SKIN CANCER (OTHER THAN MELANOMA)

PRIMARY CUTANEOUS ANAPLASTIC LARGE-CELL LYMPHOMA MIMICKING A SUBCUTANEOUS MYCOSES: A CASE REPORT

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Background: Primary cutaneous anaplastic large cell lymphoma (PC-ALCL) is a CD30 + lymphoproliferative disorder that accounts for approximately 9% of all cutaneous T-cell lymphomas, with an estimated 10-year survival rate of 90%. It is characterized by the presence of ulcerated nodular lesions of rapid growth, single or multiple, with complete or partial spontaneous regression in 40% of cases, leaving a hypopigmented scar. The lesions can coexist in different stages which makes the clinical diagnosis more difficult.

Observation: A 58-year-old Mexican male presented recurrent and asymptomatic nodular lesions in the right suprascapular area. On examination, 6 confluent reddish, well-defined nodules with a central crust over a hypochromic scar were observed. Due to his background of living in an endemic state to some subcutaneous mycoses, mycological study was performed, obtaining negative results.
No palpable superficial lymph nodes were found and no extracutaneous lesions were detected by physical examination and on computed tomography from neck to pelvis.
Histological examination showed diffuse infiltration of large anaplastic cells. Immunohistochemical study showed more than 75% of CD30 +, anaplastic kinase lymphoma (ALK-), epithelial membrane antigen (EMA-), CD15- confirming the diagnosis of PC-ALCL.
Surgical treatment was performed without evidence of recurrence.

Key message: PC-ALCL represents a diagnostic challenge because it can simulate other dermatoses. In order to stablish a definitive diagnosis, it is required the expression of CD30 in at least 75% of the malignant cells, and absence of extracutaneous involvement.
All patients should be furtherly evaluated with complete blood count and CT scan or PET, in order to rule out systemic lymphoma. Unlike systemic, ALK it is usually negative. There is no curative therapy available, patients with solitary or localized tumors, like our patient, should be treated with radiotherapy or surgical excision.