

## CHRONIC LYMPHOCYTIC LEUKAEMIA PRESENTING AS CHRONIC GENERALISED ERYTHRODERMA

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A 40-year-old lady presented with pyrexia of unknown origin and chronic generalised erythroderma. The blood picture was of leukaemia and the cutaneous histopathology showed leukaemic infiltration of the dermis.

**Key Words :** Chronic lymphocytic leukaemia, Chronic generalised erythroderma

### Introduction

Skin lesions in lymphomas and leukaemias can occur as a result of direct spread or as a secondary nonspecific effect. The direct spread produces plaque like, nodular, tumorous or ulcerative lesions. Nonspecific effects are responsible for purpuric lesions, pigmentation, pruritus, prurigo, ichthyosiform atrophy, alopecia, herpes zoster or exfoliative dermatitis (CGE).<sup>1</sup>

CGE, besides being associated with lymphomas, can also be seen to occur in various types of leukaemias.<sup>2</sup> Although CGE can occur in 25% of cases of T Cell leukaemias, the histological changes are not diagnostic.<sup>3-5</sup> CGE due to cutaneous infiltration of the skin by leukaemic cells can occur in 4.5 % of patients with chronic lymphatic leukaemia and most of the cases are of T cell origin rather than the usual B cell type.<sup>2</sup>

### Case Report

A 40-year-old lady presented with high grade intermittent fever of one month duration and generalised exfoliation of the skin for three weeks. On examination, she was febrile and pale. Cervical, axillary and epitrochlear lymph nodes were enlarged, discrete, mobile

and nontender. Cutaneous examination revealed chronic generalised erythroderma with generalised hypohidrosis. There were no other specific skin lesions. Systemic examination revealed bronchial breathing in the left infra axillary region with few crepitations. There were no significant findings in the cardiovascular system, central nervous system or in the abdomen. With a provisional diagnosis of PUO and CGE, the patient was investigated and the reports were as follows : Hb 8.4 g %, ESR 48 mm at one hour, FBS 80 mg/dl, PPBS 106 mg/dl, bleeding time 2 minutes & 5 seconds, clotting time 2 minutes & 40 second. Urinalysis was within normal limits, VDRL was nonreactive, and the Widal was negative. A complete haemogram revealed a total count of 2,42,000 cells/cu mm, platelet count of 2,10,000 /cu mm, the peripheral smear showed sheets of predominantly mature lymphocytes (94 %), occasional cells with cleaved nuclei and smudge cells (Fig. 1). The

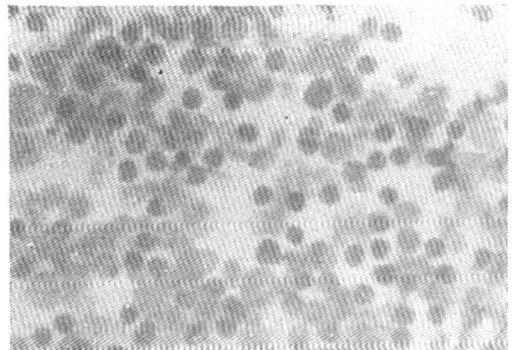


Fig. 1. Peripheral smear showing lymphocytes in sheets.

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peripheral blood features were suggestive of a chronic lymphocytic leukaemia. A skin biopsy from the left forearm revealed infiltration by leukaemic cells. A final diagnosis of chronic lymphocytic leukaemia with CGE was made and the patient was referred to the Haematology unit for further management.

### Discussion

1. This case reveals the necessity for thorough screening of all cases presenting with CGE to look for rarer aetiological factors.
2. The cutaneous histopathology showed the presence of dense collections of dermal lymphocytes, a feature seen in only 4.5 % of cases of leukaemias.<sup>4</sup>
3. There are no case reports of CGE with leukaemia in the Indian literature, and hence this report.

### References

1. Mackie RM. Lymphomas and Leukaemias. In : Text book of Dermatology (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Vol III. Oxford : Blackwell Scientific Publications, 1992; 2110-2
2. Bonvalet D, Folders C, Civatte J. Cutaneous manifestations in chronic lymphocytic leukaemia. J Dermatol Surg Oncol 1984; 10: 278-80.
3. Beck CH. Skin manifestations associated with lymphomas & leukaemias. Dermatologica 1948; 96; 350-6.
4. Vonderheid E. Chronic generalised erythroderma. In: Difficult diagnosis in Dermatology (Mark Lebwohl, ed). 1st edn. New York: Churchill Livingstone, 1988; 89-111.
5. Greenwood R, Barker DJ, Tring FC, et al. Clinical and immunological characterisation of cutaneous lesions in chronic lymphocytic leukaemia. Br J Dermatol 1985; 113: 447-50.

### ERRATUM

#### DERMATOSURGICAL WORKSHOP

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