SKIN CANCER (OTHER THAN MELANOMA)

CUTANEOUS LYMPHOMA OF SMALL AND MEDIUM MEDIUM CD4 POSITIVE CELLS A REPORT OF THREE CASES OF A RARE DISEASE

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Background: Primary cutaneous CD4+ small/medium T-cell lymphoproliferative constitutes only 2% of all primary cutaneous lymphomas, which recently been reclassified for WHO-EORTC as primary cutaneous small/medium-sized T-cell lymphoproliferative disorder (PCSM-TCLPD) because of its indolent behavior and uncertain malignant potential.

Observation: We present three clinical cases diagnosed in the last four years in the Dermatology Department of the Hospital Italiano de Buenos Aires. The first case is a 37-year-old female who presented a solitary 1.5 CMS brownish erythematous nodule, slightly painful when it was palpated which appeared seven months ago on her left lumbar region. The second patient, is an 82-year-old female, who presented an asymptomatic 1 cm erythematous-violaceous nodule with an unclear evolution time on the left preauricular area. The third case is a 48-year-old female who presented with a 1.5 cm asymptomatic erythematous nodule on her left arm a month ago.
Skin biopsies of the three patients were performed. The reports were compatible with cutaneous CD4 positive small and medium T cell lymphoma. T-cell receptor clonality was demonstrated in 3 cases. Thorough physical examination and detailed laboratory, an underlying hematological malignancy was excluded. Computed tomography scan of neck, chest, abdomen and pelvis revealed no abnormalities. In the first two cases, the chosen course of treatment was surgical excision and in the third one, radiotherapy. All patients achieved complete resolution without relapses, during a median follow-up of 2.5 years.

Key message: PCSM-TCLPD is a rare entity with a wide spectrum of differential diagnoses ranging from benign lymphoid proliferations to systemic lymphomas with cutaneous involvement. It is very important to perform an adequate histopathology and immunohistochemistry study and to rule out systemic involvement to avoid unnecessary aggressive treatments. Five-year survival is over 90% when presentation is with a single lesion and may drop to 60% to 80% in multiple lesions.