SHORT COMMUNICATION

CUTANEOUS T-CELL LYMPHOMA, TUMOUR D' EMBLEE (THREE CASES)

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Three cases of tomour D'emblee are reported. One of them presenied with asymptomatic nodulo - ulcerative lesions of 4 years duration. The second case had multiple nodulo-ulcerative lesions with generalised lymphadenopthy. The third case had fungating nodular lesions without any previous history of plaques, scaly lesions or diffuse erythema. The diagnosis was confirmed and differentiated from other conditions by histopathology in all cases and by histochemistry in one case.

Key words : Mycosis fungoides, Tumour D' emblee, lymphoma

Introduction

Chronic T-cell lymphoma (C.T.C.L) D' emblee is a rare and unusual variant of T-cell lymphoma.[1] It was first described by Vidal and Brocr in 1885. In this type tumours develop suddenly without a long progression from eczematous plaque to tumour stage. Blasik[2] and his colleagues had reported CT C L d' emblee without internal development . Trunk, face and body folds are the commonest sites involved.

Case Report

Case:1

A 70- year-old woman presented with multiple nodulo - ulcerative lesions (fig.1)on the face, chest, lumbosacral region, groins and upper extremities. It developed first on the left shoulder. It was excised by a surgeon and healed by scar. Then she developed similar lesions gradually all over the body. A few lesions enlarged and ulcerated. There was history of mild fever and loss of appetite. The skin of legs was dry and ichthyotic. Multiple nodulo-ulcerative lesions of size varying from 1X 2 cm to 4 X 5cm were seen. There was no generalised lymphadenopathy or hepato-splenomegaly.

Case: 2

A 75 -year- old man had asymptomatic generalised nodular lesions, some of which were ulcerated (Fig.2). Patient gave history of lesions for last one year and was previously treated with anti-leprosy drugs for six months

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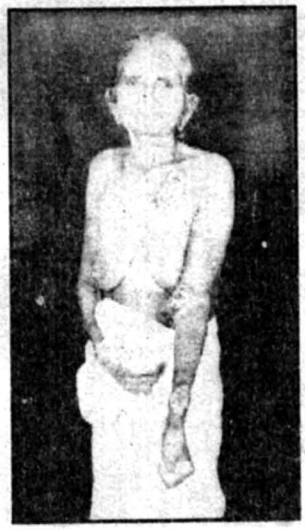

Fig.2 Nodulo ulcerative lesions on the face,chest and hand in case No.1.

Fig.2 Nodulo-ulcerative lesions on both upper and lower extremities.

without any improvement. There was generalised lymphadenopathy but no hepatosplenomegaly.

Case: 3

A 45- year-old man had history of swellings on skin for last two years. He had symptoms of pruritus but no previous history of any plaque or patch on the body. There was generalised lymphadenopathy. The glands were tender discrete and firm in consistency. Patient had history of fever and oozing from the lesions off and on.

All these three patients were investigated in details. Routine investigations were normal. Mantoux test was negative. X-rays of the chest were normal. Skin smear for AFB and tissue smear for LD bodies were negative. Ultrasonography of abdomen was normal in all three cases. Bone marrow study revealed no abnormality. Fine needle aspiration cytology (FNAC) showed atypical lymphoid cells in 2 patients.

Histopathological study of the tumour in all the three cases was suggestive of T-cell lymphoma. Histochemistry of the first case revealed CD43 positive CD20,OPD4, CD4SR Kappa and Lamda. Out of three patients, one died after one month and the other after two months. In the third case immunosuppressive therapy was given. His ulcerated lesions regressed and healed with scarring. He is still on the above mentioned therapy.

Discussion

Cases similar to ours have been reported previously.[2,3] CT.C.L.D' emblee is a rare variant of T-cell lymphoma. The purpose of reporting these cases is to confirm that the D'emblee presentation of C. T. C. L. indeed exists as a clinicopathological entity and it must be included in differential diagnosis of noduloulcerative lesions of leprosy, leishmaniasis, endemic syphilides, and necrotising vasculitis.

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