Leucemia cutánea bulosa: una rara forma de infiltración de células leucémicas en la piel

Bullous leukemia cutis: a rare form of skin infiltration by leukemic cells Bárbara Fontes Oliveira, Guilherme Castro Gomes Internal Medicine. Hospital de Braga. Braga (Portugal)



Image 1. Multiple variable-sized red nodules on the trunk, some with a central bullae.

A man in his early 70's with a previous diagnosis of bipolar disorder was admitted in the psychiatry ward. His medical history was notable for type 2 diabetes mellitus and chronic lymphocytic leukemia (CLL) with del(13q), the latter diagnosed 2 years prior to the presentation. Multiple skin lesions were noted, and an Internal Medicine consultation was required. Scattered non-pruriginous erythematous nodules were present, mainly on the trunk (Image 1), some of which had a central bulla (Image 2). The patient had a peripheral lymphocyte count of 85,5x103/µL. A punch biopsy of one of the lesions was performed and revealed a dense atypical lymphocytic infiltrate involving the dermis with a perivascular and periadnexal pattern of involvement, consistent with cutaneous involvement by the chronic lymphocytic leukemia (Image 3-4). Treatment with Venetoclax and Obinutuzumab was initiated, resulting in the resolution of the cutaneous lesions.

Leukemia cutis refers to the infiltration of the skin by neoplastic leukocytes. Any leukemia subtype can involve the skin, with chronic lymphocytic leukemia and acute myeloid leukemia being the most common ones¹. Skin lesions often appear as papules, macules, nodules, or plaques, typically exhibiting a rubber-like consistency and a wide range of colors, including red, purple, and brown. Less commonly, skin involvement can manifest as a bullous eruption, expanding the diagnostic possibilities to include paraneoplastic and autoimmune vesiculobullous entities, bullous drug eruptions, and infectious etiologies.²

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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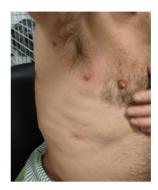


Image 2. Close-up view of an erythematous nodule with central bullae located on the trunk.

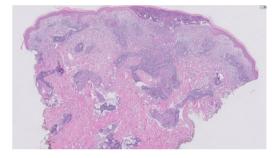


Image 3. At low-power magnification, dermis infiltration by atypical lymphocytes, with perivascular and periadnexal pattern of involvement (H&E staining, x2).

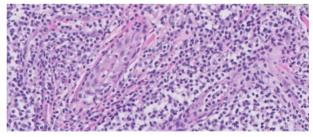


Image 4. Magnified view of leukemic cell infiltration of the skin (H&E staining, x40)

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