Case report

Erythema annulare centrifugum as the presenting sign of CD 30 positive anaplastic large cell lymphoma — association with disease activity

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Abstract—Erythema annulare centrifugum is a figurate erythema that has been associated with many different entities. A case of erythema annulare centrifugum related to non-Hodgkin’s lymphoma in a 38-year-old woman is described in this case report. Response of the lymphoma to a combination chemotherapy was accompanied by disappearance of skin lesions. When therapy was discontinued, both disorders recurred, and both responded to reinstitution of a different chemotherapy regimen. To our knowledge, this case is the first reported association of erythema annulare centrifugum and non-Hodgkin’s lymphoma in the medical literature.

Key words: Erythema annulare centrifugum; non-Hodgkin’s lymphoma.

INTRODUCTION

Erythema annulare centrifugum (EAC), described by Darier in 1916, is a figurate erythema that is characterized by enlarging, annular lesions with raised, scaly borders [1]. EAC has been associated with many diverse entities, including infections (bacterial, viral, or fungal), hormonal status (menstrual cycle), food and drug (salicylate or antimalarial) ingestion, occult malignant neoplasms and Hodgkin’s disease [2–7]. However, its relation with non-Hodgkin’s lymphoma (NHL) and correlation with disease activity have not been defined before.

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Here we report firstly the association of NHL and EAC in the literature. Disappearance of skin lesions and response of the neoplasm were observed with chemotherapy. Six months later from discontinuance of therapy, reappearance of the dermatosis and palpable lymph nodes in different regions as well as lymphoma infiltration in bone marrow were observed. A second response of both NHL and skin lesions occurred after reinstitution of the different chemotherapy regimen.

CASE REPORT

A 38-year-old woman was admitted to the dermatology clinic in January 1998 with annular migratory erythema of 2-years duration. Examination of her skin revealed that she had erythematous annular lesions, with peripheral edematous borders, ranging 2 to 13 cm in diameter, on the trunk, thighs and legs. The patient’s medical, family, and social histories were noncontributory. The patient rarely used medication, and there was no history of drug abuse.

The physical examination of the patient was unremarkable. All laboratory values were with in normal limits. A punch biopsy from an erythematous plaque disclosed a well demarcated perivascular mononuclear infiltration of the upper dermis, a coat-sleeve-like arrangement, consistent with EAC [Fig. 1]. The skin lesions were treated with local steroids and antihistamines without significant improvement. During the following months, the patient complained of fatigue, weight loss, night sweats and palpable masses. Her physical examination showed persistence of the

Figure 1. Erythema annulare centrifugum — a well demarcated mononuclear infiltration, a coat-sleeve-like arrangement seen in upper-dermis (hematoxylin-eosin, ×100).