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Acquired ichthyosis as a messenger to gastric diffuse large B-cell lymphoma☆

Dear Editor,

A 50-year-old male patient presented with recurrent bloody vomiting. In the endoscopic examination, a tumoral lesion was detected in the gastric antrum. Immediate gastrectomy was performed due to perforation. Histopathological examination diagnosed a triple-expressor gastric Diffuse Large B-Cell Lymphoma (DLBCL) [Bcl-2 focal (60%), Bcl-6 focal (40%), C-Myc (10%), CD10 focal (70%)]. The Ki-67 index was positive at 60%. A stool examination of the Helicobacter pylori antigen was negative. PET-CT demonstrated no involvement at the operation (gastrectomy) site.

The patient had been complaining of itchy, polygon-shaped brown, gray, and white scales on the whole-body skin, more prominently on the extremities, for 2 years. At the same time, the skin was very dry and thickened (Fig. 1). There was no similar history in the patient's family. The patient was started on R-CHOEP (Rituximab, Doxorubicin, Vincristine, Etoposide, Cyclophosphamide, and Prednisolone) chemotherapy. Also, a skin biopsy was performed. In the skin tissue hyperkeratosis, papillomatosis, mild acanthosis, and absent granular layer were noted. Perivascular mononuclear cell infiltration was observed in the superficial dermis (Fig. 2). At the end of chemotherapy, skin findings improved (Fig. 1).

Ichthyosis presents as rough, dry, skin with a large plate-like scale, and it can either be hereditary or acquired. Acquired Ichthyosis is defined in neoplastic disorders (Hodgkin's lymphoma, anaplastic large cell lymphoma, multiple myeloma, mycosis fungoides, POEMS [polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes] syndrome, Kaposi's sarcoma, leiomyosarcoma, etc). Also, it is known to be associated with malnutrition, infections (HIV, Human T-lymphotropic virus), hypothyroidism, celiac disease, autoimmune conditions, sarcoidosis, graft-versus-host disease, and drug intake (hydroxyurea, allopurinol, vemurafenib, cholesterol-lowering medications, etc.). It is assumed that ichthyosis can be caused by impaired epidermal lipogenesis and production of transforming growth factor-α by tumor cells and impaired vitamin A metabolism.[1,2] According to the best of our knowledge, our case is the first ichthyosis as a precursor to gastric DLBCL.

☆ Study conducted at the Aydin Adnan Menderes University Medical Faculty, Aydın, Turkey.

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Authors' contributions

İrfan Yavaşoğlu: Design and planning of the study; Data collection, or analysis and interpretation of data; Drafting and editing of the manuscript or critical review of important intellectual content; Collection, analysis, and interpretation of data; Critical review of the literature; Approval of the final version of the manuscript.

Atakan Turgutkaya: Data collection, or analysis and interpretation of data; Drafting and editing of the manuscript or critical review of important intellectual content; Collection, analysis, and interpretation of data; Critical review of the literature.

Canten Tataroğlu: Data collection, analysis, and interpretation of data; Drafting and editing of the manuscript or critical review of important intellectual content.

Ali Zahit Bolaman: Design and planning of the study; Data collection, or analysis and interpretation of data; Drafting and editing of the manuscript or critical review of important

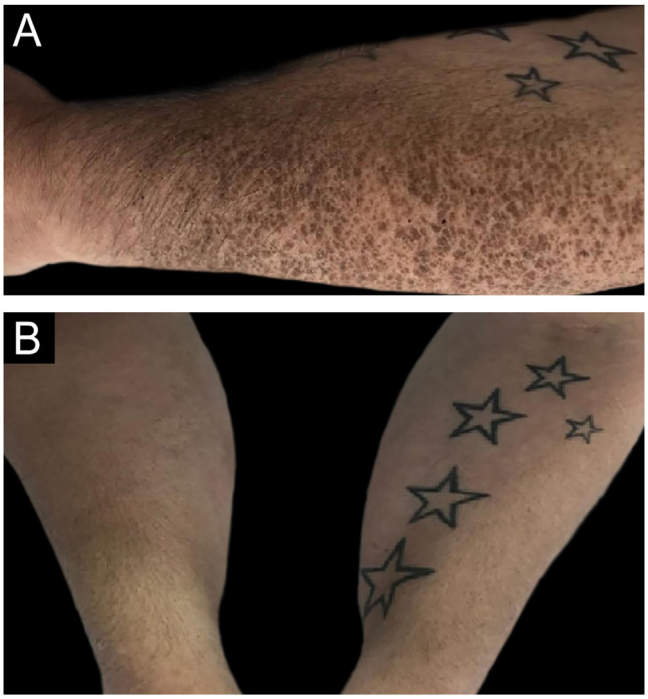

Figure 1 (A) Polygon-shaped brown, grey, or white scales on the forearm. (B) Resolution after the treatment.

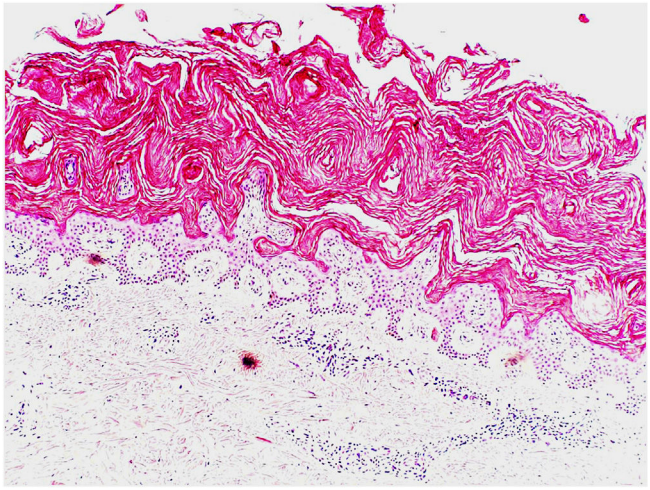

Figure 2 Orthohyperkeratosis, absence of granular cell layer and mild acanthosis are observed in the epidermis. In the upper dermis is a mild perivascular lymphocytic infiltrate (Hematoxylin & eosin, ×200).

intellectual content; Collection, analysis, and interpretation of data; Critical review of the literature; Approval of the final version of the manuscript.

Conflicts of interest

None declared.

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Confocal reflectance microscopy in basal cell carcinoma associated with nevus sebaceous: case report☆

Dear Editor,

Nevus sebaceous is a congenital benign hamartoma of the skin. Its most common complication is transformation into other tumors, usually benign.[1,2] However, due to the potential for malignancy, early diagnosis and treatment are essential.[3,4]

While dermoscopy allows the analysis of the epidermis to the mid-dermis, reflectance confocal microscopy (RCM) uses an 830-nm diode laser as a monochromatic and coherent light source which penetrates, between 200 and 300 μm, providing images at the cellular level that resemble histopathology, offering detailed morphological analysis of the different skin layers up to the papillary dermis.[5]

There are few reports in the literature regarding typical findings of nevus sebaceous in RCM.[6–8] Articles describing lesions associated with basal cell carcinoma are even less frequent.[9,10] The authors present a scenario of common dermoscopic characteristics in nevus sebaceous associated with basal cell carcinoma, highlighting changes in confocal reflectance microscopy of the nevus sebaceous, scarcely described in the literature to date.

A 41-year-old male patient with no personal or family history of skin cancer, was treated for a lesion present since childhood on the right forehead with changes in texture and slow growth over the years.

Clinically there was a pearly-yellow plaque, with unclear borders, on an erythematous base and telangiectasias on the periphery, and yellowish papules in its upper region. Palpation showed a slightly verrucous texture (Fig. 1A).

Dermoscopy showed, in the lower region, round and oval, whitish and whitish-yellow uniformly aggregated structures in a cobblestones pattern, with telangiectasias on the periphery. There were arboriform vessels in the central region, which are typically associated with basal cell carcinoma. The upper region showed a group of rounded whitish-yellow papules with central umbilication and crown vessels (Fig. 1B).

RCM, carried out with VivaScope® 1500 (Lucid Inc. Rochester, NY, USA) showed, in the dermis, typical findings of basal cell carcinoma: tumor islands with peritumoral clefting, dark silhouettes and, on the periphery, palisaded cells and dilated tortuous vessels (Fig. 2). At the dermal-epidermal junction and papillary dermis, central tube-shaped structures stood out, with sebaceous gland

☆ Study conducted at the Hospital A.C. Camargo Cancer Center, São Paulo, SP, Brazil.