

[PICTURES IN CLINICAL MEDICINE]

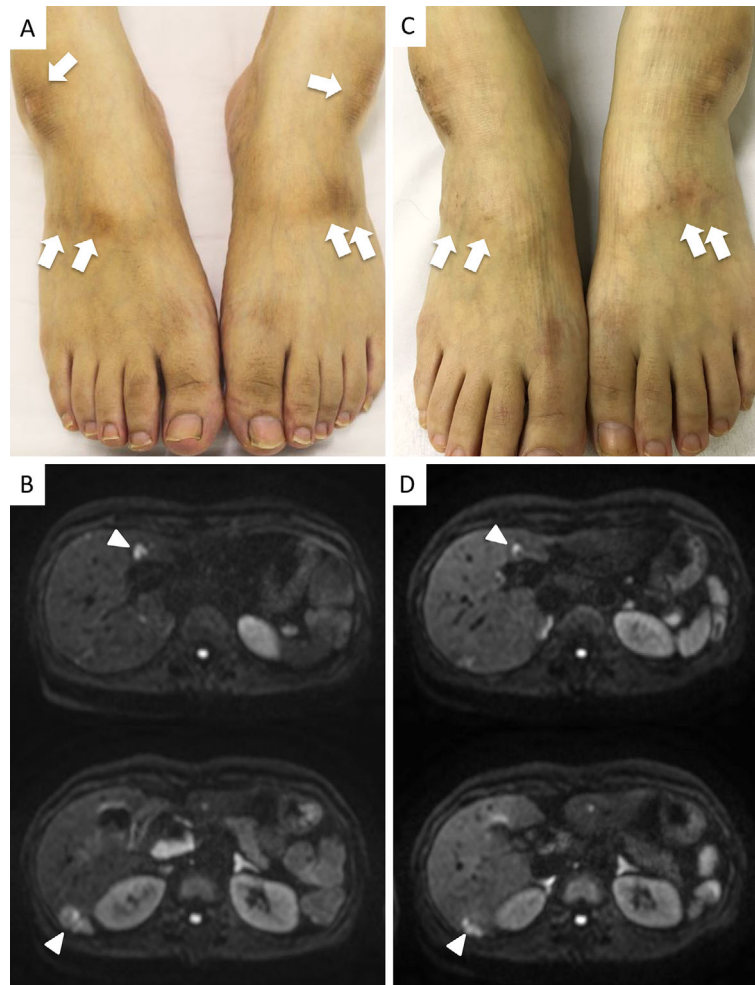
Erythema as a Visual Surrogate Marker of Glucagonoma

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Picture.

A 61-year-old female presented with progressive erythema on her foot (Picture A). She had previously undergone surgical resection of a pancreatic neuroendocrine tumor with a Ki-67 index of 15%, octreotide treatment, chemotherapy, and transarterial embolization over the previous eight years.

Metastases to the liver were identified on magnetic resonance imaging (Picture B). We initially administered sunitinib (37.5 mg per day) in an effort to inhibit the vascular endothelial growth factor- and platelet-derived growth factor-mediated receptor signaling (1). Four months later, the

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erythema was resolved (Picture C). Magnetic resonance imaging revealed that the liver metastases responded to this treatment (Picture D). The serum glucagon level (initially 803 pg/mL; reference level 71-174 pg/mL) fell to 425 pg/mL. We thought that the successful treatment of glucagonoma by sunitinib improved the necrolytic migratory erythema. Because necrolytic migratory erythema is an important paraneoplastic syndrome associated with glucagonoma (2), physicians should be aware of this symptom.

The authors state that they have no Conflict of Interest (COI).

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