SKIN CANCER (OTHER THAN MELANOMA)

CUTANEOUS LESIONS IN THE ELDERLY: A CASE OF ACUTE MYELOID LEUKEMIA

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Background: Leukemia cutis is characterized by infiltration of leukemic cells into the skin. It has been described in patients with acute myeloid leukemia (AML), chronic myeloproliferative diseases, myelodysplastic syndromes (MDS) and lymphoproliferative diseases. In patients with MDS, skin lesions may be the first manifestation of their leukemic transformation. It affects more elderly individuals, between 60-75 years.

Observation: A 70-year-old male patient was referred to a public hematology department due to the appearance of hepatomegaly, weight loss, leukocytosis ($105.8x10^3$), thrombocytopenia ($63x10^3$) and skin lesions, which preceded, in six months, the other symptoms. Dermatological evaluation evidenced erythematous-purpuric, confluent, non-pruritic and painless plaques disseminated in the trunk, upper and lower limbs. The patient was initially treated with hydroxyurea while awaiting to the exams results, reaching normal values of leukocytes, platelets and good response of cutaneous manifestation. On his return, after three months, the anatomopathological analysis of skin lesion biopsy revealed epidermis rectified with hyperkeratosis in the dermis, grenz zone and dense infiltrate of diffusely distributed atypical cells involving annex and dissecting bundles of collagen and piloerector muscle, the cells had eosinophilic cytoplasm and large pleomorphic and hyperchromatic nucleous, some with evident nucleolus, figures of mitosis, including atypical ones were noted - poorly differentiated neoplasm of lineage to be clarified by immunohistochemistry. Anatomopathological examination of bone marrow biopsy showed that the alterations evidenced corresponded to Acute Myeloid Leukemia; quantitative BCR-ABL gene was negative. The first cycle of chemotherapy (cytarabine and doxorubicin) was started. Following chemotherapy, remission of the lesions were observed, but the patient died in 2 months after therapy. Immunohistochemical analysis of the skin biopsy was not completed in time.

Key-words: these findings suggest that skin infiltration of AML may precede any systemic evidence, and typical cutaneous lesions in elderly individuals may be indicative of severe diseases.