

Skin and Nails Changes as Signs of Oncology or Metabolic Diseases: Report of 5 Cases

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Abstract

Skin and nails changes can be part of metabolic or oncology diseases. The early recognition and diagnosis of the main disease, will lead us to a more effective treatment and consequently to genetic counseling and prenatal diagnosis of the couple in the future pregnancy. We present 5 cases (2 oncology and 3 metabolic) with skin and nails manifestations. The first case showed seborreic dermatitis of scalp, subungueal suffusions and bilateral crepitations of lungs. The final diagnosis was Langerhans cells histiocytosis. The second case presented with multiple angioma since born, wine color spots and thorax deformity in some ribs area, compatible with systemic presentation of neuroblastoma. The third case, the child showed atopic eczema of face and xerosis of lower limbs, secondary to steroid sulphatase deficiency. The fourth case, have signs of eczema in the face with motor delay and hypertonia of lower limbs. The patient was diagnosed Sjögren-Larsson. The fifth case, the baby presented with seborreic dermatitis on retroauricular region and no respond to treatment with steroid cream. The final diagnosed was biotinidase deficiency. All these cases are example of skin involvement and can be the first sign of a more severe condition like oncology or metabolic diseases in some situations.

Keywords: *Skin; Nails; Metabolic; Oncology; Diseases*

Introduction

Metabolic or oncology diseases may have in some cases at their initial, manifestation of skin and nails changes. The early recognition and diagnosis of the main disease, will lead us to a more effective treatment and consequently to genetic counseling and prenatal diagnosis of the couple in the future pregnancy.

Cases Reports

We present 5 cases (2 oncology and 3 metabolic) with signs in skin and nails as part of their manifestations. The first case showed seborreic dermatitis of scalp, subungueal suffusions and bilateral crepitations of lungs. The final diagnosis was Langerhans cells histiocytosis (Figure 1). The second case presented with multiple angioma since born, wine color spots and thorax deformity in some ribs area, compatible with systemic presentation of neuroblastoma (Figure 2). The third case, the child showed atopic eczema of face and xerosis of lower limbs, secondary to steroid sulphatase deficiency (Figure 3). The fourth case, have signs of eczema in the face with motor delay and hypertonia of lower limbs. The patient was diagnosed Sjögren-Larsson (gene mutation in aldehyde dehydrogenase) (Figure 4). The fifth case, the baby presented with seborreic dermatitis on retroauricular region and no respond to treatment with steroid cream. The final diagnosed was biotinidase deficiency (Figure 5). All these cases are example of skin involvement and can be the first sign of a more severe condition like oncology or metabolic diseases in some situations.



Figure 1: Langerhans cells histiocytosis.



Figure 2: Neuroblastoma.



Figure 3: Steroid sulphatase deficiency.



Figure 4: Sjögren-Larsson.



Figure 5: Biotinidase deficiency.

Discussion

These 5 cases showed that changes on skin and nails can be associated with oncology or metabolic diseases. In the Langerhans cells histiocytosis, the patient died of respiratory failure secondary to frequent pulmonary infection and pneumothorax. The second case, with systemic neuroblastoma, with skin and brain metastases, respond well to chemotherapy cycle. The case of steroid sulfatase deficiency, the patient has period of relapse during summer with severe xerosis in winter period. We exclude Kallman syndrome that is associated in 25% of cases. The Sjögren-Larsson case, supportive treatment was done with physiotherapy to improve the hypertonia of the limbs. The last case, with biotinidase deficiency, daily oral dose of biotin was enough to treat the persistent retroauricular eczema [1-5].

Conclusion

All 5 diseases showed involvement of skin and in one case have also nail suffusions. Oncology or metabolic diseases can be responsible for these changes. With earlier diagnosis and intervention, the prognosis of those patients can be better.

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