SKIN CANCER (OTHER THAN MELANOMA)

MYCOSIS FUNGOIDES WITH ALK NEGATIVE-ANAPLASTIC LARGE CELL LYMPHOMAS: A CASE REPORT

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Background: Cutaneous T-cell lymphomas (CTLCs) are rare and aggressive malignancies that generally are characterized by a cutaneous infiltration of malignant monoclonal T lymphocytes, including cutaneous anaplastic large cell lymphomas (c-ALCLs) and mycosis fungoides (MF).

Observation: We report the case of a 43-year-old male presented with a subcutaneous mass on the left chest for 1 year and rapidly increase for 3 months. Physical examination showed multiple supraclavicular masses can be touched on the left supraclavicular bone. She had a 14-year history of MF (plaque stage). Skin biopsy consist of a band-like infiltrate of lymphocytes, neutrophils and eosinophils occupying the perivascular and dispersed among collagen fibers, sheet-like large hallmark cells with oval or irregularly shaped nuclei and prominent nucleoli as well as abundant cytoplasm in the dermis and subcutaneous fat tissue. The immunohistochemical profile showed a predominance of T-cells (CD3+/CD4+/CD8+/CD30+/CD20-/CD56-/EBER-), with markedly high proliferation index as reflected by Ki-67 (60%), but negative anaplastic lymphoma kinase-staining. Computed tomography scanning showed multiple nodules and solid masses in the left axilla, and enlarged lymph nodes in the right axilla. During the next 6 months of follow-up, the left supraclavicular mass was regressed, but no recurrence of the original mass on the left chest after the localized lesion was treated with surgical excision and CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) polychemotherapy were performed three times in the local hospital.

Key message: This case represents a rare example of MF with ALCLs, which present disseminated CD8+/CD30+ cutaneous lymphoproliferative eruption with overlapping features of MF and c-ALCLs at same time. Co-occurrence of two T-cell lymphomas are rare phenomenon in the same patient. Dermatopathologists should be familiar with this rare phenomenon and avoid missed diagnosis.