

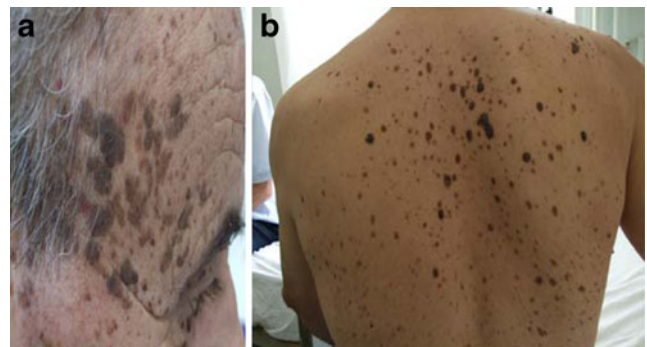
## The Leser–Trelat sign is associated with acute myeloid leukemia

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Dear Editor,

A 69-year-old male was admitted with fatigue. His physical examination was normal except that he was pallor. Dermatologic examination revealed multiple eruptive seborrheic keratoses, which he reported had developed over the previous 2 to 3 years (Fig. 1a–b). WBC was  $1.9 \times 10^9/L$ , hemoglobin 6.4 g/dl, hematocrit 19.3%, and platelet count  $18 \times 10^9/L$ . There were blastic cells on peripheral smear and bone marrow aspiration. Bone marrow aspiration revealed hypercellular particles with erythropoiesis and megakaryopoiesis being depressed. The differential counts revealed blasts at 76%, promyelocytes 2%, myelocytes 12%, metamyelocytes 4%, and neutrophils 6%. Dysgranulopoiesis and hypolobation was seen in the granulocytic series. Acute myeloid leukemia with multilineage dysplasia according to WHO classification (AML-M1 according to FAB) was diagnosed after bone marrow biopsy and flow cytometry. The Leser–Trelat sign is an eruptive appearance or increase in itchy multiple seborrheic keratoses. This process occurs in a short



**Fig. 1** Multiple eruptive seborrheic keratoses

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period of time, and is sign of internal malignancy. The cutaneous findings were consistent with the diagnosis of the Leser–Trelat sign, which is usually associated with gastrointestinal adenocarcinoma. This sign is a controversial physical finding, however, since seborrheic keratoses are common with aging (except sudden appearance, rapid increase in size and number). Induction chemotherapy with mitoxantrone  $10 \text{ mg/m}^2$  IV over 30 min on days 1–3 and cytosine arabinoside  $100 \text{ mg/m}^2$  IV over 30 min every 12 h on days 1–7 was initiated. Now, he is alive and in remission for 3 months. But these lesions remained unchanged. To our knowledge, this is the first report of an association of the Leser–Trelat sign with acute myeloid leukemia.