TREATMENT

Management of PC-ALCL in general includes surgical excision with or without local radiation. Electron beam therapy penetrates upto the dermis and is a very useful adjunct. Multifocal lesions, high Ki-67 index with aggressive clinical course and systemic dissemination require chemotherapy. Methotrexate as a single agent is the most preferred choice with etoposide reserved for cases showing resistance to methotrexate [2,8].

CONCLUSION

CD8+ PC-ALCL is an extremely rare entity which should always be kept in mind when dealing with isolated cutaneous lesions especially lymphomatous in origin. A good clinical history, meticulous histopathological examination and appropriate selection of markers plays a pivotal role in diagnosis. Addition of cytotoxic proteins like CD8 and careful distinction from other cutaneous CD30+, CD8+ T-cell lymphomas is very important due to the prognostic and therapeutic implications. High Ki-67 index indicates an aggressive clinical course and is inversely proportional to prognosis. Though CD8+ PC-ALCL has an excellent prognosis, it is necessary to closely follow up these patients to rule out a systemic lymphoma and due to the risk of recurrence, systemic dissemination or progression into other malignancies. Multifocal lesions, cases with high tumor load and high Ki-67 index with a rapidly progressive clinical course, require systemic chemotherapy.

REFERENCES

1. Aydi Z, Ben Dhaou B, Ben Brahim E, Baili L, Boussema F, Ketari S, et al. Primary cutaneous CD8+ T-cell lymphoma. J Saudi Soc Dermatology Dermatologic Surg. 2012;16(1):25–8.
2. Nasit JG, Patel SC. Primary Cutaneous CD8(+) CD30(+) Anaplastic Large Cell Lymphoma: An Unusual Case with a High Ki-67 index-A Short Review. Indian J Dermatol [Internet]. 2015 [cited 2017 Aug 8];60(4):373–7.