



Granulocytic sarcoma in a non-leukemic patient presenting with an unusual cutaneous paraneoplastic syndrome

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A 40-year old man was admitted to our Institute because of an erythematous, exfoliative dermatitis, along with a gross right leg and scrotal edema. Histologic examination of the skin biopsy was consistent with a diagnosis of acquired ichthyosis (Figure 1). A total body computed tomography documented the presence of a voluminous mass in the right iliac fossa (Figure 2). Histologic, histochemical and immunohistochemical examinations of a CT-guided biopsy (Figures 3-4) were consistent with the diagnosis of granulocytic sarcoma.¹

Support therapy was started, but after 8 days the patient died.

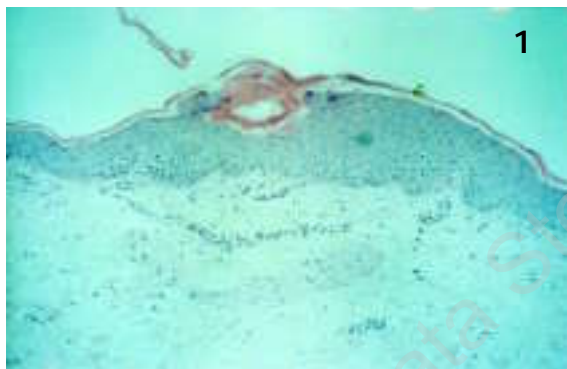


Figure 1. Skin biopsy showing hyperkeratosis and a thin almost absent granular layer (hematoxylin-eosin, $\times 160$).

Figure 2. CT showing the voluminous retroperitoneal mass.

References

1. Davey FR, Olson S, Kurec AS, Eastman-Abaya R, Gottlieb AJ, Mason DY. The immunophenotyping of extramedullary myeloid cell tumors in paraffin-embedded tissue sections. *Am J Surg Pathol* 1988; 12: 699-707.

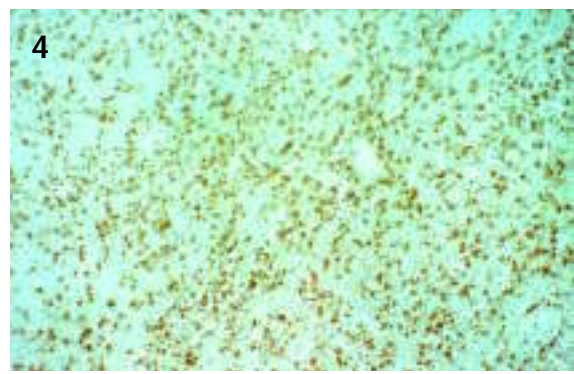
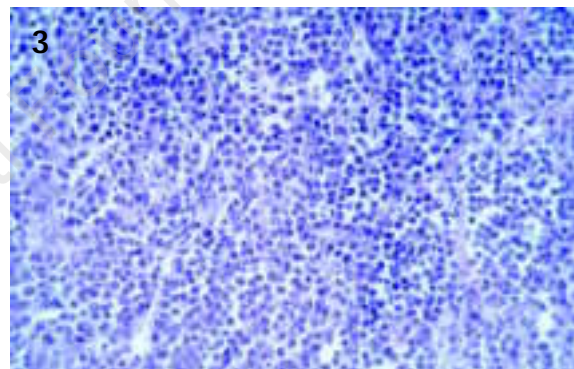


Figure 3. Histology of the retroperitoneal mass. The tumor is composed of discohesive medium- and large-size cells with round to ovoid nuclei, finely dispersed chromatin, prominent nucleoli and scanty cytoplasm (hematoxylin-eosin, $\times 400$).

Figure 4. Immunostain for neutrophil elastase. Many tumor cells infiltrating striated muscle show positivity for NP57 antibody ($\times 160$).

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