



# Paraneoplastic Dermatoses

## What Are Paraneoplastic Dermatoses?

Paraneoplastic dermatoses are **unusual skin findings linked to an underlying cancer**, but **the skin problem itself is not cancer spreading to the skin**. Instead, the skin reacts to signals from the tumor or the immune system. These skin changes may appear **before**, **at the same time as**, or **after** a cancer diagnosis.

Most rashes and growths are **not** paraneoplastic. But when certain skin patterns appear suddenly or behave unusually, they can serve as a “red flag” that prompts further evaluation.



Source: IMACS

## Common Examples We Watch For

Your dermatologist may consider a paraneoplastic cause when skin findings have a **classic look** and **new, rapid onset**, especially with other symptoms (weight loss, fatigue, fevers, night sweats).

Examples include:

- **Acanthosis nigricans (sudden onset):** velvety dark thickening, often on neck/arm pits
- **Dermatomyositis:** rash with muscle weakness (can be associated with internal malignancy in adults)
- **Sign of Leser-Trélat:** sudden eruption of many “stuck-on” growths (seborrheic keratoses)
- **Erythema gyratum repens:** rapidly spreading “wood-grain” patterned rash (rare)
- **Paraneoplastic pruritus:** persistent, unexplained itching (a possible internal marker in some cases)

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## Symptoms That Should Prompt an Evaluation

Call our office for assessment if you notice:

- A **new rash** that spreads quickly or doesn't respond to usual treatment
- **Sudden onset** of many new growths or rapidly changing skin findings
- **Unexplained itching** that is severe or persistent
- Skin changes plus systemic symptoms like **unintentional weight loss, fevers, night sweats, fatigue**, or new lumps

**Seek urgent care** if you have blistering/peeling skin, facial swelling, trouble breathing, or rapidly worsening illness.

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## How We Evaluate Paraneoplastic Dermatoses

Because many of these findings can mimic common skin conditions, evaluation is step-by-step:

1. **History & full skin exam** (timing, symptoms, medications, family history)
2. **Skin biopsy** (often the most helpful next step)
3. **Targeted labs** (if indicated)
4. **Coordinate age-appropriate cancer screening** with your PCP
5. If concern remains: **referral coordination** (oncology, GI, gynecology, etc.)

If cancer screening is needed, we help guide **what to do next**, but the specific work-up is individualized.

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## Typical Images for Your Website

**4-card row (Elementor-friendly):**

1. **Velvety dark neck patches** (acanthosis nigricans)  
ALT: "Velvety dark thickened skin on the neck (acanthosis nigricans)."
  2. **Hand knuckle rash** (dermatomyositis example)  
ALT: "Reddish-purple bumps on knuckles (Gottron papules)."
  3. **Sudden 'stuck-on' growths** (Leser-Trélat example)  
ALT: "Multiple waxy, stuck-on brown growths on the back."
  4. **Wood-grain patterned rash** (erythema gyratum repens example)  
ALT: "Concentric, wavy red rash pattern resembling wood grain."
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# Pre-Op Instructions (If a Skin Biopsy Is Planned)

Most patients don't need special preparation, but these steps help procedures go smoothly:

- Tell us if you take **blood thinners** or have a bleeding disorder
    - ⚠ Do **not** stop prescription blood thinners unless the prescribing clinician instructs you.
  - Arrive with **clean skin** (avoid heavy lotions/oils on the area)
  - Let us know about **allergies** (tape/adhesives, antiseptics, numbing medicine)
  - If the site is hairy (scalp/arm/leg), don't shave right before—small nicks can irritate skin
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# Post-Op Instructions (After Biopsy)

- Keep the bandage on and dry for **24 hours** (unless instructed otherwise)
  - Then: gentle wash with soap/water, pat dry, apply a thin layer of ointment if directed, and cover with a clean bandage
  - Avoid soaking (pools/hot tubs/baths) until healed
  - Call us if you notice **worsening redness, warmth, swelling, pus-like drainage, fever, or** bleeding that won't stop after **10–15 minutes** of firm pressure
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# FAQ: Paraneoplastic Dermatoses

## Is a paraneoplastic rash the same as skin cancer?

No. Paraneoplastic dermatoses are **skin reactions** associated with an internal cancer, not cancer cells growing in the skin.

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## Does having one of these rashes mean I have cancer?

Not necessarily. Many of these skin findings have **benign causes**. The key is the **pattern, sudden onset, and overall clinical picture**.

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## Why would cancer affect the skin?

Some cancers trigger immune responses or release signals that can cause skin changes—even when the cancer is located elsewhere.

## How do you confirm the diagnosis?

A **skin biopsy** is often the most helpful test. Depending on the results, we may recommend labs and coordination with your primary care clinician for additional screening.

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## If cancer is found and treated, will the skin improve?

Often, paraneoplastic skin findings **improve when the underlying cancer is treated**, though this varies by condition and individual.

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## What is “paraneoplastic pruritus”?

It’s persistent, unexplained itching that can sometimes be associated with internal disease. Itching has many common causes, so evaluation helps rule out more serious conditions.

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## When should I be worried?

If you have a **rapidly spreading rash, new blisters/skin peeling**, or skin changes plus systemic symptoms (fever, weight loss, night sweats), contact us promptly.