

CORRESPONDENCE

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Cutaneous Lymphoma Masquerading as
Lepromatous Leprosy

TO THE EDITOR:

A 15-year-old boy presented with generalized pruritus with ichthyosis and hyperpigmentation of the skin of 10 years' duration and generalized infiltration of the skin with beaded thickening of the earlobes and superciliary madarosis (Fig. 1) of 6 months' duration. Other systems were clinically normal except for generalized lymphadenopathy and mild splenomegaly. A clinical diagnosis of lepromatous leprosy was made, but repeated slit-skin smears from the earlobes did not reveal any acid-fast bacilli. A blood test showed a total white blood cell count of 20,000/cmm. Examination of the bone marrow revealed diminished numbers of mature cells and the predominance of myelocytes and lymphoblasts. The diagnosis of cutaneous non-Hodgkin's lymphoma was confirmed by a skin biopsy

which showed dense subepidermal infiltrations by sheets of hyperchromatic round cells with minimal cytoplasm (Fig. 2). A section of a lymph node showed a loss of normal architecture and its replacement by sheets of immature and atypical lymphocytes.

Non-Hodgkin's lymphomas are known to begin with skin lesions and remain localized to the skin for months or years before visceral involvement becomes evident (²). The specific cutaneous lesions are firm pink or red solitary nodules involving the skin of the head and neck region. Nonspecific skin lesions, like pruritus, generalized ichthyosis and hyperpigmentation as seen in our patient, are rare (³). Lepromatous leprosy may sometimes have to be differentiated from dermal leishmaniasis, nodular syphilides leukemia cutis, and histiocytic lymphoma (¹). Malignant lymphomas constitute only



FIG. 1. Cutaneous lymphoma seen on ear.

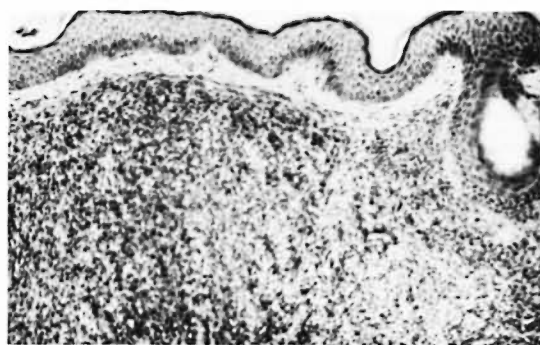


FIG. 2. Subepidermal monomorphous population of lymphoid cells (H&E $\times 125$).

2.34% of all cancer cases in India (4). Our patient was misdiagnosed as lepromatous leprosy because of dense infiltrations of the face and earlobes.

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