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Primary cutaneous anaplastic large T-cell lymphoma: From a lesion peculiar to its diagnosis

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Description

The authors present a clinical case of a 42-year-old woman presented to the Emergency Department for a non-pruritic skin lesion in the left lower limb with a few months of evolution.

Objectively, not one but multiple exophytic lesions were observed, the largest with 2.5 cm diameter, round, ulcerated in the center and located on the posterolateral face of the left leg. A similar lesion, slightly smaller, was located on the medial face of the right upper limb (Figure 1).

Excisional biopsy of the lesion presented in Figure 1 was performed with immunohistochemical and anatomopathological study revealing characteristics of an Anaplastic Large T-Cell Lymphoma (ALTCL). A positron emission tomography scan was also done showing limited involvement of the skin lesions to cutaneous and subcutaneous tissues. The diagnosis of Primary Cutaneous Anaplastic Large T-Cell Lymphoma (PC-ALTCL) was established and initiated systemic therapy with methotrexate, with progressive reduction of lesions.

ALTCL is a rare type of Non-Hodgkin Lymphoma (NHL), constituting 2% of the NHL [1]. It can be classified as Systemic (S-ALTCL) or primary cutaneous [1,2]. The PC-ALTCL is more frequent in males and usually appears in the 6-7th decades of life, characterized by solitary or multiple lesions, which tend to ulcerate in the center and evolve indolently [3,4].

In the case presented, the excisional biopsy revealing an ALTCL, motivated the differential diagnosis between PC-ALTCL

and other clinical entities, particularly with a S-ALTCL, for positivity to the immunohistochemistry marker EMA. The limited involvement of the lesions to cutaneous and subcutaneous tissues confirmed the diagnosis of PC-ALTCL, whose prognosis is more favourable compared to LAGCT-S prognosis, presenting a 10-year survival of 85% [3,4]. The existence of multiple lesions usually requires systemic therapy and not only its excision or radiotherapy, being first-line treatment options methotrexate and brentuximab [4].

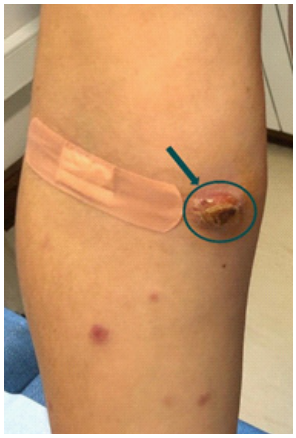

Figure 1: It is highlighted one of the largest exophytic lesions on the medial face of the right upper limb (circle and blue arrows).

Declarations

Conflict of interest disclosure: None.

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