Netherlands
The Journal of Medicine

PHOTO QUIZ

An unusual cause of hypertrichosis

M.T.C. Pruijm[1*], W.H. van Houtum[2]

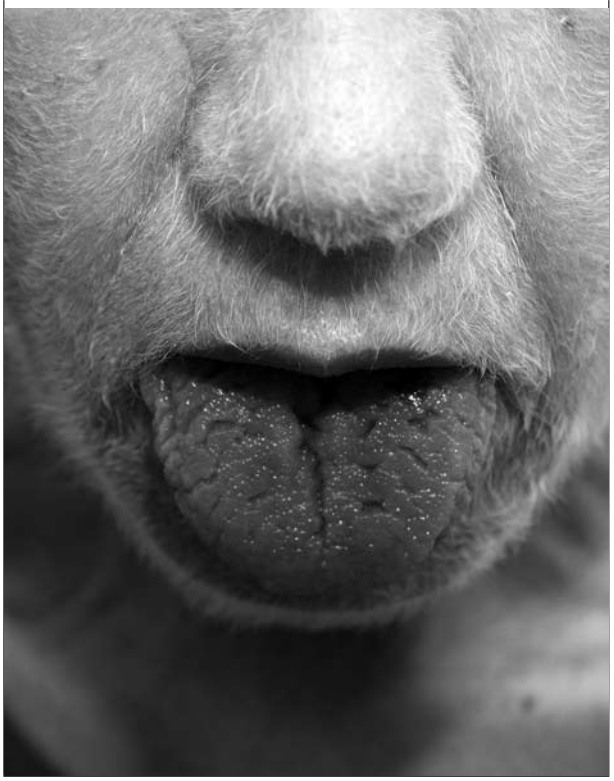
[1]Centre Hospitalier Universitaire Vaudois (CHUV), Department of Nephrology, Lausanne, Switzerland, [2]Department of Internal Medicine, Spaarne Hospital Hoofddorp, [*]corresponding author: tel. and fax: 0041-22-300 60 14, e-mail: mennopruijm@hotmail.com

A 58-year-old woman presented with a three-month history of an increase in body hair. Her tongue had been reddish with a burning sensation for one year. In the previous months she had lost ten kilos, accompanied by diarrhoea. The patient had had endometrial carcinoma stage III two years before presentation, for which a hysterectomy and local radiotherapy had been performed. Physical examination revealed multiple fine, long, non-pigmented hairs located on the face, behind her ears, on her shoulders and arms. Besides a glossitis no other anomalies were noted.

WHAT IS YOUR DIAGNOSIS?

See page 45 for the answer to this photo quiz.

Figure 1.



© 2007 Van Zuiden Communications B.V. All rights reserved.

ANSWER TO PHOTO QUIZ (ON PAGE 42)

AN UNUSUAL CAUSE OF HYPERTRICHOSIS

The clinical features were consistent with a diagnosis of hypertrichosis lanuginosa acquisita (HLA). Extensive endocrine analysis did not reveal any underlying hormonal overproduction causing the increased hair growth. In search of an underlying malignancy, a CT scan of the abdomen yielded periaortic adenopathies. Transgastric endoscopy-guided puncture confirmed the suspicion of metastatic adenocarcinoma, for which patient was treated with local radiotherapy.

HLA is defined by the presence of lanugo hair in adults. It is an extremely rare, usually paraneoplastic manifestation, most often seen in lung, colon, uterus or breast carcinoma.[1-3] It can precede or follow the malignancy and is often accompanied by glossitis and steatorrhoea, as in our patient.[2] Nonmalignant causes such as anorexia nervosa, AIDS and systemic drugs (cyclosporin, minoxidil) should be excluded.[3]

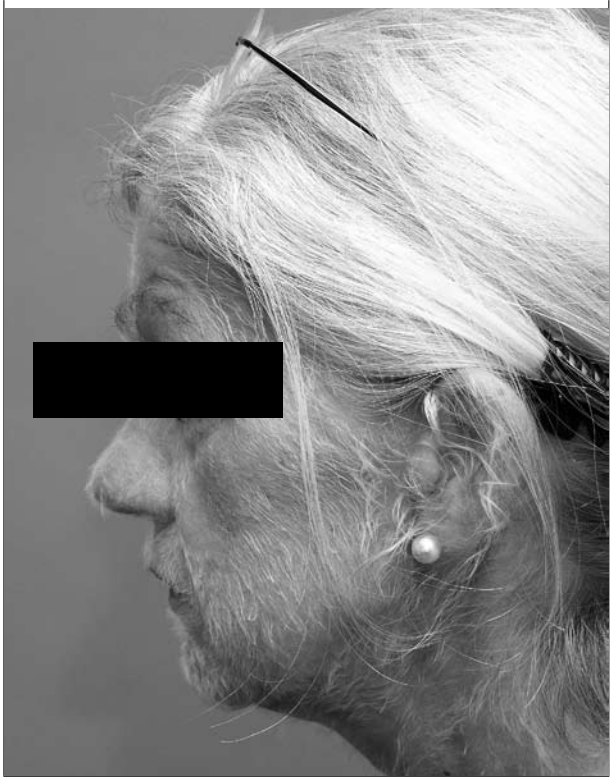
The underlying mechanism remains unknown, despite many biochemical and hormonal studies in affected patients.

Our patient was treated with locoregional radiotherapy (39 Gy) to the periaortic adenopathies. In the following months, interestingly, the hypertrichosis diminished considerably.

REFERENCES

1. Hensley GT, Glynn KP. Hypertrichosis lanuginosa as a sign of internal malignancy. Cancer 1969;24:1051-6.
2. Hovenden AL. Acquired hypertrichosis lanuginosa associated with malignancy. Arch Intern Med 1987;147:2013-8.
3. Pérez-Losada E, Pujol M, Domingo P, et al. Hypertrichosis. Clin Exp Dermatol 2001;26:182-3.

Figure 2.



© 2007 Van Zuiden Communications B.V. All rights reserved.