

CUTANEOUS HODGKIN'S DISEASE

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ABSTRACT

A 40-year-old man presented with a one year history of erythematous papules and nodules on the trunk and in the right axilla. Three years earlier, a diagnosis of stage I Hodgkin's disease had been established. Complete remission was achieved following 4 cycles of ABVD (doxorubicin, bleomycin, vinblastine, dacarbazine) combination therapy. Histologic examination of a skin biopsy specimen showed the presence of a diffuse, dense infiltrate throughout the whole dermis to the subcutaneous tissue. The infiltrate was composed of small lymphocytes, eosinophils, plasmacells and Reed-Sternberg cells. Immunohistochemistry revealed the positivity of neoplastic cells for BerH2 (CD30) and LeuM1 (CD15) antibodies. Reactivity of small lymphocytes for UCHL1 (CD45RO) was also observed. Routine laboratory examinations were within normal limits. Bone marrow biopsy and instrumental investigations (chest X-ray, computed tomographic scans of abdomen and pelvis) showed no abnormalities. The presence of Epstein-Barr viral (EBV) genome was analysed by polymerase chain reaction (PCR) technique. EBV DNA, however, was not found. Based on histologic and immunohistochemical findings, a diagnosis of secondary cutaneous Hodgkin's disease was made.

KEY WORDS

Hodgkin's disease - specific skin lesions

INTRODUCTION

Hodgkin's disease (HD) is a malignant lymphoproliferative disorder histologically characterized by dense, mixed infiltrate of small T lymphocytes, histiocytes, plasmacells and

eosinophils, and typical Reed-Sternberg cells (1). Cutaneous involvement in systemic HD may be either non-specific or specific. Non-specific skin manifestations include pruritus,

