SKIN CANCER (OTHER THAN MELANOMA)

PRIMARY CUTANEOUS CD30+ ANAPLASTIC LARGE CELL LYMPHOMA POST SOLID ORGAN TRANSPLANT

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Background: Post-transplant lymphoproliferative diseases (PTLDs) are heterogeneous lymphoid disorders ranging from indolent polyclonal proliferations to aggressive lymphomas that complicate solid organ transplantation. PTLDs are the second most common neoplasia in solid organ transplant patients. They usually present as a B Cell EBV related disease and are the leading cause of cancer related deaths in this population. Opposed to that, primary cutaneous PTLD are extremely rare, indolent, and usually have a T-cell origin.

Observation: A 70-year-old white male was admitted to the dermatology department with a rapid growing lesion on the left ankle over the last 6 months. Dermatological examination revealed a 7cm firm tumor covered with necrotizing tissue. Throughout his whole left lower limb multiple macules and papules were seen, many evolving with spontaneous remission with residual atrophic scars. The patient was submitted to a kidney transplant 11 years before, due to hypertension and gout and was on immunosuppressive therapy with Tacrolimus and Prednisone. Biopsy of the tumor revealed a dense atypical lymphoid infiltrate on the dermis with some anaplastic cells. Immunohistochemistry was positive for CD2, 3, 4 and 30 with loss of CD7 expression. KI-67 was highly positive (80-90%) and ALK was negative. Findings were compatible with a cutaneous CD30+ Anaplastic Large Cell Lymphoma (cALCL) and a diagnosis of a primary cutaneous PTLD was established.

Key Message: Fewer than 100 cases of primary cutaneous PTLD have been reported. These are mostly (69%) T-cell lymphomas, 50% of which are mycosis fungoides. It is important to share this rare case to help on the discussion if those not EBV related T-cell cutaneous lymphomas truly represent a PTLD or fortuitous cases with no relation to the transplant.