SKIN MANIFESTATIONS OF INTERNAL DISEASE

INSECT BITE LIKE REACTION AS HARBINGER TO MARGINAL B CELL NON HODGKINS LYMPHOMA

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Background: Insect bite like reactions(IBR) are also known as 'eosinophilic dermatoses of hematological malignancy' is a rare and a non specific manifestation associated with hematoproliferative disoders.

Observation: Eighty two year old male presented with multiple, recurrent,red itchy and painful lesions occurring over varied parts of the body on and off since past 3 years. The lesions were occasionally fluid filled healed with medication. There was no seasonal variation/concomitant or preceding systemic symptoms. The past/personal and family history was not contributory.
The lesions were polymorphous. Primary lesions were erythematous, edematous papules and plaques on the back with similar lesions on forearms showing overlying vesiculation. The erythema and edema were most accentuated over the scalp with tender indurated nodules.
Secondary lesions were papules with hemorrhagic crusts, depigmented and hyperpigmented atrophic scars.
General and systemic examination were normal except for the presence of enlarged cervical and axillary lymphnodes.
The routine hematological investigations of the patient were normal except for a raised lactate dehydrogenase level. The X Ray chest was normal. The abdominal ultrasound showed the presence of enlarged abdominal lymph nodes which in addition to neck, mediastinal , pelvic and inguinal lymphnodes were found to be metabolically active on whole body Positron Emission Tomography Scan.
Histopathology confirmed the diagnosis of a severe insect bite like reaction whereas the excisional biopsy of axillary lymphnode on histopathology and immunohistochemistry was suggestive of low grade B cell Non Hodgkins Lymphoma of the marginal zone type.

Key Messages: Skin lesions of exaggerated insect bite like reaction usually appear months to years after the diagnosis of leukemia and less frequently precede it,as in our case. The lesions are unrelated to laboratory findings, disease course and therapy.
It is important to rule out associated hematological malignancy in patients presenting with lesions suggestive of exaggerated IBR.