Sir,

Lymphomatoid papulosis (LyP), a recurrent spontaneous regressing papulonodular skin eruption with a chronic course, is one of the CD30-positive lymphoproliferative disorders (LPDs), among which are primary cutaneous anaplastic large cell lymphoma (ALCL) and borderline cases. LyP is known to increase the risk of malignant lymphoma, such as mycosis fungoides, ALCL, and Hodgkin lymphoma (HL) [1-3]. HL is characterized by CD30-positive Hodgkin/Reed-Sternberg (HRS) cells and is rare among the East Asian population [4]. Herein, we report a Japanese case of LyP associated with HL.

A 79-year-old Japanese man with a history of HL in complete remission by chemoradiotherapy 10 years prior presented with a 7-mm-sized asymptomatic reddish nodule on his left eyelid for over 3 months (Fig. 1a). He also had scattered reddish papules on his trunk (Figs. 1b and 1c), which had waxed and waned for about 10 years. A skin biopsy from the eyelid showed atypical lymphoid cell proliferation in the dermis (Figs. 2a and 2b), and these atypical cells had HRS-like features with bilobed nuclei and abundant cytoplasm (Fig. 2c). Immunohistochemical staining revealed that the tumor cells were positive for CD3, CD4, and CD30 (Fig. 2d) and negative for CD8, CD15, CD20, PAX, and ALK. A biopsy specimen from the trunk lesion exhibited perivascular cell infiltration with large lymphoid cells (Figs. 2e - 2g) with the same immunohistochemical staining pattern. Retrospectively, the lymphoma cells in the lymph node diagnosed as HL were positive for CD15, CD30, and PAX and negative for CD3, CD4, CD8, CD20, and ALK. PET-CT imaging was negative for nodal and visceral lesions. These findings led to a definitive diagnosis of LyP for scattered skin lesions. The nodule on the eyelid was resected as it had remained unchanged for over 4 months. No recurrence was observed at the site of excision on the eyelid, and the nodules on the trunk have been stabilized with topical corticosteroid treatment for 2 years.

CD30-positive LPDs and HL both express CD30 and they could be the differential diagnosis of one another. The current consensus is that HL cells are derived from germinal center B cells and have the immunophenotypic features of CD15 and PAX positivity, whereas the ALCL cells are negative for both [5]. As skin infiltration in HL is rare and usually occurs adjacent to an enlarged lymph node, the scattered multiple nodules in the present case were not indicative of specific HL-associated skin lesions. Although patients with LyP have a good prognosis, they have been reported to have an increased risk of developing lymphoid malignancy. LyP may be preceded with or followed by a malignant lymphoma in 10–20% of the patients [1-3]. HL is the one of the most common diseases associated with lymphomas reported in western countries; however, LyP associated with HL has not yet been reported in the Japanese population. The multiple cutaneous nodules in the present case with spontaneous regressing course were diagnosed as LyP, and the persistent nodule on his
eyelid as a borderline lesion that are likely associated with an HL history.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

REFERENCES


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