Eruptive Skin Tags and Keratoacanthomas in a Patient with Prolactinoma and Colonic Polyposis

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Appendageal tumors may be markers for internal malignancies and predict the nature of this malignancy which may occur 50-60 years later [1,2].

This association between skin tags and colonic polyposis in patients with acromegaly is well known [3], and multiple keratoacanthomas have been associated with a wide range of internal malignancies [2, 4]. We present the case of a patient with eruptive skin tags and keratoacanthomas associated with a prolactinoma and colonic polyposis.

A 55-year-old man had been operated on for a prolactinoma in 1986. Due to calcification, resection was only partial at the time.

In 1990 the patient consulted our department for the presence of multiple eruptive skin lesions which had appeared for the first time, 4 years previously, coinciding with the onset of tumor symptoms. The lesions had been periodically removed but recurred eruptively.

Physical examination revealed a moderately obese man with slight gynecomastia. On the thorax and upper limb roots multiple soft peduncular lesions, some pigmented and others skin-colored, which corresponded to skin tags, were observed. In addition, a smaller number of hyperkeratotic lesions with central crater-like regions suggesting keratoacanthomas were also found (fig. 1).

Histology confirmed the clinical diagnosis.

Hemogram and glycemia values were within normal limits. Growth hormone and somatomedin C levels were also normal, whereas prolactin concentration was 250 ng/ml (tumoral range; normal values 0-20 ng/ml). Colonoscopy revealed the presence of 10 adenomatous polyps in the rectum and sig-moid, which were removed. Histology corresponded to adenomatous polyps.

CT brain scan demonstrated an increase in the prolactinoma, with regard to the last CT control after surgery.

The patient refused surgical ablation of the tumor. Treatment was started with bromo-criptine, but the patient stopped it after a few weeks due to digestive intolerance. At

Fig. 1. Skin tags and keratoacanthomas on the thorax.

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present, the skin lesions and newly generated intestinal polyps are removed periodically. The prolactinoma is under control by the Neurosurgery Department.

A number of gastrointestinal polyposis syndromes are associated with skin lesions [1, 2]. Indeed, such lesions may occasionally precede the digestive lesions, hence acting as potential markers in establishing an early diagnosis.

In 1982 Klein et al. [3] reported the possible association between skin tags and colonic adenomatous polyposis in patients with acromegaly. This correlation was found to be higher in individuals over the age of 50 years and with more than 5 skin tags.

Although still a matter of controversy [5], posterior studies have likewise suggested the existence of a relationship between acrochordons and colonic adenomatous polyposis [5-9]. The presence of adenomas is known to enhance the risk of colonic carcinoma. An association has also been described between multiple keratoacanthomas, sebaceous adenomas and colonic adenocarcinoma (Muir-Torre

syndrome) [3]. No such sebaceous lesions were seen in our patient.

Although skin tags usually arise in the fourth decade of life and are more common in obese individuals and diabetics, the great number observed in our patient and their eruptive form of appearance were regarded as remarkable. The CT scan observations and prolactin levels increased to within tumoral range support the existence of a relationship between the tumor and skin lesions. Although in our patient growth hormone and somatomedin C levels were within normal values, a theory that excess growth factors ectopically produced by some tumors may lead to eruptive proliferation of skin lesions as well as to an increase in growth of intestinal epithelium has been proposed [3, 10].

In agreement with Burgdorf et al. [2], we conclude that the evaluation of skin tumors should not be limited to their histological identification but should also include their number and form of appearance (eruptive or progressive).

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