

## CONSULT

### Internal Medicine/Endocrinology

- ▶ Patients should be evaluated for obesity, type II diabetes mellitus (type I DM in children), insulin resistance and metabolic syndrome.
- ▶ Acanthosis nigricans may develop as a cutaneous paraneoplastic syndrome. It should be considered especially in atypical localizations such as mucosal and palmar involvement and in acute lesions.
- ▶ It is closely related to gastric adenocarcinoma. However, it can also be seen in other intra-abdominal organ malignancies, renal carcinoma, breast, lung and gynecological cancers.
- ▶ Other related endocrinopathies associated with AN: Addison's Disease, acromegaly, pituitary disorders, and thyroid diseases.
- ▶ Treating insulin resistance and/or diabetes plays the most important role in improving the skin findings of these patients.

### Gynecology and Obstetrics

- ▶ Female patients with AN associated with insulin resistance should be evaluated for polycystic ovary syndrome (PCOS).
- ▶ HAIR-AN syndrome: The syndrome with the triad of hyperandrogenism, insulin resistance and acanthosis nigricans can be investigated in the event of suspicion.

### Psychiatry

- ▶ AN triggered by heroin use has been reported. Questioning may be required in terms of substance abuse.

### Ophthalmology

- ▶ Loss of eyelashes and eyebrows, conjunctival hyperemia with fine papillary changes in both the eyelid margins and tarsal conjunctiva, epiphora and ectropion due to occlusion of the ducts by papillomatous lesions may be observed.
- ▶ Patients with symptoms should be consulted to the ophthalmology department.

### Cardiology

- ▶ Individuals with acanthosis nigricans have a higher risk of subclinical atherosclerosis, hypertriglyceridemia, insulin resistance, and therefore atherosclerotic cardiovascular disease.
- ▶ Patients should consult a cardiologist regarding cardiac risks.

### Clinical Pharmacology

- ▶ AN may be associated with certain drugs. The closest association has been reported with niacin. However, it can also be triggered by fusidic acid, methyltestosterone, folate preparations, corticosteroids, somatotropin, insulins, some antipsychotics, and oral contraceptives.

### Nutrition and Dietetics

- ▶ Integrating the patient into a regular diet and exercise program is very important in terms of breaking insulin resistance.

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## DANIŞ

### Dahiliye/Endokrinoloji

- ▶ Obezite, tip II diyabetes mellitus (çocuklarda tip I DM), insülin direnci ve metabolik sendrom açısından hastalar değerlendirilmelidir.
- ▶ Akantozis nigrikans kutanöz paraneoplastik sendrom olarak gelişebilmektedir. Mukozal ve palmar tutulum gibi atipik lokalizasyonlarda ve akut gelişen lezyonlarda özellikle düşünülmelidir.
- ▶ Mide adenokarsinomu ile yakın ilişkilidir. Ancak diğer intraabdominal organ maligniteleri ile renal karsinom, meme, akciğer ve jinekolojik kanserlerde de görülebilir.
- ▶ AN ilişkili diğer ilişkili endokrinopatiler: Addison Hastalığı, akromegali, hipofiz bozuklukları, tiroid hastalıkları.
- ▶ İnsülin direncinin ve/veya diyabetin tedavi edilmesi bu hastaların deri bulgularının düzelmesinde en önemli rolü oynamaktadır.

### Kadın Hastalıkları ve Doğum

- ▶ İnsülin direnci ile ilişkili olan AN tipine sahip kadın hastalarda polikistik over sendromu (PKOS) açısından değerlendirme yapılmalıdır.
- ▶ HAIR-AN sendromu: Hiperandrojenizm, insülin direnci ve akantozis nigrikans triadı ile seyreden sendrom şüphe varlığında araştırılabilir.

### Psikiyatri

- ▶ Eroin kullanımı ile tetiklenen AN bildirilmiştir. Madde bağımlılığı açısından sorgulama gerekebilir.

### Göz Hastalıkları

- ▶ Kirpik ve kaşların kaybı, hem göz kapak kenarlarında hem de tarsal konjonktivada ince papiller değişikliklerle birlikte konjonktival hiperemi, kanalların papillomatöz lezyonlarla tıkanmasından kaynaklanan epifora ve ekotropiyon görülebilir.
- ▶ Semptomları olan hastalar mutlaka göz hastalıkları bölümüne konsülte edilmelidir.

### Kardiyoloji

- ▶ Akantozis nigrikanslı bireylerde subklinik ateroskleroz, hipertrigliseridemi, insülin direnci ve dolayısıyla da aterosklerotik kardiyovasküler hastalık riski daha yüksek saptanmıştır.
- ▶ Hastalar kardiyak riskler yönünden kardiyoloji uzmanına danışılmalıdır.

### Klinik Farmakoloji

- ▶ AN, bazı ilaçlarla ilişkili olabilir. En yakın ilişki niasin ile bildirilmiştir. Ancak fusidik asit, metiltestosteron, folat preparatları, kortikosteroidler, somatotropin, insülinler, bazı antipsikotikler, oral kontraseptifler ile de tetiklenebilir.

### Beslenme ve Diyetetik

- ▶ Hastanın düzenli bir diyet ve egzersiz programına entegre edilmesi insülin direncinin kırılması açısından oldukça önemlidir.

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