



Breast cancer or cutaneous lymphoma?

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A 35-year old man was referred to our hospital because of fever. At clinical evaluation a cerebriform neof ormation was found in the right breast (Figure 1); there was no superficial lymphadenopathy.¹ Routine laboratory tests showed only elevated serum lactate dehydrogenase (750 U/L). Abdominal and chest CT scans were normal as was a bone marrow biopsy. A diagnosis of anaplastic large cell lymphoma,² with B-immunophenotype, was made after biopsy of the neof ormation. The lymphoma expressed CD30 antigen and carried cytogenetic marker t(2;5)(p23;q35). The patient was treated with 12 cycles of VACOP-B and local radiotherapy with complete remission (Figure 2).



Figure 1. A cerebriform neof ormation in the right breast before chemotherapy and radiotherapy.

References

1. Shulman LN, Frisard B, Antin JH, et al. Primary Ki-1 anaplastic large-cell lymphoma in adults: clinical characteristics and therapeutic outcome. *J Clin Oncol* 1993; 11:937-42.
2. Longo G, Fiorani C, Sacchi S, et al. Clinical characteristics, treatment outcome and survival of 36 adult patients with primary anaplastic large cell lymphoma. *Haematologica* 1999; 84:425-30.

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Figure 2. Complete remission after treatment.