

Clinical Image

Erythroderma and Onychodystrophy in Sezary Syndrome

Manuel Neves^{1*}, Isabel Pereira¹, Maria Joao Costa¹ and Jose Alves do Carmo¹

¹Serviço de Hematologia e Transplantação de Medula, Hospital Santa Maria, Centro Hospitalar Lisboa Norte

*Corresponding author: Manuel Neves, Serviço de Hematologia e Transplantação de Medula, Hospital Santa Maria, Centro Hospitalar Lisboa Norte, Avenida Professor Egas Moniz, 1649-035 Lisboa, Tel: 351-217805000; Email: mleaoneves@gmail.com

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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/mm³ and elevated LDH. Cutaneous biopsy and bone marrow examination 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 significant improvement of the skin lesions). However, less than 6 months after chemotherapy, the patient relapsed, with a significant worsening of the cutaneous lesions, 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 antibody anti-CD52.



Panel A: Facial erythroderma, with an ulcerative cutaneous lesion.



Panel B: Onychodystrophy.