view of suspicion of Bazex syndrome, a blood workup and cervical-thoracic-abdominal-pelvic computed tomography scan were ordered. The scan showed a mass below the epiglottis measuring 3 x 3 cm that obliterated the pyriform sinuses. Complete laryngectomy was performed, with bilateral functional cervical drainage, revealing an epidermoid carcinoma of the larynx with neoplastic invasion of one of the resected lymph nodes. The patient was administered radiotherapy with cisplatin as adjuvant. After resection of the primary tumor, the acral lesions (Fig. 1c) and facials ones (Fig. 1d) resolved.

Bazex syndrome is a paraneoplastic dermatosis characterized by the appearance of erythematous violaceous desquamative plaques in acral regions. The syndrome has been described in association with different tumors, with squamous cell carcinomas predominating.

It has been postulated that some growth factors produced by the tumor, such as epidermal growth factor (EGF) and insulin-like growth factor (IGF), may stimulate keratinocytes and, as a result, trigger hyperkeratotic lesions. Another hypothesis is that there may be cross reactivity between tumor antigens and the skin.

Differential diagnosis includes entities such as psoriasis, eczema, lupus, Reiter disease, palmpoplantar keratoderma, and tinea manuum.

Figure 1  A, Erythematous, violaceous, desquamative, and symmetric plaques on the anterior surface of the fingers of both hands. B, Hyperpigmented plaques on both cheeks and in the upper cervical region. Resolution of the lesions on the hands (C) and face (D) after treatment of the underlying neoplasm.

Topical treatment is ineffective, with resolution of the skin lesions occurring after treatment of the primary tumor.

Recognition of this entity could enable early diagnosis of the underlying neoplasm.

DOI of original article:
https://doi.org/10.1016/j.ad.2022.08.035
* Corresponding author.
E-mail address: carmencouselo@hotmail.com (C. Couselo-Rodríguez).

https://doi.org/10.1016/j.ad.2023.10.026
0001-7310/© 2023 AEDV. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).