

Abstract Form

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Project Title:	Maybe It's Maybelline: Eyelash Growth as a Harbinger of Occult Malignancy

Research Category (please check one):

<input type="checkbox"/>	Original Research	<input checked="" type="checkbox"/>	Clinical Vignette	<input type="checkbox"/>	Quality Improvement	<input type="checkbox"/>	Medical Education Innovation
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Abstract

Introduction

Hypertrichosis may be associated with endocrine disorders or certain medications, and it has been reported as a rare paraneoplastic phenomenon associated with carcinoma. Here we report a case of eyelash trichomegaly as the first indication of underlying renal cell carcinoma.

Case Report

A 64 year old man presented to his primary care physician for several months of unusual lengthening and thickening of his eyelashes. He also noticed fine hair growth on the back of his hands. The patient never smoked cigarettes, and his medications included atorvastatin and irbesartan-hydrochlorothiazide, which are not known to cause trichomegaly. Laboratory workup for endocrinopathies (including testosterone, DHEA, FSH, prolactin, and thyroid studies) was benign. He was noted to have a mild normocytic anemia (Hemoglobin 12.1 g/dL, MCV 82.9 fl) with low serum iron (29 mcg/dL) and low iron saturation (11%). Ferritin was elevated (563 ng/mL). Urinalysis demonstrated trace blood. In hindsight the patient recalled that he had experienced one episode of gross hematuria 6 months prior, which had resolved on its own.

Cross-sectional imaging was obtained, demonstrating an 11.7 centimeter mass in the right kidney and nodules in the retroperitoneum consistent with metastatic renal cell carcinoma. The patient was referred to oncology. Core biopsy of the left para-aortic lymph node was then obtained; pathology showed clear cell carcinoma. The patient was treated with 10 cycles of neoadjuvant nivolumab and cabozantinib (a tyrosine kinase inhibitor) prior to radical nephrectomy. He continued these agents after surgical resection, and eyelash growth slowed significantly. Unfortunately, the patient experienced disease progression within one year. 19 months after his initial diagnosis, he was admitted to the hospital for new abdominal pain, generalized weakness, and melena. Imaging demonstrated diffuse mesenteric thromboses, and he ultimately passed away from ischemic bowel precipitating oliguric renal failure and refractory shock. Autopsy demonstrated widely metastatic renal cell carcinoma throughout the abdomen, lymph nodes, lungs, and even heart valves.

Discussion

Eyelash growth, or trichomegaly, has been linked to systemic processes including HIV, congenital disorders, and treatment with EGFR inhibitors. The exact mechanism of trichomegaly has yet to be elucidated. Our case highlights the importance of pausing to consider more insidious etiologies when faced with an unusual cutaneous manifestation. This point is particularly salient in renal cell carcinoma, a disease where many patients remain asymptomatic and 20-30% of patients have metastatic disease at the time of diagnosis.



Figure 1: Patient's Trichomegaly