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Lymphomatoid Papulosis – A Case Report

KEYWORDS

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ABSTRACT *Lymphomatoid papulosis is a chronic recurrent eruption which is clinically benign and histopathologically malignant. It is the common form amongst T- cell cutaneous lymphomas. A case of lymphomatoid papulosis is being presented in a 62 year old patient who presented with recurrent crops of papulonodular lesions over trunk and proximal extremities and responded to PUVA and oral methotrexate therapy.*

INTRODUCTION:
The term lymphomatoid papulosis was coined by Macaulay in 1968. The prevalence of the disease is 1.2-1.9 cases per million.4-25% of lymphomatoid papulosis cases have a history of associated malignant lymphomas prior to or concurrent or subsequent to diagnosis of lymphomatoid papulosis. It can occur at any age peak being at 5th decade with male to female ratio of 1.5-2:1.The lesions of lymphomatoid papulosis are asymptomatic in nature and occur in crops of papules, papulonodular or necrotic papulonodular lesions healing with hyper pigmentation and atrophy and histologically may show positivity for CD30+. The course of the disease may run up to 40 years and eventually there may be remission or rarely progress to CD30+ large cell anaplstic T-cell lymphoma or Hodgkin's disease.

CASE REPORT:
A 62 year old male patient came with complaint of elevated lesions over trunk and proximal extremities since 10 years

On examination:
patient showed multiple skin coloured papules and papulonodular lesions in varying stages of evolution healing with hyper pigmentation present predominantly over trunk and fading towards distal extremities.

The lesions were occurring in crops
No lymphadenopathy, no hepatosplenomeghaly and no systemic associated condition.

INVESTIGATIONS:
Haemogram: normal
Liver and renal function tests: normal
Chest x-ray: normal
CT abdomen and chest: normal

HISTOPATHOLOGY:
A 3 mm punch was taken from a papule which showed moderately dense wedge shaped superficial and deep perivascular and periappendageal infiltrate of small and large lymphocytes with papillary dermal oedema. Overlying epidermis shows mild focal spongiosis and slight infiltration of small and large lymphocytes. A few of the lymphocytes in dermal infiltrate were large and showed abundant cytoplasm with moderate nuclear atypia

DIAGNOSIS:
A diagnosis of lymphomatoid papulosis was made based on clinical grounds like asymptomatic crops of papulonodular lesions in an elderly patient exhibiting a histopathology picture of atypical large and small lymphocytes in wedge shaped pattern.

TREATMENT:
As there no systemic manifestations, this exclusively cutaneous lymphoma treated with PUVA and methotrexate therapy was planned and necessary investigations were conducted. Keeping in view age of the patient dose of methotrexate was started at a dose of 5 mg/ week with increment of 2.5mg after 2 weeks with a total dose 7.5 mg/ week. At this dose patient was under follow up for 8 weeks

Patient showed clinical improvement in terms of decrease in number and size of lesions and patient is under follow up with same regime.

DISCUSSION:
Lymphomatoid papulosis is one the commonest cutaneous lymphoma second to mycosis fungoides. Based on histopathology it is classified into 3 types type A, B and C.Type A consists of large atypical CD 30+ cells similar to Hodgkin's disease Type B shows smaller atypical T- lymphocytes having convoluted nuclei with CD4+, CD3+ and CD30- similar to mycosis fungoides. Type c shows large clusters of CD30+ lymphocytes and pattern suggest of anaplastic CD30+ large cell lymphoma. The present case exhibited mixed pattern which is a rare entity consisting of features of both type A and B. This case underlies the significance of doing biopsy in diagnosing malignancy masquerading as benign lesion in elderly patients and early management which prevents transforming into more aggressive forms. The present case significantly responded to PUVA and low dose methotrexate therapy which offers easy, affordable therapy with minimum side effects.

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REFERENCE

1 Macaulay WL. Lymphomatoid papulosis. Int J Dermatol 1978;17: 204-12. | 2 Crowson AN, Baschinsky DY, Kovatich AL, Magro C. Granulomatous eccrinotropic lymphomatoid papulosis. Am J Clin Pathol 2003; 119:731-9. | | 3 Wantzin GL, Thomsen K. Methotrexate in lymphomatoid papulosis. Br J Dermatol:1984;111:93-5. | 4 kadin ME.charecteristic papulosis and associated lymphomas how are they related? Arch Dermatol 1986;122:1388-90. | 5 Magro C, Crowson A, Morrison C etal. Cd8+ lymphomatoid papulosis and differential diagnosis, Am j clin pathol2006;125:490-501. | 6 Demierre MF, Goldberg Lj, KadinME etal.is it lymphoma or lymphomatoid papulosis? J am Acad Dermatol 1997;36:765-72. | 7 verallo VM haserick JR Mucha-haberman disease simulating lymphoma cutis: report of two cases. Arch Dermatol 1966;94:295-9. | 8 Willemze R, Meijer CJLM, Van Vloten Wa, Scheffer E. The clinical and histological spectrum of lymphomatoid papulosis. Br J Dermatol 1982;107:131-44. | 9 Lederman JS, Sober AJ, Harrist Tj et al. lymphomatoid papulosis following Hodgkin's disease. J Am Acad Dermatol 1987;16:331-5. | 10 Macaulay WL. Lymphomatoid papulosis Arch DERMATOL1986;97:23-30. | 11 Macaulay WL. Lymphomatoid papulosis update: a historical perspective. Arch Dermatol 198;125:1387-9. | 12 Wantzin GL, Thomsen k. Methotrexate in lymphomatoid papulosis. Br J Dermatol1984;111:93-5.