Paraneoplastic Syndromes
Paraneoplastic Syndromes

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Contents

Preface ........................................................................................................ VII

Paraneoplastic Endocrinopathy ................................................................. 1
   Nunnensieck, C. (Reutlingen, Germany); Rüther, U. (Stuttgart, Germany);
   Rothe B. (Gießen)

Paraneoplastic Host Immune Dysfunction ............................................... 50
   Yardley-Kavanaugh, D. (Dallas, TX, USA); Carbone, D.P. (Nashville, TN, USA)

Paraneoplastic Syndromes of the Hematopoietic System ....................... 81
   Rüther, M. (Stuttgart, Germany); Nunnensiek, C. (Reutlingen, Germany);
   Bokemeyer, C. (Tübingen, Germany)

Hemostatic Paraneoplastic Syndromes ..................................................... 122
   Hiller, E. (München, Germany)

Malignancy-Associated Rheumatic Disorders ......................................... 138
   Koch, B. (Homburg/Saar, Germany)

Paraneoplastic Nephrotic Syndromes ..................................................... 150
   Sessler, R.; Gruenwald, I.; Schneider, H.W. (Stuttgart, Germany)

Neurologic Paraneoplastic Syndromes .................................................... 166
   Peters, J. (Aalen, Germany)

Paraneoplastic Myopathies ................................................................... 187
   Müller-Felber, W.; Pongratz, D.E. (München)

Cutaneous Markers of Internal Malignancy: Paraneoplastic Dermatoses .... 201
   Herzberg, J.J. (Bremen, Germany)

Miscellaneous Paraneoplastic Syndromes .............................................. 232
   Rupp, W.; Stöckel, H. (Stuttgart, Germany)

Paraneoplastic Pain ............................................................................. 242
   Fiechtner, H. (Stuttgart, Germany)

Subject Index ....................................................................................... 251
Ausweglosigkeit
birgt in sich
Neubeginn
Aufbruch
Auferstehung

Wenn wir glauben
am Ende zu sein
stehen wir
erst
am Anfang

Margot Bickel
Hans-J. Meilinger
The term 'paraneoplastic syndrome' was first described by Boudin in 1961-62. In patients with underlying malignant disease, it comprises a variety of signs and symptoms not directly caused by the primary tumor or its metastases. Paraneoplastic syndromes may be metabolic, dystrophic or degenerative disorders resulting from remote humoral or hormonal effects, and spontaneously disappear after successful tumor excision or chemo- or radiotherapy. There are endocrinal, neurologic, muscular, cutaneous, hematologic and organ-associated paraneoplastic syndromes, each of which is discussed separately in this book.

Just a few short years ago, paraneoplastic syndromes were still thought to be rare, although immunocytochemistry and molecular biology had already demonstrated hormone production in endocrinally inactive tumor cells. Today, we know that a single tumor is capable of producing a variety of hormones, and that paraneoplastic syndromes are caused by this ectopic formation of hormones, hormone-like polypeptides, and growth factors. Recent research has moreover shown that viral metabolic intermediates, mutated oncogenes and suppressor genes may also be involved.

Interestingly, subclinical symptoms, such as electrolyte imbalances, are experienced more often than a distinct paraneoplastic syndrome. Perhaps this is because not every hormone produced is biologically active, nor is production always sufficient to cause clinical symptoms. When the latter are manifest, however, they range from minute changes to complete organ failure.

The early diagnosis of a paraneoplastic syndrome is crucial, for it may point to an undetected tumor whose early therapy may facilitate curative treatment. Tumor detection is not always easy, because paraneoplastic signs can camouflage underlying malignancy. Of equal indicative importance is the recurrence of a paraneoplastic syndrome, which may signal tumor relapse. All of these aspects make paraneoplastic syndrome identification essential in clinical oncology.
It is our hope that the following articles promote the understanding of paraneoplastic syndromes, their diagnosis, and their treatment.

We would like to thank our colleagues for their help in making this book possible.

The editors wish to express their appreciation to Diane E. Crawford, who carefully and thoroughly translated and edited the manuscripts.

Stuttgart, Germany
November, 1997

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Christa Nunnensiek
Carsten Bokemeyer