SKIN CANCER (OTHER THAN MELANOMA)

CONCURRENT PILOMATRIX CARCINOMA AND MANTLE CELL LYMPHOMA

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Background: Pilomatrix carcinoma is a rare cutaneous tumour derived from follicular matrix cells. It is often locally aggressive with high rates of local recurrence. Fewer than 130 cases have been reported in the literature, and due to its rarity, it is often clinically misdiagnosed. The aetiology is uncertain, but it has been posited that they can arise de novo or from malignant transformation of a pilomatrixoma, possibly related to an alteration in the immune system surveillance of the host. Several studies have documented an increased risk of various types of skin cancer in patients with non-Hodgkin lymphoma and, conversely, a greater incidence of non-Hodgkin lymphoma following skin cancer. Mantle cell lymphoma is a rare type of non-Hodgkin lymphoma, and to our knowledge, has not been reported in a patient concurrently diagnosed with pilomatrix carcinoma.

Observation: An 82-year old Caucasian gentleman presented with a one-month history of an enlarging left frontal scalp lesion. Histological analysis of a punch biopsy of this showed it to be a pilomatrix carcinoma, and the lesion was excised with a 5mm margin shortly thereafter. Concurrently, he was referred to the Haematology service to investigate a 6-week history of weight loss, cough and dyspnoea. He had splenomegaly and anaemia with atypical lymphocytes, and, suspecting a lymphoproliferative disorder, a bone marrow biopsy was carried out and confirmed the diagnosis of mantle cell lymphoma. He is currently undergoing chemotherapy with rituximab and chlorambucil.

Key message: This case demonstrates the concurrent presentation of two rare malignancies; pilomatrix carcinoma and mantle cell lymphoma. There has been previous evidence to suggest an association between skin cancer and non-Hodgkin lymphoma, perhaps reflecting the importance of underlying immune surveillance, helping us further elucidate the underlying aetiology. Furthermore, it highlights the necessity of close follow-up of these patients, ensuring to enquire about systemic symptoms.