



SKIN CANCER (OTHER THAN MELANOMA)

SYNCHRONOUS MULTIFOCAL PRIMARY CUTANEOUS EXTRANODAL NASAL TYPE NK/ T-CELL LYMPHOMA AND MELANOMA IN SITU

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Background: Extranodal Nasal type NK/ T-cell Lymphoma (ENKTL), a type of non-Hodgkin lymphoma, is a rare disease that is more prevalent in Asia, Central and South America. Nasal cavity and paranasal area are the primary target in 80% of the cases. Extranodal involvement can occur primarily or secondarily the nasal form of the disease. The primary cutaneous involvement is atypical and can present a variety of types of skin lesions, like nodules, plaques or tumors. Diagnosis is made by histopathological evaluation. The prognosis of ENKTL is very poor and the estimated 5-year survival is about 0%. The incidences of non-Hodgkin's lymphoma and melanoma have increased over the past decades and some studies have suggested an association between melanoma and lymphoproliferative malignancies. Despite this, synchronous ENKTL and cutaneous melanoma has not been reported in literature yet.

Observation: We report the case of a 46-year-old female patient that presented multiples erythematous-violaceous nodules in upper body associated with fever and weight loss with a month of evolution. These lesions were biopsied and the histopathological and immunohistochemical evaluations were compatible with the diagnostic of Extranodal Nasal type NK/ T-cell Lymphoma. Further investigations showed negative results for nasal and paranasal involvement and positive results for bone marrow infiltration. In physical exam, an irregular brownish macule was also observed in the right arm. The macule was removed surgically and the diagnostic of melanoma in situ was made. Despite treatment with multi-agent systemic chemotherapy, she died after 35 days after diagnosis.

Key message: Extranodal Nasal type NK/ T-cell Lymphoma with primary cutaneous involvement is a rare and aggressive type of non-Hodgkin lymphoma, with a poor prognosis, that should be remembered when presence of nonspecific lesions. It's important to know the possibility of the association between cutaneous melanoma and non-Hodgkin's lymphoma for a better surveillance of those patients.

