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CASE WITH SKIN ERUPTIONS

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A 50 years old male patient presented with fever, cough and dyspnea of 45 days duration and skin lesions of 20 days duration which he related to the local application of dettol after shaving. Examination revealed anemia, left basal pneumonitis and non pruritic, non tender, reddish purple nodular lesions over the face, behind the ear, chest and lower back (picture). There was no involvement of oral cavity or mucocutaneous junction. Peripheral nerves not thickened and there were no hypo-pigmented patches in the skin or organomegaly. Investigation revealed microcytic anemia, no abnormal cells in the peripheral smear. X ray showed left basal pneumonitis. Patient was treated with antibiotics and blood transfusion.



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Differential diagnosis:

- Chronic granulomatous diseases like leprosy (histoid type), sarcoidosis and amyloidosis were considered along with evaluation for the cause and type of anaemia.
- Cutaneous T cell Lymphoma (mycosis fungoides) was also considered in the differential diagnosis.
 - In histoid leprosy, reddish or skin coloured nodules, 6-50 in number over the buttocks, back, face, extremities seen in those with secondary drug resistance to monotherapy with dapsone or it may arise do novo. However slit skin smear examination ruled out this.¹
 - Skin involvement seen in 40% of cases of amyloidosis. Mouth and mucocutaneous junctions are commonly affected in this condition which was not seen in our patient.²
 - Mycosis fungoides most often evolves through several stages of patch, plaque and tumor stage. Most cases develop slowly and indolently. Patients with CTCL have increased contact allergies. In our patient disease manifested with the development of skin eruptions following the application of dettol after shaving. Coalescing nodules and tumours with dermal thickening gives the typical leonine facies as seen in our patient.³

Investigations:

- Skin biopsy was suggestive of lymphoma.
- Bone marrow was suggestive of non-Hodgkin's lymphoma. Peripheral smear repeated with bone marrow aspiration showed leukemic picture with blast cells.
- CT scan of abdomen showed hepatomegaly, multiple hypodense splenic lesions – suggestive of infarcts, anterior mediastinal and retroperitoneal lymphadenopathy; loculated pelvic ascites; Lung base lesions – Lymphomatous infiltration.

Patient succumbed to blast crisis in 15 days.

DISCUSSION: Aggressive lymphomas are more likely to involve Extra nodal sites such as skin. Any lymphoma may secondarily infiltrate the skin. Lesions are typically reddish purplish nodules and are more common with aggressive lymphomas but low grade lymphomas may also infiltrate the skin.⁴ Adult T cell leukemia involve the skin in 75% of patients. Cutaneous metastases occur in 6.5% of all patients with lymphoma. Skin lesion is presenting sign in 5% of patients and first sign of extra nodal disease in 8% of patients.⁵ It may be difficult to discern primary lymphoma arising in skin from metastatic disease and true cutaneous T cell lymphoma. Lymphomas occasionally have leukemic presentation. Incurable lymphomas evolving into leukemia is not unusual.⁶

CONCLUSION: Our patient presented straight away with skin lesions of very short duration and clinically with no evidence of other organ involvement. Skin biopsy revealed lymphomatous infiltration of the skin and C T scan of Abdomen showed organ involvement in addition to lymph node involvement. Patient took a rapid downhill course in 15 days and finally succumbed to blast crisis. This case is presented to show the aggressive nature of the lymphoma as well as for its extranodal presentation.

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