

Case 2

A 71-year-old Thai female from Lampang

Chief complaint: Generalized recurrent pruritic papules for 10 years

Present illness: The patient presented with a 10- year history of recurrent pruritic papules and pustules eruption on limbs, face and trunk. The lesions spontaneously resolved and occasionally recurred. She was treated as insect bite reactions; however, the eruption had never been shown an improvement. (Fig.2.3)

During the past 3 months, she complained low-grade fever at night without other systemic symptoms, including weight loss, fatigue, and dyspnea.

Past history: 6 months prior to Ramathibodi Hospital visit, a persistent skin-colored nodule at left arm was completely excised. The histologic diagnosis revealed primary cutaneous anaplastic large cell lymphoma (Fig 2.1.3). She was not received any other treatment.

She was previously healthy and not taking any medication.

Family history: nil

Physical examination:

VS: T 37 °C, RR 20/min, BP 112/67 mmHg, HR 80/min

GA: good consciousness, not pale, no jaundice

CVS: normal S1 S2, no murmur

RS: normal breath sounds

Abdomen: no hepatosplenomegaly

NS: intact all

LN: not palpable

Skin examination:

Multiple discrete erythematous edematous papules size 3-10 mm. with multiple discrete brownish macules at trunk and all extremities



Fig.2.1



Fig.2.2

Investigation:

CBC: Hb 11.4 g/dL, Hct 33.7%

WBC 5850/mm³ (N 50%, L 29%, M 13%, E 8%)

Platelets 351,000/mm³

Serum LDH: 232 u/L (100-190)

Serum uric acid: 5.8 mg/dl

BUN & creatinine: 6/0.9 mg/dl

LFT: normal

Anti HIV: negative

Urinalysis: normal

Chest X ray: no mediastinal mass, no infiltration

CT chest and whole abdomen: no evidence of intraabdominal involvement of lymphoma, normal size of spleen and liver

Histopathology: (S09- 7515, S09- 8129)

- 1). (Slide S09-007515) (Fig. 2.3 – 2.3.4)
 - Dense diffuse infiltrate within the entire dermis and subcutaneous tissue composed of large atypical lymphocytes.
 - Atypical lymphocytes with large round pleomorphic nuclei, prominent nucleoli and abundant cytoplasm.
 - Atypical cells positive for CD3 and CD30.
- 2). (Slide S09-8129B) (Fig.2.4 -2.4.4)
 - Superficial and deep perivascular infiltrate of atypical lymphoid cells admixed with small lymphocytes and eosinophils in the dermis.
 - Atypical cells positive for CD3 and CD30.

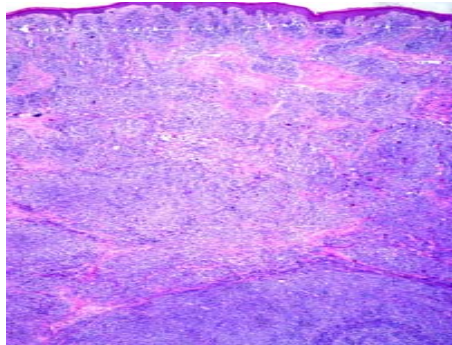


Fig. 2.3

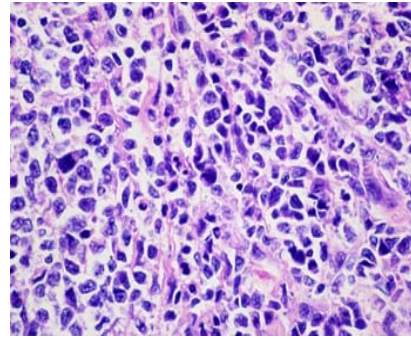


Fig. 2.3.1

Bone marrow aspiration: Non-specific bone marrow

Bone marrow biopsy: Normocellular marrow, no evidence of malignancy

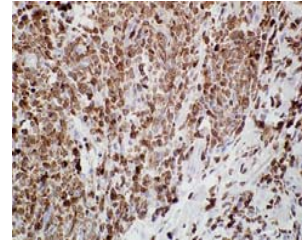


Fig. 2.3.2 CD3

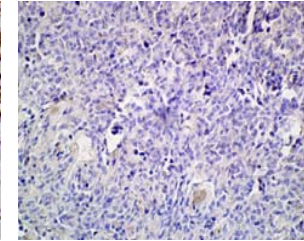


Fig. 2.3.3 CD20

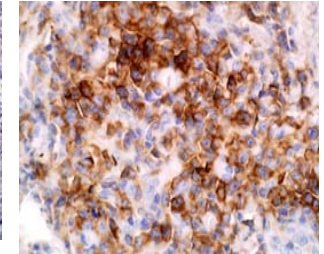


Fig. 2.3.4 CD30

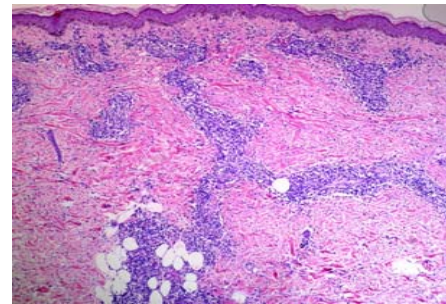


Fig. Fig. 2.4

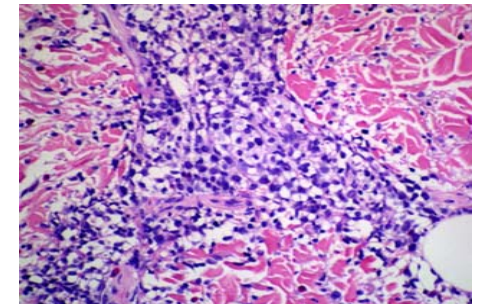


Fig. 2.4.1

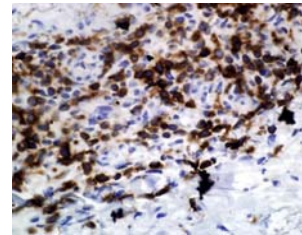


Fig. 2.4.2 CD3

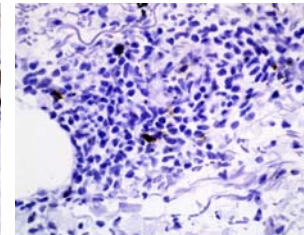


Fig. 2.4.3 CD20

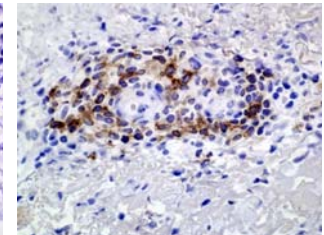


Fig. 2.4.4 CD30

Diagnosis: Primary cutaneous anaplastic large cell lymphoma and lymphomatoid papulosis type C

Treatment: Clobetasol cream 0.05% apply BID for lymphomatoid papulosis