



SKIN MANIFESTATIONS OF INTERNAL DISEASE

CUTANEOUS EXPRESSION OF SYSTEMIC LYMPHOMAS

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Background: The presence of malignant lymphoid cells in the skin may have a cutaneous origin or, in rare cases, be the result of the secondary spread of a systemic lymphoma. In all cases, cutaneous commitment constitutes a manifestation of disseminated disease and frequently announces a serious prognosis.

Observation: CASE 1: 31-year-old man with a history of an injury to the right leg 4 months before, presented with an asymptomatic tumor. Histopathology (HP) of skin showed infiltration by large cell T anaplastic lymphoma, ALK (-). Positron Emission Tomography demonstrated systemic involvement with infradiaphragmatic and muscle compromise. The patient was started on chemotherapy (CT). CASE 2: 76-year-old man presented with Erythroderma. He complained of itchiness and had palpable inguinal lymphadenopathies. The HP of the skin lesions showed infiltration of T CD30 positive (+) lymphoma, and the lymph node biopsy was compatible with NHL. He was started on CT and systemic corticoids. CASE 3: 69-year-old man, with history of CD10 (+) B follicular lymphoma. He presented with a 2 month history of multiple elastic nodules on scalp. The HP of skin showed infiltration by follicular lymphoma. He was started on CT. CASE 4: 56-year-old woman, with a 9 month history of ALK (+) T-cell anaplastic lymphoma partially responsive to 2 cycles of CT, presented with an erythematous infiltrated plaque, with multiple tumors, of 5 months of evolution. HP was performed which showed infiltration by CD3/CD30 (+) T cell anaplastic lymphoma. She began treatment with CT, without response, with rapid progression and death.

Key message: The cutaneous lesions of systemic NHL are usually non-specific, and the disease debut with exclusively skin manifestations is rare. Our cases illustrate this clinical variability: the first manifestation of the disease in cases 1 and 2, and as secondary cutaneous infiltration in cases 3 and 4.

