SKIN CANCER (OTHER THAN MELANOMA)

MYCOSIS FUNGOIDES VERSUS CD-30 POSITIVE LYMPHOPROLIFERATIVE DISORDERS: WHEN THE DISTINCTION IS NOT SO EASY

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BACKGROUND: Primary cutaneous CD30-positive T-cell lymphomas include lymphomatoid papulosis (LyP), cutaneous anaplastic large cell lymphoma (cALCL) and some cases of mycosis fungoides (MF). Systemic ALCL can also involves the skin secondarily.

OBSERVATION: We report three cases to illustrate that the differential diagnosis between these entities might sometimes be a challenge.
First case represents a plaque stage MF on phototherapy developing an extensive unilateral inguinal adenopathy with histology suggestive of an ALK-negative ALCL, with no other involved sites. Patient was treated with polychemotherapy, radiotherapy with complete nodal response and was maintained on phototherapy for MF. One year later, skin tumors composed of large anaplastic CD30+ cells developed with no signs of extra-cutaneous involvement. Does the nodal disease represented a systemic ALCL or was indeed nodal involvement of transformed MF?
Second patient presented with patches and a large tumor on the buttock. Histology revealed on tumor sample large anaplastic CD30+ cells and patch histology was compatible with CD30- MF. A diagnosis of transformed MF on the buttock was made, but on follow up, crops of papular lesions suggestive of LyP developed. If the patient has one or both diseases is still in debate.
Third case is a MF with skin disease for 20 years with multiple prior therapies (interferon, PUVA, monochemotherapy and radiotherapy) with partial responses. Recently presented controlled cutaneous disease with localized patches and plaques, when developed unilateral inguinal adenopathy with histology showing anaplastic large CD30+ cells, with no other involved sites. Patient expired due to sepsis during 2nd chemotherapy cycle. It was not possible to affirm that it represented nodal involvement of transformed MF or a systemic ALCL.

KEY MESSAGE: The differential diagnosis between CD30-positive cutaneous lymphoproliferative diseases can be difficult as these disorders can be associated and have overlapping features. Finding new markers might help on this differentiation.