



Cancer and the Skin

By Dr. Jacob Levitt

Below is just a brief synopsis of several cancer conditions and a small snippet of its symptoms provided for the *Cancer Tamer TV Talk Show* to help heighten your awareness on dermatological conditions associated with cancer. If you suspect you have any of these conditions, please make an evaluation appointment with your medical physician.

Diseases that happen in the skin for unclear reasons because of a cancer:

- **Sweet's syndrome:** It usually occurs as a red, beefy rash but can present as ulcers in surgical scars that worsen with surgical correction. They are often mistaken for infection because: 1) there is pus under the microscope, 2) it occurs with fever, 3) the skin doesn't heal and the wound progresses from well-appearing to ugly-looking, and 4) infection is the most common cause for a non-healing surgical wound. Sweet's has certain diagnostic criteria: a) underlying cancer, b) improves rapidly with prednisone, c) certain markers of inflammation are present on a blood test, d) fever, and e) characteristic appearance. Pathergy occurs in this condition. That means that when you go to clean out the wound, the wound gets bigger instead of helping it to heal.
- **Pyoderma gangrenosum (PG):** often an ugly leg ulcer that worsens from cleaning it out surgically. Most folks with PG have Crohn's disease or ulcerative colitis, but some folks with myeloma (a type of bone marrow cancer) get this. Not all doctors know to look for the myeloma via a blood test called an SPEP or IFE.
- **Paraneoplastic pemphigus:** some cases of pemphigus, a blistering disease of the skin, can involve the lips severely, which could be due to lymphoma internally.
- **Peutz-Jegher syndrome:** freckles on the lips indicate the need for colonoscopy looking for colon cancer, among other cancers



- **Dermatomyositis:** this is a condition with rashes of the eyelids and knuckles of the hands, sometimes associated with muscle weakness, that can happen with ovarian cancer.
- **Howell-Evans syndrome:** palms and soles get very thick skin, which is a clue to look for esophageal cancer

Internal cancer that spreads directly to the skin:

- **Breast cancer:** if you ignore breast cancer, it can spread directly from inside the breast to the skin. This often happens to women or men in denial of the lump they had. Denial of the presence of cancer is a fascinating, sad phenomenon in people...they know they have something wrong but make up excuses to themselves to deny it. Indeed, with at least three melanoma patients that I can remember, I have diagnosed melanoma and then they never went to therapy. There was one person who worked for me for whom I got a car service and made them go to my dermatology professor to get it excised. That person would otherwise not have gone. I had the person's meetings cancelled for the day. Anyways, with breast, you can have: a) peau d'orange - the skin looks like an orange from swelling due to lymphatic obstruction by the cancer; b) carcinoma en cuirasse (the French were all over naming the skin manifestations of breast cancer), which happens after mastectomy, when you get nodules of tumor on the chest wall at the site of the mastectomy signaling a recurrence; and c) Paget's disease of the nipple, where one nipple is chronically irritated and possibly lumpy, and is a type of milk duct cancer.
- **Leukemia:** very rarely, you can get leukemia cutis, where leukemia infiltrates the skin, looking like purple plaques or nodules. More commonly, leukemia may initially present as easy bruising or lots of small bleeding within the skin.
- **HIV-associated cancers:** when the immune system is lowered from HIV, many kinds of cancers can pop up. The most classical one is Kaposi sarcoma. This goes away when you treat the HIV successfully.
- **Cancers associated with immunosuppression from organ transplants:** these folks are at risk for squamous cell cancers and lymphoma. Interestingly, there are a number of methods to cut down the risk. Taking niacinamide helps reduce skin cancers. There is a vitamin A-derived pill that also lessens the risk. And, of course, annual skin checks. Lowering the immunosuppression helps as well, if that's possible.



Cancers that start in the skin:

- **Melanoma:** Melanoma is an aggressive form of skin cancer that starts as a black mole that changes. They often begin flat rather than raised, but sometimes they become raised over time. A good rule of thumb to help the layman detect melanoma is to follow “ABCDE”: A = asymmetry, B = irregular borders, C = two or more colors, D = diameter greater than 6mm, and E = evolving. Performing self-exams monthly will allow you to identify a new mole early, before it becomes aggressive. If you have multiple primary melanomas, look for pancreatic cancer. Also, since melanoma can be genetic, all first degree relatives of a melanoma patients should be screened for melanoma. This certainly does not always happen.
- **Squamous cell cancer or basal cell carcinoma:** these can present as non-healing ulcers on the leg, often in an older patient. Any bleeding, non-healing sore should not be ignored. Squamous cell cancer can spread if ignored, while basal cell cancer just eats away at structures locally. Squamous cell cancers often start as something called an actinic keratosis, or precancers from the sun. These are often on the scalp or tops of the ears (sun exposed areas) and feel like rough bumps.

For melanoma, basal and squamous cell cancers, sun avoidance is critical, best from early ages. Society is much better educated about this now. My students and I did a skin cancer screening at Jones Beach a couple of years ago and found three melanomas during that day!

- **Cutaneous T-cell lymphoma:** this is a cancer of the skin that looks like eczema but doesn't respond to topical steroids and is often located in the armpits, breasts, and buttocks. If untreated, it can spread internally in some cases.
- **Skin cancer in really old people:** to treat or not to treat? Sometimes, it is better to leave it alone. People may die from other causes and not have to undergo painful surgery and post-surgical hassles.

What can YOU do to find or prevent skin cancer?

- a) get skin checks yearly, especially if you were in the sun a lot. This can be done by any dermatologist.
- b) if you think you have something rare, or things aren't going right in your skin, you want to go to an academic medical center, and ask for the dermatologist there who deals with complicated medical dermatology. Each institution usually has one or two doctors that specialize in difficult skin diseases. It is best to ask the appointment secretaries or perhaps a



nurse to which doctor they would go because you really think you have something serious. That squeezes out the best names.

c) for things like Sweet's or pyoderma gangrenosum, there are treatments, but they often require an aggressive approach that some dermatologists are not comfortable doing. But, most of these skin phenomena of cancer are treatable.



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Dr. Levitt was a vice president of Taro Pharmaceuticals U.S.A., Inc., a company founded by his grandfather. Non-work activities include twenty-nine years of Shotokan Karate (4th degree black belt and instructor) and being President and Medical Director of the Periodic Paralysis Association (he has hypokalemic periodic paralysis).

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