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RESEARCH ARTICLE

CUTANEOUS ANAPLASTIC LARGE CELL LYMPHOMA CD30+ IN ITS EXTENSIVE FORM: ABOUT A CASE

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Abstract

Primary cutaneous anaplastic large T-cell lymphoma CD30+ is a rare cutaneous lymphoma, which belongs to the group of cutaneous T-cell lymphoproliferations CD30+. It is characterized by an excellent prognosis and the treatment is therefore not very aggressive. However, its histological and molecular characteristics have many similarities with lymphoproliferative diseases whose prognosis is completely different. For this reason, it is important to study the patient from the anamnestic and clinical point of view in order to reach a correct diagnosis.

Introduction:-

Cutaneous anaplastic CD30+ large cell T lymphomas is rare [1] represent only 8% of cutaneous lymphomas and are characterized by the presence of pleomorphic or immunoblastic anaplastic tumor cells expressing for the majority of them the CD30 antigen.

We discuss this entity in the light of this case.

Patient And Observation:-

We report the case of a 58-year-old male patient, without any notable pathological history, who presented on clinical examination with numerous erythematous, slightly scaly and infiltrated patches (Figure 1), involving the 4 limbs, the back, the trunk and the abdomen, as well as several ulcerated tumors on the scalp (Figures 2 et 3), of firm consistency, sensitive to palpation.

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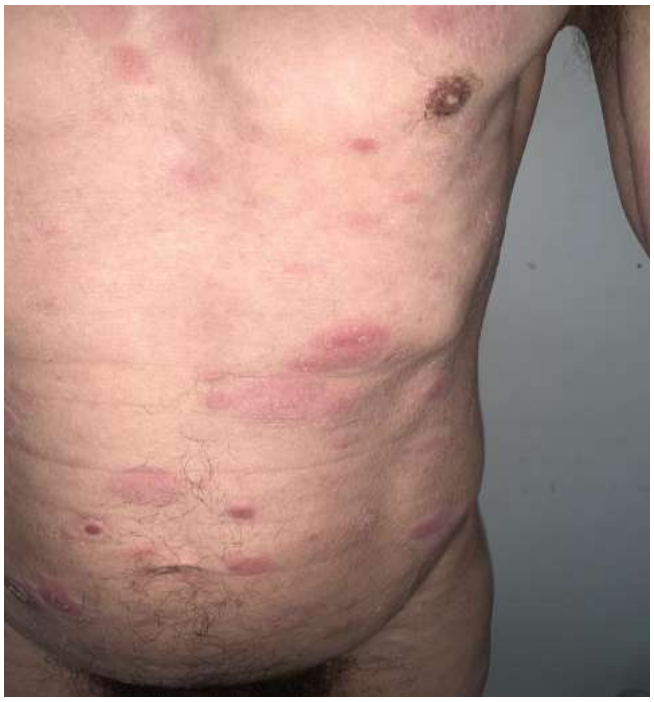
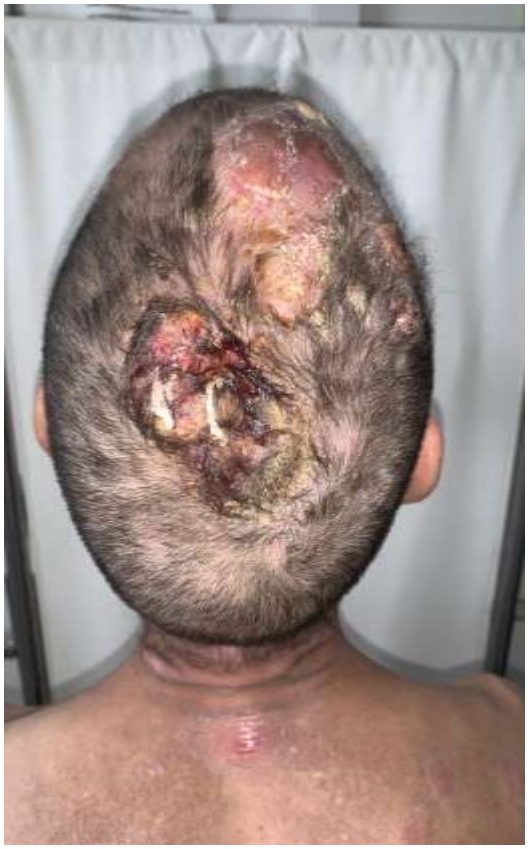


Figure 1:- Slightly scaly and infiltrated erythematous patches on the abdomen.



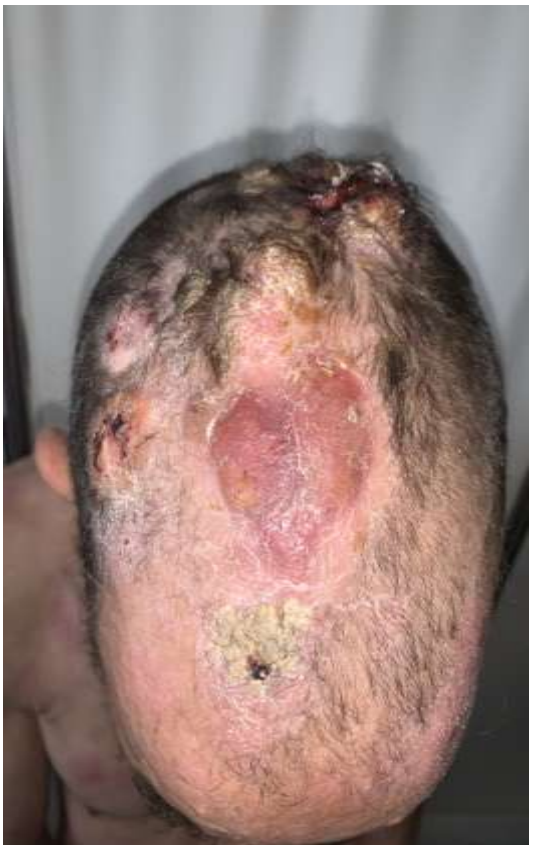


Figure 2 and 3:- Ulcerated tumors of the scalp.

The patient also had a large ulcerated nodule on the back. The rest of the clinical examination was unremarkable except for a right inguinal adenopathy.

A skin biopsy with immunohistochemical complement was performed showing large cells **(**Figure 4, 5) strongly expressing the CD30 antigen and consistent with a cutaneous anaplastic large cell CD30+ T lymphoma.

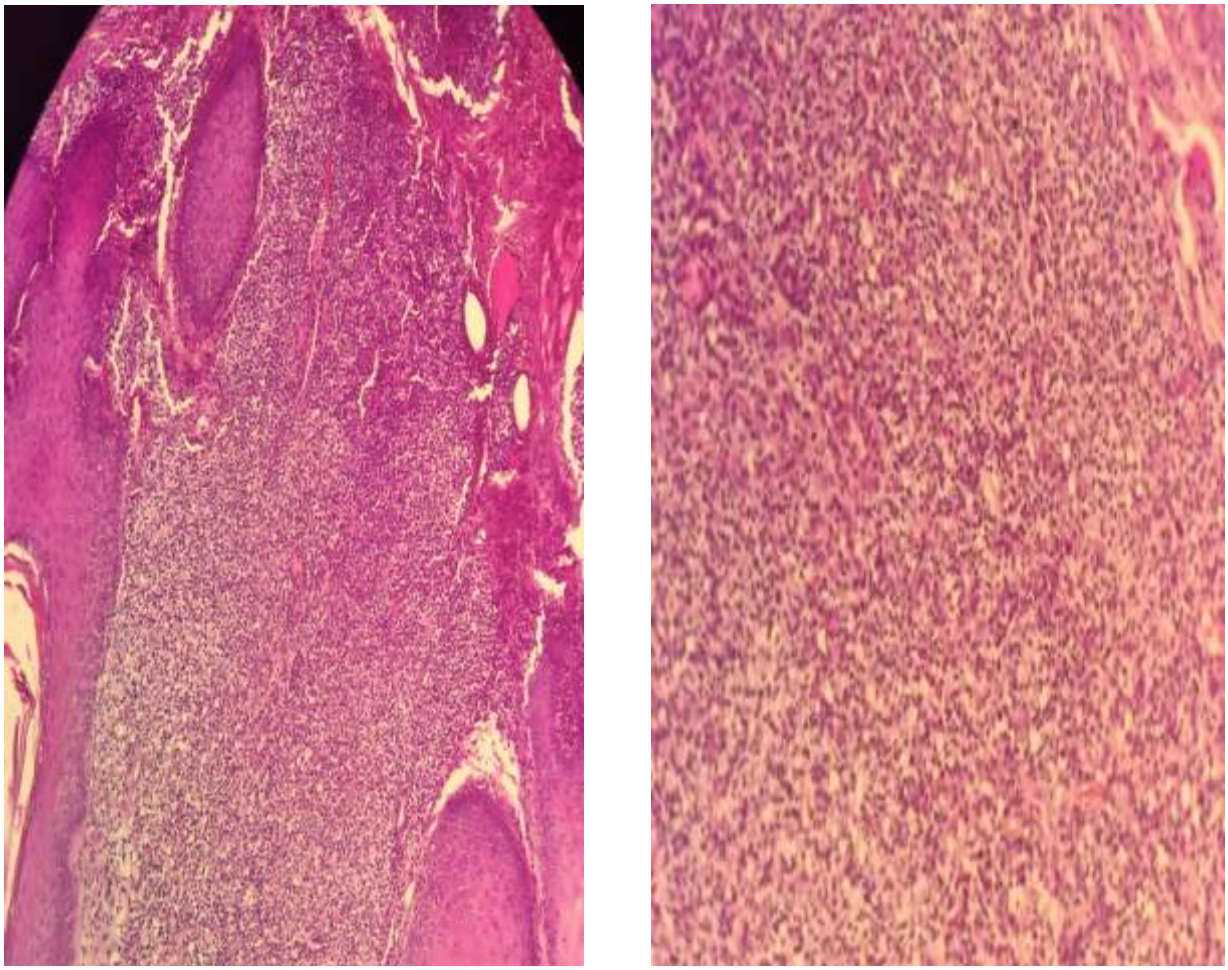


Figure 4 and 5:- Histological image showing a dense infiltrate of medium to large cells in the superficial and deep dermis.

An extension workup was performed and showed no secondary involvement. The lymph node biopsy of the inguinal adenopathy showed a reactive adenitis without infiltration.

Regarding the treatment, the decision was made by the hematologists and consisted of a CHOEP-type multidrug therapy, because of the high risk of extracutaneous extension. The patient received 4 cycles of polychemotherapy spaced 21 days apart (Figure 6) and was then lost to follow-up.

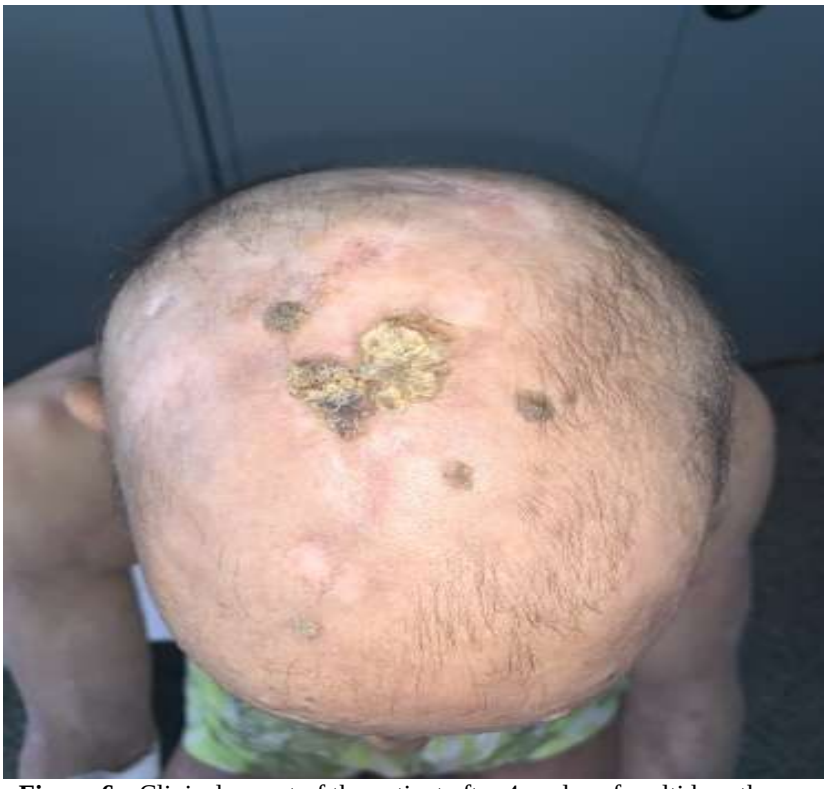


Figure 6:- Clinical aspect of the patient after 4 cycles of multidrug therapy.

Discussion:-

CD30+ cutaneous lymphoproliferations include lymphomatoid papulosis and cutaneous large cell lymphoma, most often CD30+ anaplastic and borderline forms between the two. CD30+ anaplastic large cell lymphoma is an indolent lymphoma with a 5-year survival rate of 96% [2].

Primary cutaneous anaplastic large cell lymphoma is most often found in males with a median age of 60 years [3], which corresponds to our patient.

They present as nodules or tumors, usually ulcerated, single or multiple, but more often grouped in an anatomical territory than disseminated; our patient presented a disseminated form. Histopathological analysis shows a dermohypodermal proliferation with a tumoral appearance made of medium to large lymphocytes of which at least 75% strongly express the CD30 antigen [4].

The clinical examination, the evolution and the anatomopathological analysis must be considered together before making the diagnosis [5]. The extension workup is essential and confirms the primary cutaneous nature of the disease.

The treatment will take into account the type of lesions and their evolution, it will be based on clinical monitoring, radiotherapy in case of a single or localized lesion [6], surgical excision and finally chemotherapy in case of disseminated lymphoma or extra-cutaneous localization. Multidrug therapy was indicated for our patient because of the extensive form and the increased risk of extracutaneous extension.

Conclusion:-

Primary cutaneous CD30+ anaplastic large cell lymphoma in adults is rare, the prognosis remains excellent but close clinical and radiological surveillance is essential.

Informed consent has been obtained from the patient for us to use the pictures.

The authors declare no conflict of interest.

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