

Clinical-Medical Image

## Primary Cutaneous Anaplastic Large Cell Lymphoma

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**Figure 1:** Dense lymphoid infiltrate of large atypical pleomorphic lymphoid cells.

### Clinical Image

A 77-year-old elderly lady with history of rheumatoid arthritis on weekly methotrexate and abatacept was referred for hematological evaluation for a 6-week history of progressive painless mass on the dorsum of the hand of around  $4 \times 4.5 \times 6.5$  cm (Figure 1). She had no systemic symptoms including fevers, night sweats, and weight loss. Biopsy of the mass showed dense that lymphoid infiltrate of large atypical pleomorphic lymphoid cells. Immuno-histochemical analysis showed cells that are positive for LCA, CD3, CD30 and negative for CD20, ALK-1. PET scan showed hyper metabolic soft tissue mass in the right hand, subcutaneous nodules in right elbow and mid forearm, bilateral axillary lymphadenopathy. Biopsy of right axillary lymphadenopathy was positive for involvement by the lymphoma. Bone marrow biopsy was negative for lymphoma. Methotrexate was discontinued given the new diagnosis of lymphoma. She underwent radiation treatment to reduce the size of right-hand mass and was started on systemic treatment with anti CD30 antibody drug conjugate Brentuximab Vedotin. She had resolution of right-hand mass and complete remission on repeat PET scan done after 6 months of treatment. Most recently she had completed 16 cycles of treatment and remains in remission. PC-ALCL is a rare and indolent lymph proliferative disorder with an excellent prognosis and estimated 10-year overall survival of 90%.

**Keywords:** Arthritis; Lymphoma; Brentuximab vedotin

### Declaration of Interests

The authors declare that they have no competing interests.

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