



SKIN MANIFESTATIONS OF INTERNAL DISEASE

LENALIDOMIDE IN THE MANAGEMENT OF EOSINOPHILIC DERMATOSIS OF HEMATOLOGIC MALIGNANCY

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Backgroud: Eosinophilic Dermatosi s of Hematologic Malignancy is a paraneoplastic skin eruption associated with chronic lymphocytic leukemia and other B-cell malignancies. It clinically resembles an insect-bite reaction and it can precede the symptoms of the hematologic malignancy or be related with a more aggressive course. Different treatments have been proposed, but partial response and recurrence are frequent.[?]

Observation: A 62-year-old man presented with skin lesions distributed on his entire body surface associated with intense pruritus for 2 years and palpable lymph nodes and weight loss in the last 6 months. He was diagnosed with Peripheral B cell Non-Hodgkin Lymphoma, Mantle cell type. In the skin biopsy, an atypical lymphoid proliferation with intense eosinophilia and flame figures was observed. In this context, the diagnosis of eosinophilic dermatosis associated with mantle cell lymphoma was made.

Treatment started with cyclophosphamide, hydroxidaunorrubicin, vincristine, prednisone associated with loratadine and hydroxyzine. In the clinical course, improvement of B symptoms and affected lymph nodes was seen but worsening of pruritus and skin lesions. The addition of phototherapy has led to little improvement.

After 3 months, the patient developed new necrotic lesions, ulcers in the oral cavity and bullous lesions. He was started on cyto reduction with cyclophosphamide and prednisone. Lenalidomide 12,5mg/day was introduced after one month. He then achieved improvement of pruritus and remission of skin lesions in 2 months.

Key message: Improvement of eosinophilic dermatosis has been seen with chemotherapy and corticosteroids, but no therapeutic option is generally accepted. We describe a case of eosinophilic dermatosis associated with mantle cell lymphoma with remission after lenalidomide therapy. The use of lenalidomide has been described in refractory cases of prurigo nodularis to thalidomide treatment. In our case, lenalidomide has led to complete response and controlling of symptoms.

