



SKIN CANCER (OTHER THAN MELANOMA)

COEXISTENCE OF MYCOSIS FUNGOIDES AND HODGKIN'S LYMPHOMA: TWO CASES REPORT

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Background: Coexistence of different lymphoid neoplasms is rare in the same patient. Approximately forty cases of mycosis fungoides (MF) associated with Hodgkin lymphoma (HL) have been described previously. In this report, we present two new cases of MF associated with HL.

Observation:

Case 1: A 40-year-old male patient presented to our outpatient clinic with erythematous, mild scaly patches and plaque lesions. Skin biopsy was consistent with MF. The patient was evaluated as Stage 3A and was started on bexarotene and PUVA treatment. The patient's skin lesions partially regressed, but he presented with rapidly growing lymph nodes in the left inguinal region. The results of lymph node excision were indicative of HL; thus, chemotherapy was initiated.

Case 2: A 37-year-old male patient presented with widespread red-brown patches and plaques. The patient had been diagnosed with HL eight months ago and was entered remission after chemotherapy. Body lesions had been started during treatment. Skin biopsy was consistent with MF. The patient was evaluated as stage 1B and was started on PUVA treatment. After 4 months, the lesions were disappeared completely.

Key message: In patients with cutaneous T-cell lymphoma, the risk of development of secondary malignancy, especially lymphoid neoplasm, has increased. At the same time, the likelihood of HL patients developing a second malignancy has also increased. This coexistence may occur due to both HL and MF being caused by the same pluripotent stem cells. It has also been suggested that this coexistence may be caused by genetic susceptibility, viral infections and mutagenic effects of cytotoxic drugs. In our second case, MF lesions developed during combination chemotherapy. The coexistence of different types of lymphomas has not yet been fully elucidated.

