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Clinical Image

Erythroderma and Onychodystrophy in Sezary Syndrome

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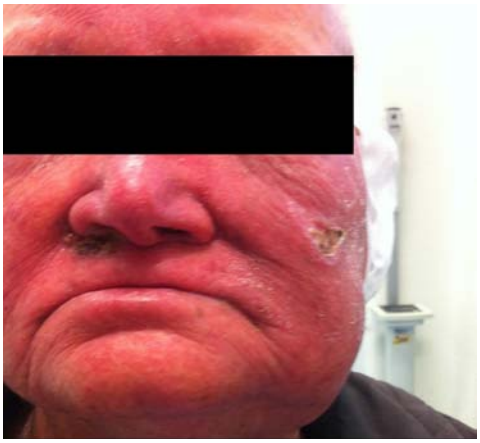
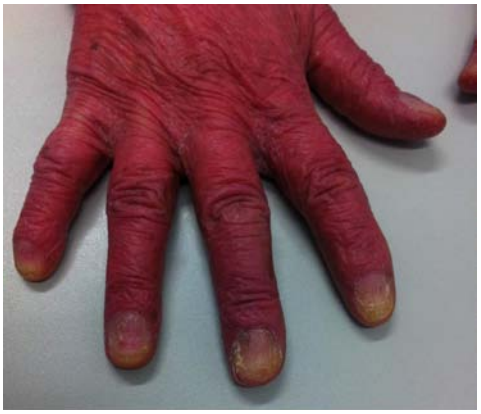
Clinical Image

Sezary syndrome is a rare T-cell non Hodgkin lymphoma characterized by the presence of lymphadenopathies and cutaneous disease with a dismal prognosis. Our patient is a 70 year-old female that presented with a generalized erythroderma and pruritus. CT scan showed mediastinic and abdominal adenopathies, as well as splenomegaly. Blood tests had Sezary cell count of 1200 cells/mm^3 and elevated LDH. Cut aneous biopsy and bone marrow examintaion confirmed the diagnosis.

The patient started CHOP (cyclophosphamide, doxorubicin, vincristine and prednisolone) for 6 cycles with a partial response (reduction> 50% of adenopathies and a significative improvement of the skinlesions). However, lessthan 6 months after chemotherapy, the patient relapsed, with a significant worsening of the cut aneouslesions, that were predominantly in the face, including an ulcerative lesion (Panel A) and a very typical onychodystrophy (Panel B) and is now going to start treatment with alemtuzumab, an humanized monoclonal anti body anti-CD52.



Panel A: Facial erythroderma, with an ulceretive cutaneous lession.



Panel B: Onychodystrophy.

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