



Fulminant Progression of Peripheral T-Cell Lymphoma with Skin Involvement Mimicking Zona Zoster: Letter to Editor

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We report a male patient with a diagnosis of peripheral T-cell lymphoma. After a two months of remission, he relapsed and died during the salvage therapy. Peripheral T-cell lymphomas are aggressive and have a poor prognosis. Patients should be evaluated quickly as chemotherapy success rate is low. Bone marrow transplantation should be kept in mind for treatment.

Key Words: T-cell Lymphoma; Skin Lymphoma; Bone Marrow Transplantation.

Zona Zoster'e Benzer Cilt Tutulumu Olan Şiddetli Progresyon Gösteren Periferik T Hücreli Lenfoma: Editöre Mektup

Burada periferik T hücreli lenfomalı bir erkek hasta sunduk. Hasta remisyona girdikten iki ay sonra nüks etti. Kurtarma tedavisi sırasında vefat etti. Periferik T hücreli lenfomalar kötü prognoza sahiptir ve agresif seyir gösterirler. Hastalar hızlı değerlendirilmelidir. Çünkü kemoterapinin başarı şansı düşüktür. Tedavi için kemik iliği nakli akılda tutulmalıdır.

Anahtar Kelimeler: T Hücreli Lenfoma; Cilt Lenfoması; Kemik İliği Nakli.

Clinical course of peripheral T-cell lymphomas (PTCLs) are aggressive, although complete remission may be obtained with combination chemotherapy. Most patients exhibit generalized lymphadenopathy, hepatosplenomegaly and frequent bone marrow involvement.¹ Several specific types of PTCLs are recognized by the WHO classification, as discussed separately in the following sections. However, approximately one half of PTCLs do not fit a distinctive type and are regarded as PTCL, unspecified.²

We report a patient with a diagnosis of lymphoma at stage 1-B and aggressive clinical course with

involvement of lymph nodes, skin, peripheral blood and bone marrow in a short period. A 65-year-old man presented with a huge mass on right inguinal region which was 7.5 cm in diameter and edema on his right leg.

He had constitutional symptoms including fever, sweating and weight loss. His peripheral blood count and serum biochemistry were normal, except increased lactate dehydrogenase as 910 IU/L (normal range, 220-450 IU/L). Pathological examination of the right inguinal lymphadenopathy revealed peripheral T-cell lymphoma. Having a diagnosis of stage I-B, he was treated with three courses of CHOP [cyclophosphamide, hydroxydaunorubicin (doxorubicin), oncovin, and prednisolone] chemotherapy and radiotherapy, and an additional anticoagulant therapy because of deep vein thrombosis on the right leg including main, superficial and deep femoral veins.

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After two months of remission, he had progressive lymphadenopathy on the right inguinal region, edema on the lower right extremity and scrotum, and a new mass on sternum. MINE (mesna, ifosfamide, novantrone, etoposide) chemotherapy was started and his mass and edema regressed. During the fourth course of MINE, he had maculopapular skin eruptions on bilateral legs and abdomen (Figure 1).

Punch biopsy and fine needle aspiration of skin lesions revealed infiltration of lymphoma cells (Figures 2 and 3). He developed anemia, thrombocytopenia, bone marrow involvement and increased lactate dehydrogenase levels (5935 IU/L). He deceased after the initiation of cytarabine treatment. The presumed causes of death were gastrointestinal system bleeding and pulmonary infection. The time interval from diagnosis to death was approximately nine months.



Figure 1. Maculopapillary skin eruptions on bilateral legs and abdomen.

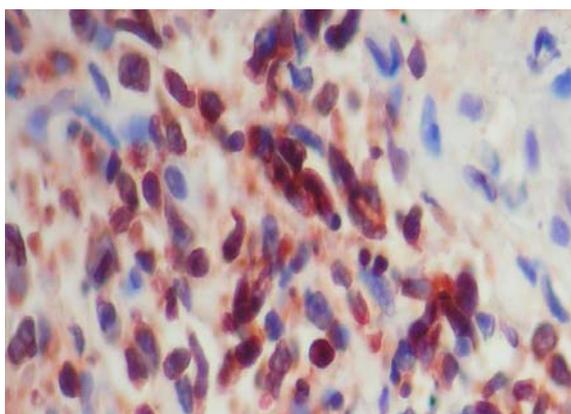


Figure 2. Fine needle biopsy of skin lesions revealed infiltration of lymphoma cells.

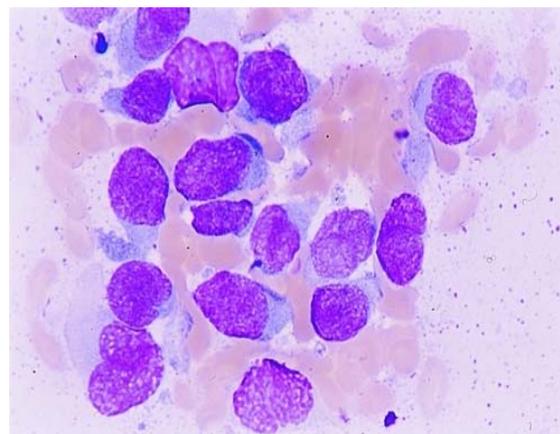


Figure 3. Fine needle aspiration of skin lesions revealed infiltration of lymphoma cells (high magnification). The malignant T-cells are heterogeneous in size and shape with Clear cytoplasm and dens nucleus.

Peripheral T-cell lymphomas are a diverse group of disorders, most of which carry a poor prognosis. Relapse is common following the administration of most currently available agents and there are few effective options for salvage therapy.³ Prognosis is poor with a 5-year overall survival of 20-30%. High-dose chemotherapy supported by autologous or allogeneic stem cell transplantation is an investigational approach, with a 4-year overall survival of about 40%.¹

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