



SKIN CANCER (OTHER THAN MELANOMA)

INFECTION WITH HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE-1 IN PRIMARY CUTANEOUS LYMPHOMA: SHOULD WE BE TESTING ALL PATIENTS?

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Background: Human T-cell lymphotropic virus type 1 (HTLV-1) is an oncogenic retrovirus implicated in the pathogenesis of Adult T-cell leukaemia/lymphoma (ATLL). As part of the investigative work-up for cutaneous lymphoma (CL), testing for HTLV-1 is recommended. We searched the database from our supra-regional CL service in Birmingham, UK, to identify patients with HTLV-1+ve serology.

Observation: We identified 5 cases with HTLV-1+ve serology. 4 patients identified their ethnicity as Black Caribbean, 1 patient as Black British/Other.

3 cases were referred with known HTLV-1+ve, one with peripheral T-cell lymphoma referred with possible CL lesions which were biopsied and consistent with psoriasis, and two others HTLV-1+ve without ATLL or systemic lymphoma where skin lesions were consistent with eczema.

2/465 cases of primary CL were HTLV-1+ve on screening.

Case 1: 51-year-old male with a 4-year history of a papular eruption around his eyes and plaques over the scalp. Histologically consistent with cutaneous T-cell lymphoma (CTCL). He responded well to zidovudine and interferon-alpha. Case 2: 66-year-old male with erythroderma and a nodular lesion on the left cheek. Histologically consistent with CTCL. He was initially treated with zidovudine and interferon-alpha, but developed marked lymphocytosis and hypercalcaemia so received CHOP chemotherapy. 3 months later he relapsed in skin and bone marrow.

Key Message: HTLV-1 testing is recommended at diagnosis for all cases of CL, but is rarely positive. <1% of our skin lymphoma patients tested HTLV-1+ve and all patients were Black, 4/5 from the Caribbean where HTLV-1 is endemic. However, cutaneous manifestations of ATLL have varied morphology and varied presentations pose diagnostic challenges for dermatologists, particularly in Western countries where ATLL is rare. The clinical course





may show rapid progression as seen in Case 2. When HTLV-1 is diagnosed, treatment with antiretroviral therapy alongside anti-CTCL therapy is recommended and patients should be followed up in specialist clinics.

