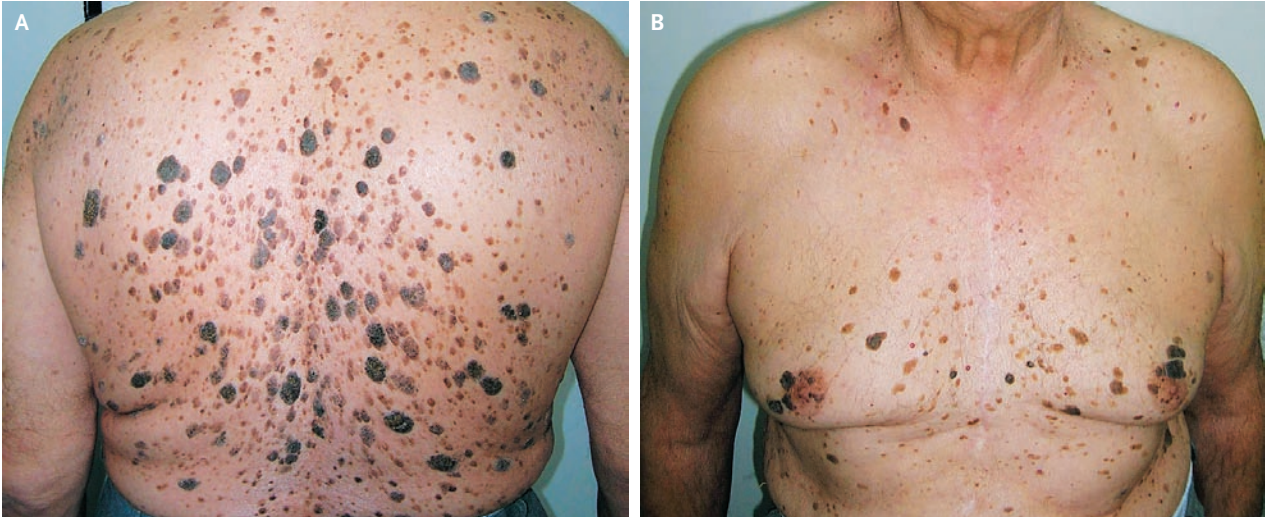


IMAGES IN CLINICAL MEDICINE

The Sign of Leser-Trélat



Saadettin Kilickap, M.D.
Basak Yalcin, M.D.

Hacettepe University Institute of Oncology
06100 Ankara, Turkey
skilickap@yahoo.com

A HEALTHY 65-YEAR-OLD MAN PRESENTED WITH A 4-MONTH HISTORY OF left flank pain and nocturia. Dermatologic examination revealed multiple eruptive seborrheic keratoses, which he reported had developed over the previous 1 to 2 years (Panels A and B). Abdominal ultrasound examination and computed tomography (CT) revealed a localized mass (7 cm by 5 cm in diameter) of the left lower renal pole with central necrosis. A left total nephrectomy was performed, and histopathological examination confirmed a renal-cell carcinoma. The tumor infiltrated to, but did not penetrate, Gerota's fascia. The cutaneous findings were consistent with the diagnosis of the Leser-Trélat sign, which is usually associated with gastrointestinal adenocarcinoma. This sign is a controversial physical finding, however, since seborrheic keratoses are common with aging. Four months after the initial diagnosis, thoracic CT showed multiple metastatic lesions in the lung, for which the patient received immunotherapy and chemotherapy. He continues to receive treatment with sunitinib.

Copyright © 2007 Massachusetts Medical Society.

WEB-ONLY IMAGES IN CLINICAL MEDICINE

Click on "Featured Images" at www.nejm.org to see the *Journal's* Web-only Images in Clinical Medicine. The Images are listed (with e page numbers) in the table of contents of the printed *Journal* the week they are published and are compiled on the *Journal's* Web site.