Cutaneous Nodules Revealing Large Cell Anaplastic Lymphoma ALK+

Omahsan L1*, Zerrouki N1, Bazouti S2, Zerouati Erouati K3, Benajiba N3, Zizi N1,2, Dikhaye S1,2
1Department of Dermatology, Mohammed VI University Hospital, Morocco
2Department of Epidemiology, Laboratory for Scientific Research and Public Health, Morocco
3Department of Pediatric, Mohammed VI University Hospital, Morocco

Abstract
Anaplastic Large Cell Lymphoma (ALCL) encompasses at least 3 clinically distinct entities. The entity ALK with systemic ALCL is rare. In the infant population skin involvement is rarely revealing. Diagnosis and early management improves prognosis. We report an original case of a 7-year-old child in whom the skin involvement was indicative of neoplasia.

Keywords: Cutaneous nodules-large cell anaplastique lymphoma ALK+ -chemotherapy

Introduction
Anaplastic large cell lymphoma (ALCL) is an uncommon T-cell lymphoma defined according to the Revised European American Lymphoma and World Health Organization classifications as a distinct clinicopathological entity [1]. Cutaneous ALCL presents either as primary cutaneous ALCL (pcALCL), anaplastic lymphoma kinase (ALK) with systemic ALCL (sALCL), and ALK without sALCL [3,4]. sALCL are known to be in advanced-stage disease at presentation. It primarily involves lymphnodes, although extranodal sites maybe involved [5]. In children, 18–25% of ALCLs develop skin manifestations during the course of the disease [6]. These manifestations rarely reveal the disease. Our patient had already developed cutaneous nodules 3 weeks previously.
The histopathology study allowed making the diagnosis. In children, the systemic form is more common and prognosis is worst when the skin is also affected [7,8]. sALCL are treated with chemotherapy containing anthracycline such as CHOP [9]. Autologous and allogeneic stem cell transplantation may be beneficial in case of recurrence [9]. Brentuximab vedotin is an anti-CD30 monoclonal antibody targeting malignant CD30-positive cells, which shows also its efficiency in the treatment of refractory and recurrent systemic ALCL [10]. The decision was to treat our patient with CHOP protocol with a good improvement from the 3rd cure of chemotherapy.

**Conclusion**

We report an original pediatric case of sALCL AKL+. The cutaneous biopsy plays an important role in making this diagnosis. Early detection and treatment may provide a better outcome.

**References**