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Letters to the Editor

CASE REPORT: CUTANEOUS LYMPHOMA AND BORDERLINE LEPROSY SIMULATING LEPROMATOUS LEPROSY

Sir,

A 25-year-old severely ill young woman presented with generalized infiltrated skin and dusky red, infiltrated dermal papules and nodules on her face, back, forearms and thighs (Figures 1–3). The nodules were non-tender. Her earlobes were also infiltrated. The lesions had been present for 1 month only.

On examination she was found to have a hypopigmented, anaesthetic lesion over her forehead and asymmetrical enlargement of both ulnar nerves, both radial cutaneous and both lateral popliteal nerves. There were glove and stocking anaesthesia of all four extremities. Physical assessment was, however, difficult because of the patient's general condition. She had a low fever of 38°C, and a large, firm spleen palpable extending 10 cm below the costal margin, and generalized lymphadenopathy. Her blood haemoglobin level was 7·7 g/dl, white count 22,750/ml with a 68% lymphocytosis. The patient was 4 months pregnant.

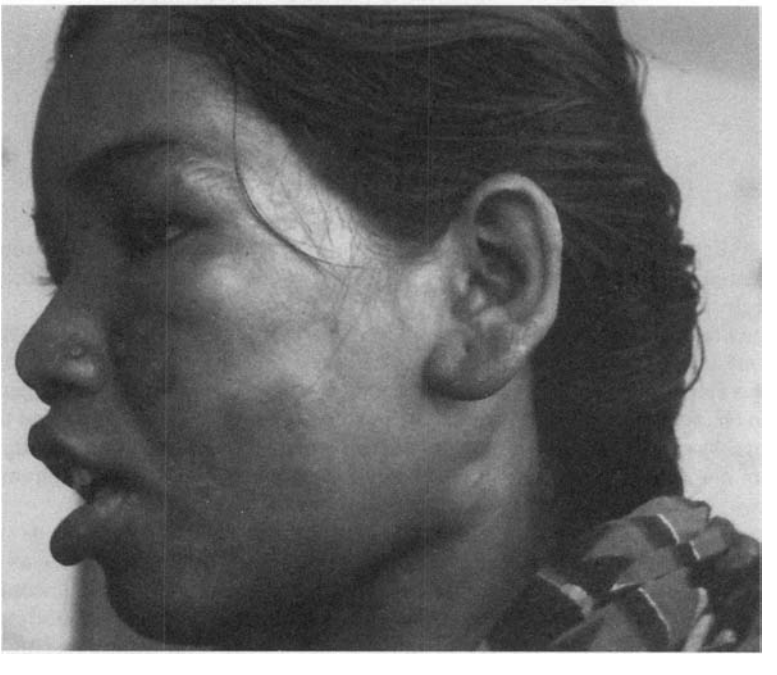

Figure 1.

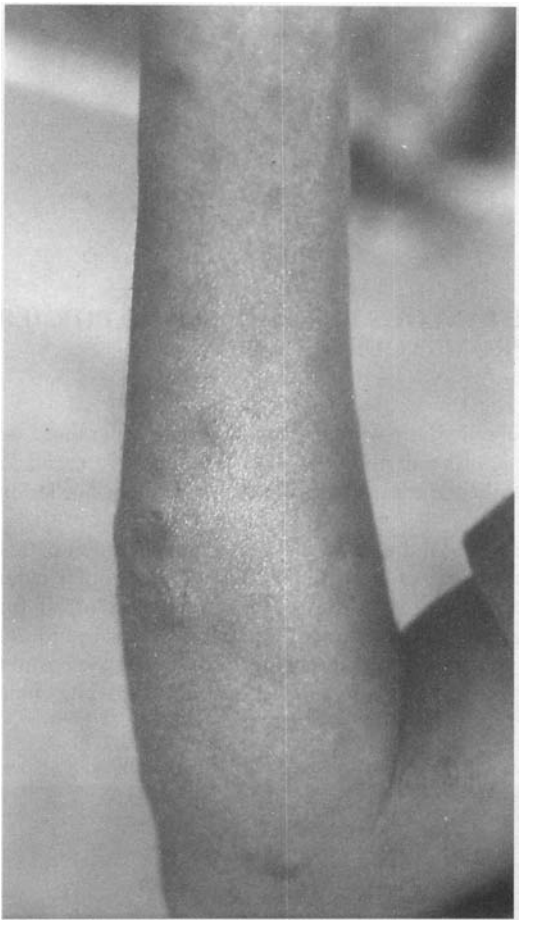

Figure 2.

Initially a diagnosis was made of lepromatous leprosy with an ENL reaction complicated by tropical splenomegaly syndrome. However, the absence of pain or tenderness of the skin lesions was against the diagnosis from the start.

When the laboratory technician attempted to perform a split-skin smear, he obtained not the usual fluid but a white pus-like discharge. No AFB could be detected on several repeat smears but the smear was found to be loaded with lymphocytes. It was at this point that we began to consider that the skin changes we were observing might be something other than leprosy and the diagnosis of lymphoma was made. A skin biopsy was taken which was reported as showing dense focal collections of immature lymphoreticular cells consistent with a diagnosis of lymphoma cutis, high grade. No evidence of epidermal tropism was seen.

Two cases have been reported of cutaneous lymphoma masquerading as lepromatous leprosy.[1,2] However, in this case cutaneous lymphoma did not only masquerade as leprosy, but leprosy was undoubtedly also present, thus causing even more initial diagnostic confusion.

Cutaneous infiltration by lymphomas are not uncommon, being more frequently seen with the non-Hodgkin's type of disease. In this case the absence of epidermal tropism is consistent with a diagnosis of B-cell lymphoma. The usual presentation of such a malignancy is of multiple

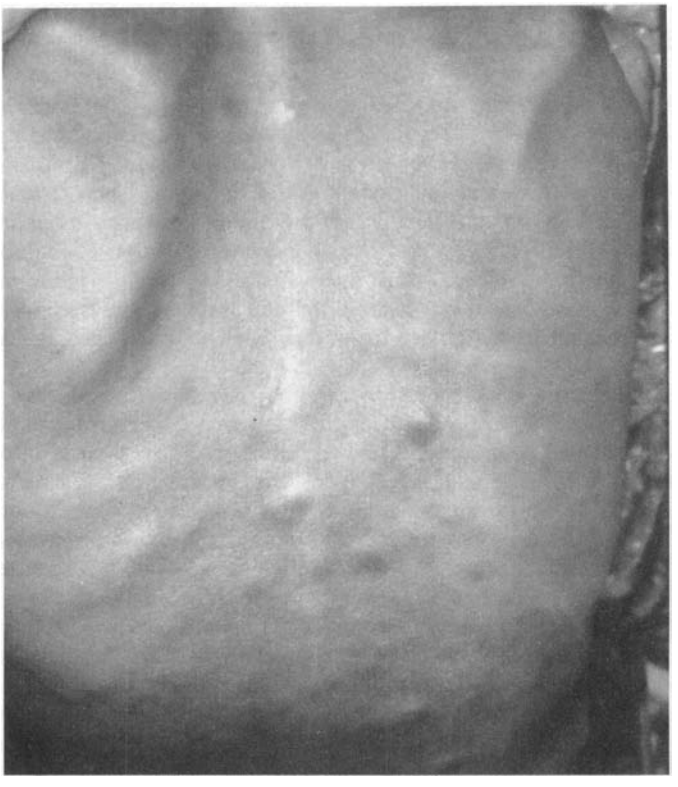

Figure 3.

cutaneous nodules with lymph node, spleen and liver involvement. The cutaneous nodules are deep seated and often affect the lower limbs.[3]

In this case, since the patient reported to a leprosy hospital, a diagnosis of leprosy was rapidly made and the diagnosis of lymphoma only made later. Probably, had the patient presented to a general physician the lymphoma diagnosis would have been made much earlier and perhaps the leprosy missed unless nerves were specifically palpated!

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References

[1] Balachandran C, Srinavas CR, Singh KK, Venugopal N. Histiocytic lymphoma simulating lepromatous leprosy—a case report. *Ind J Lepr* (1987) **59:3** 332–333.
[2] Balachandran C, Srinavas CR, Senoy SD, Ramnarayan K. Cutaneous lymphoma masquerading as lepromatous leprosy. *Int Lepr* (1990) **58:1** 115–161.
[3] Mackie RM. Lymphomas and leukaemias in *Rook/Wilkinson/Ebling, Textbook of Dermatology* Ed. Champion, Burton, Ebling Ch53, Blackwells, Oxford 1992.