Our Dermatology Online

Case Letter

Zosteriform metastasis of Burkitt lymphoma as evidence of disease relapse

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Sir,

Burkitt lymphoma is a highly aggressive B-cell non-Hodgkin lymphoma that represents less than 5% of cases of lymphoma in adults [1]. It commonly affects the lymph nodes and extranodal sites, in particular, the ileocecal area, central nervous system, and bone marrow [2]. Skin involvement is highly rare and may occur by hematogenous dissemination, direct extension, or iatrogenic tumor seeding of the skin and subcutaneous tissue during an invasive procedure, such as the excision of the primary tumor, celioscopy, or the insertion of a catheter into primary lesions [3,4]. It may reflect a systemic involvement or relapse of the disease. A zosteriform pattern appears to be unusual [4]. Only one case has been reported in the literature [5], which was an elderly Asian male who primarily developed a skin rash with the clinical presentation of a dermatomal distribution on the face, which had been erroneously diagnosed as herpes zoster infection and treated with acyclovir without improvement; a biopsy was performed in front of the appearance of new skin lesions confirming the diagnosis of Burkitt lymphoma. This pattern has also been reported in some cases of primary solid and hematologic malignancies, such as colon and breast cancer, melanoma, cutaneous squamous cell carcinoma, Kaposi's sarcoma, and T- and B-cell lymphomas [6,7]. The suggested pathogenic mechanism was a Koebner-type reaction at the site of a previous herpes zoster [5]. The diagnosis is confirmed by an anatomopathological study and the treatment is based on polychemotherapy [1]. Herein, we report a new observation of zosteriform metastasis of Burkitt lymphoma as evidence of disease relapse.

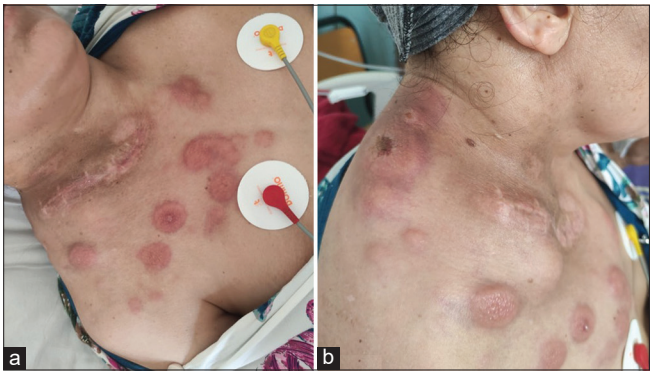

Figure 1: (a and b) Indurated, erythematous nodules with a zoster-like arrangement in the right C3-C4 dermatomes.

A 43-year-old female with no history of herpes zoster, followed for non-metastatic Burkitt lymphoma initially, diagnosed on a biopsy of a right laterocervical mass, having received four courses of chemotherapy combining cyclophosphamide, vincristine, adriamycin, and prednisone, with an 80% response at re-evaluation after three courses, consulted one week after the fourth course of treatment for an intracranial hypertension syndrome and an asymptomatic skin rash. A physical examination revealed a group of indurated, erythematous nodules, with some excoriated lesions at the center, measuring 1.5 cm in the case of the largest, linearly distributed on the upper back on the right side, the shoulder, and the ipsilateral subclavicular region, compatible with right C3-C4 dermatomes (Figs. 1a and 1b). A skin biopsy was performed and an anatomopathological study revealed a cutaneous localization of her lymphoma. The patient had also undergone a lumbar puncture with a study of the cerebrospinal fluid, which showed the presence of malignant cells, and a re-evaluation scan, which showed

How to cite this article: El-Ammari S, Baybay H, Kacimi Alaoui I, Elloudi S, Soughi M, Douhi Z, Mernissi FZ. Zosteriform metastasis of Burkitt lymphoma as evidence of disease relapse. Our Dermatol Online. 2025;16(1):106-107.

Submission: 02.01.2023; **Acceptance:** 02.08.2023

DOI: 10.7241/ourd.20251.23

a progression of her lymphomatous disease with an increase in the size of the laterocervical mass and the appearance of hepatic and cerebral localizations. The patient died several days later following a septic shock.

Consent

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

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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Source of Support: Nil, **Conflict of Interest:** None declared.