

## Leukemia Cutis

### Leucemia Cutis

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**A** 87 year-old woman was admitted after one-month history of erythematous violaceous cutaneous nodules and papules on the trunk and upper and lower limbs, sparing face, palms, soles and mucous membranes (Fig. 1). There was no pain or itching. The remaining physical examination showed only hepatomegaly.



*Erythematous violaceous cutaneous nodules and papules on the trunk.*

**FIG. 1**

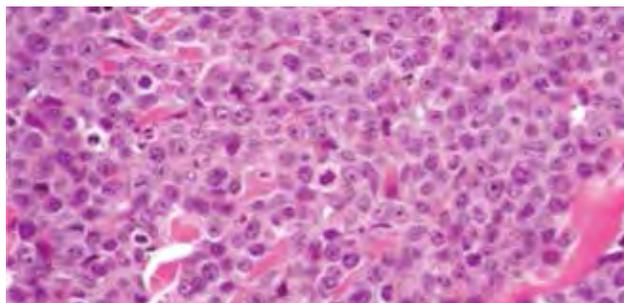
Blood count revealed haemoglobin 9.8 g/dl, platelets 68000/  $\mu$ L and 45400 / $\mu$ L white blood cells with 5.7 percent blasts CD 36, 64, 33, 11b, 13, 15, 14 and HLA-DR positive.

Bone marrow was hipercellular with 87 percent blasts in which 68 percent were monoblasts.

Histopathological examination of cutaneous biopsy showed an infiltrate of monomorphous blasts separated from the overlying epidermis by a grenz zone. These cells had a increased nuclear/cytoplasmic ratio, significant mitotic activity, nuclei with finely dispersed chromatin, multiple nucleoli, and irregular contours (Fig. 2).

The diagnosis was acute myeloblastic leukemia, French-American-British (FAB) classification M5a with leukemia cutis. The patient was referred to palliative measures. Death occurred 3 months after the first skin symptoms.

The cutaneous manifestations of leukemia can be non-



*Microscopic view of cutaneous biopsy (hematoxylin and eosin).*

**FIG. 2**

-specific including reactive or paraneoplastic lesions and lesions due to marrow failure, and specific, known as leukemia cutis, in which the blasts infiltrate the epidermis, dermis or the subcutis.<sup>1</sup>

Leukemia cutis occurs in 2% to 3% of acute leukemias<sup>2</sup> more frequently in myeloblastic FAB M4 and M5 subtypes.<sup>1</sup> It usually presents at diagnosis or thereafter<sup>3</sup>, but rarely may occur as the presenting feature.<sup>4</sup>

Clinically, lesions of leukemia cutis are characterized by single or multiple papules, nodules, or plaques that may range from violaceous to red-brown.<sup>2</sup>

Leukemia cutis should be differentiated from secondary syphilis, arthropod bite reactions, nodular scabies, lupus erythematosus, vasculitis, sarcoidosis, mycosis fungoides, metastatic undifferentiated carcinoma, and eosinophilic granuloma.<sup>5</sup>

It is considered a poor prognostic sign and most patients die within a few months.<sup>6</sup> ■

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