Acanthosis nigricans maligna

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A 38-year-old female presented to the dermatology clinic with a 3-month history of skin-darkening and discolouration and a 15 kg weight loss. The skin examination revealed dark, thickened and velvety lesions that were grey-brown in colour over the axilla (Figure 1), posterior neck and around the mouth. The findings were consistent with acanthosis nigricans (AN).

Figure 1. Thickened and velvety dark lesions over the axilla

She was then referred for an evaluation of the gastrointestinal tract.
Upper gastrointestinal endoscopy (Figure 2A) revealed thickened and abnormal antrum. Endoscopic biopsies revealed signet ring cells infiltrating the lamina propria (H&E stains 400×) (Figure 2B).

Endoscopic ultrasound (EUS) showed circumferential thickening in the antrum that invaded the muscularis propria to the adventitia (Figure 2C) with a 1 cm peritumoural lymph node seen (Stage T3N1).

A CT scan of abdomen and pelvis showed no liver metastases. Patient underwent a staging laparoscopy and started preoperative chemotherapy. A gastrectomy is planned in the future.

Not only can acanthosis nigricans present in gastric cancer and lymphoma, but it can also be associated with benign disorders such as diabetes mellitus and chronic alcohol intake, and oral contraceptive pill use.¹

It has been reported that 92% of malignancies associated with acanthosis nigricans are intra-abdominal in origin of which 61% are gastric.¹

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Reference: