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A FATAL CASE OF ANAPLASTIC LARGE CELL LYMPHOMA

BOULAKHRIF N.[1], FEOLI F.[1], MAEREVOET M.[2], RICHERT B.[1], DE VICQ M.[1,2]

[1] DEPARTMENT OF DERMATOLOGY, SAINT-PIERRE UNIVERSITY HOSPITAL, BRUSSELS, BELGIUM

[2] DEPARTEMENT OF HEMATOLOGY, JULES BORDET INSTITUTE, BRUSSELS, BELGIUM

INTRODUCTION

Anaplastic lymphoma kinase negative anaplastic large cell lymphoma (ALK-ALCL) is a rare and agressive subtype of CD30 positive non-Hodgkin lymphoma, representing around 2% of lymphoid neoplasm [1]. Cutaneous ALCL manifests as either primary cutaneous disease or a secondary skin involvement due to systemic spread. Here, we illustrate a case of ALK-ALCL featuring both skin and muscle involvements.

OBSERVATION

A 62-year-old woman with no significant medical history presented with rapid cutaneous infiltrations over three month (fig 1,2). Initial skin biopsy showed atypical lymphocytes positive for CD3 and CD4, negative for CD30. Additional biopsy indicated diffuse CD30 positivity, confirming ALK-ALCL. PET-scan revealed elevated FDG uptake in muscles and skin. Despite chemotherapy, the disease relapsed, and she succumbed six months after admission.

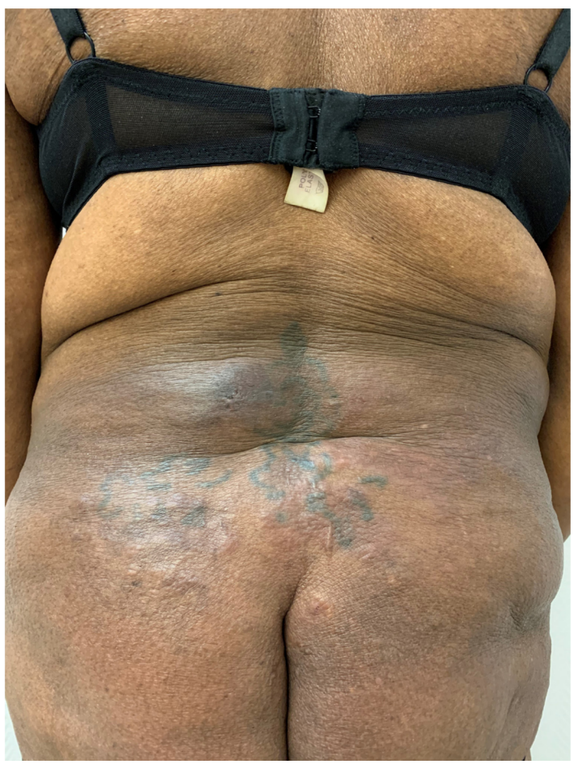

FIGURE 1 :
CUTANEOUS BACK INFILTRATION

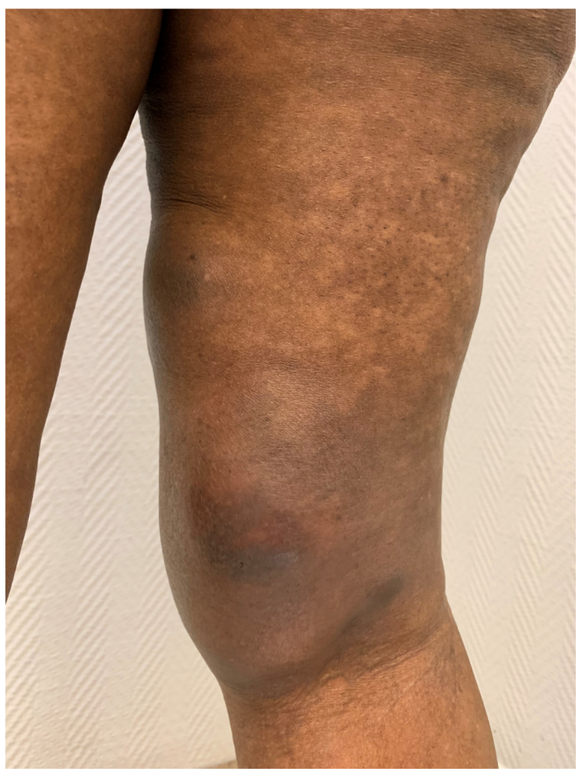

FIGURE 2 :
CUTANEOUS THIGH INFILTRATION

DISCUSSION

ALCL, a rare subtype of NHL, typically affects older individuals at an advanced stage (III/IV) with a slight male predominance [2]. Primary cutaneous ALCL (cut-ALCL) is a distinct subtype recognized by WHO, presenting on the skin without systemic associations [3]. The systemic form may present skin involvement and is associated with a poor prognosis with varying survival rates—55% over 5 years for systemic cases versus 90% for cut-ALCL [4]. Distinguishing between these entities via histology proves challenging. Due to the prognosis disparity between ALK-negative S-ALCL and cut-ALCL, imaging is crucial for an accurate diagnosis. Chemotherapy regimen stands as the gold standard for treating systemic ALCL [5].

CONCLUSION

Our case highlights the role of dermatologists in the evaluation of cutaneous manifestations of systemic malignancies but also the importance of work-up in all cases of ALCL regardless of the immunophenotype.

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