The Primary Cutaneous Anaplastic Large Cell Lymphoma: Isolated Skin Involvement

The Editor,

Sir,

A 70-year old man patient was admitted to our hospital with a nodular lesion on the skin of his right-leg in June 2012. The patient's physical examination revealed that there were no palpable superficial lymph nodes and the other systems were normal. Blood tests were normal. Biopsy was performed from the lesion and the result was reported as $CD30^{+}$ anaplastic large T-cell lymphoma. Medical treatment was recommended by us but the patient refused the treatment. Then the patient was admitted to our hospital again in April 2014, due to the progression of the his nodular lesions. Physical examination revealed ulcerated and smelly lesions which were covering all of his right-leg and also multiple erythematous indurated regions (Fig. 1).

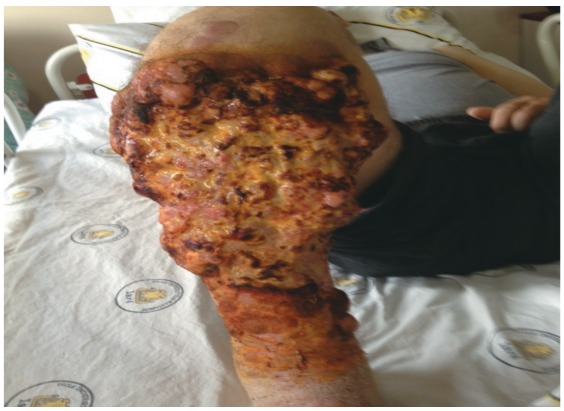

Fig. 1: Patients lesions pre-chemotherapy.

Other system examinations were normal. For evaluation of the systemic involvement, haemogram, blood smear, hepatic and renal function test, myelogram, chest X-ray, cervical ultrasonography, axillary ultrasonography, abdomenal ultrasonography and computed tomography of the whole body were done and no systemic involvement was found.

Chemotherapy was administered with cyclophosphamide-doxorubicin-vincristine-prednisone (CHOP). Regression of lesions were observed during treatment. The patient is followed in clinic and a suitable state.

The primary cutaneous anaplastic large cell lymphoma (PCALCL) is a non-Hodgkin lymphoma of cutaneous T-cell presentation, without systemic involvement at the time of the diagnosis and in the next six months (1). Primary cutaneous anaplastic large cell lymphoma is often asymptomatic and usually the first signs of the disease are a solitary tumour or nodules. Rarely, multiple lesions may occur in a single location (2). For case of PCALCL, systemic involvement is a rare condition in form of solitary cutaneous lesions than multifocal cutaneous lesions (3). Although there were multiple, large, ulcerated nodular lesions on the surface of the patient's right leg there was no systemic involvement. Chemotherapy, radiotherapy and surgery can be used separately or in combination. Radiotherapy and simple excision, used individually or in combination, are accepted as the treatments of choice for solitary or localized disease (4).

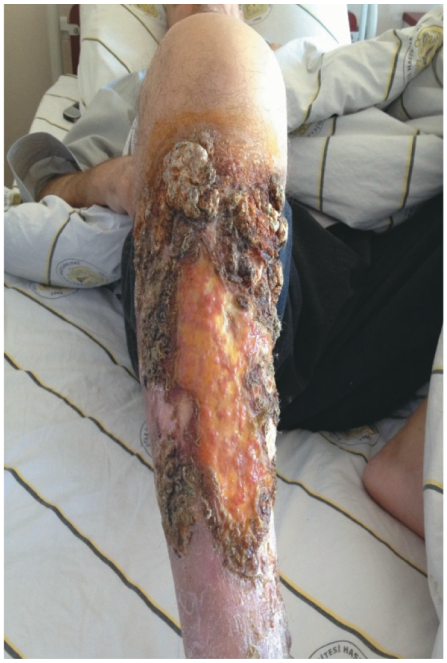

Fig. 2: Patients lesions after four cycles cheamotherapy.

Doxorubicin-based combinations such as CHOP are the most appropriate and the first option of treatment of multifocal primary cutaneous disease with or without evidence of extracutaneous progression (2, 4). There were no systemic involvement although our patient did not receive treatment for two years after being diagnosed with PCALCL. In a patient with unresectable tumour, after receiving six cycles of CHOP regimen, reduction of lesions was significant. In our case we would point to that, there were multiple, large, ulcerated skin lesions and also wide destruction of skin in our patient, however, laboratory investigations were normal and there was an absence of systemic involvement. In addition reduction in lesions was achieved after chemotherapy without surgery.

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