SKIN CANCER (OTHER THAN MELANOMA)

PRIMARY CUTANEOUS PERIPHERAL T-CELL LYMPHOMA: A RARE CASE

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Background: Primary cutaneous peripheral T-cell lymphoma (PTL) is a rare, progressive, aggressive and life threatening dermatologic malignancy. It presents mimicking to many common benign plaque-like skin conditions. Histopathological finding shows nodular or diffuse infiltrate and varying numbers of medium-sized and at least 30% large-sized pleomorphic or immunoblast-like T cells. Immunohistologically, the cells are in general CD4-positive but otherwise demonstrate a variable loss of pan-T-cell antigens.The 5-year survival rate is less than 20% which makes diagnosis an important measure to improve outcome. Multiagent chemotherapy is the best treatment.

Observation: A forty two-year-old male complaints of multiple erythematous blisters covered by black and thick crust hardly removed and some part of the body are covered by greenish pus. The patient underwent a skin biopsy at the site of blister. The histopathologic examination showed non-hodgkin lymphoma high grade same as primary cutaneous peripheral T-cell lymphoma. Immunohistochemistry staining showed positive results in CD3, KI67, LCA and negative results in CD20, CD30, CD1a, CD5, CD56. The patient was given chemotherapy agent with vincristine 2 mg, cyclophosphamide 1200 mg in one cycle and prednisone 100 mg/day for five days. Improvement came after eight days from chemotherapy and no new lesions were found. Chemotherapy treatment were given every three weeks.

Key message: PTL is a rare case and difficult to be diagnosed because it is mimicking to many common plaque-like skin conditions. Serial biopsies and immunohistochemistry are very important to make right diagnosis. Early chemotherapy treatment will give good result.