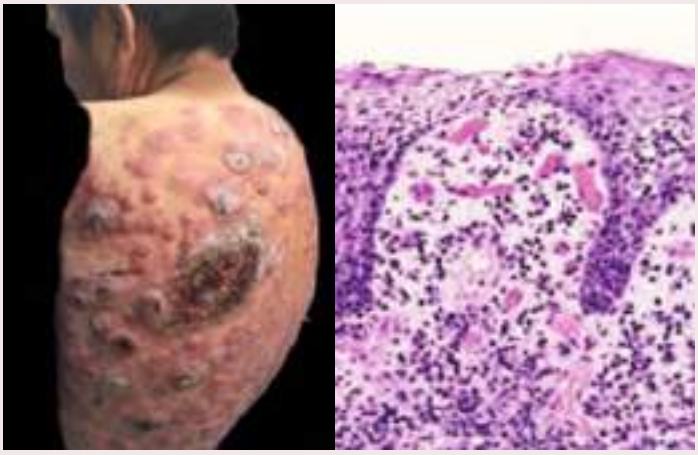
IMAGES IN DERMATOLOGY

Disseminated cutaneous T-cell lymphoma: Dermatology in Images

Javier Rosero,* Carolina Narváez, Carmen Santamaría*****



A 56-year-old man presents with generalized skin lesions that have evolved over the past 2 years, starting with pruritic erythematous macules that progressed to plaques and tumors. He reports weight loss, occasional night sweats, and intense itching. Examination reveals multiple erythematous-violet nodular lesions, some ulcerated on the back, along with bilateral cervical and axillary lymphadenopathy.

Skin biopsy shows atypical lymphoid infiltration with marked epidermotropism. A CT scan reveals generalized lymphadenopathy. He is diagnosed with stage IVA cutaneous T-cell lymphoma (T3 N3 M0 B2).

This case illustrates the characteristic progression of advanced cutaneous lymphoma. Diagnosis relies on clinical-pathological correlation. Treatment is challenging and generally palliative, including systemic therapies such as interferon and chemotherapy in refractory or advanced cases. Clinical presentation varies, and the course is unpredictable. Emphasis is placed on the importance of a multidisciplinary approach and long-term follow-up to optimize management, considering the complexity of the disease and its impact on the patient's quality of life.

ORCID: Javier Rosero https://orcid.org/0000-0002-3635-6653

[1]*Bagherani N, Smoller BR. An overview of cutaneous T cell lymphomas. F1000Res [Internet]. 2016 Sep 1 [cited 2023 Jun 25];5 Faculty Rev-1882. Available from: https://f1000research.com/articles/5-1882/v1 doi: 10.12688/f1000research.8829.1*

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[3]*Jawed SI, Myskowski PL, Horwitz S, Moskowitz A, Querfeld C. Primary cutaneous T-cell lymphoma (mycosis fungoides and Sézary syndrome): part I. Diagnosis: clinical and histopathologic features and new molecular and biologic markers. J Am Acad Dermatol [Internet]. 2014 Feb [cited 2023 Jun 25];70(2):205.e1-16. Available from: https://www.jaad.org/article/S0190-9622(13)01087-9/fulltext doi: 10.1016/j.jaad.2013.07.049*

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**First-year Dermatology Resident, UTE University*
Dermatology Service, Novaclínica Santa Cecilia, Quito, Ecuador.
***Dermatologist and Head of Dermatology Service, Novaclínica Santa Cecilia, Quito, Ecuador*
Correspondence: javier.rosero94@gmail.com
https://orcid.org/0000-0002-3635-6653

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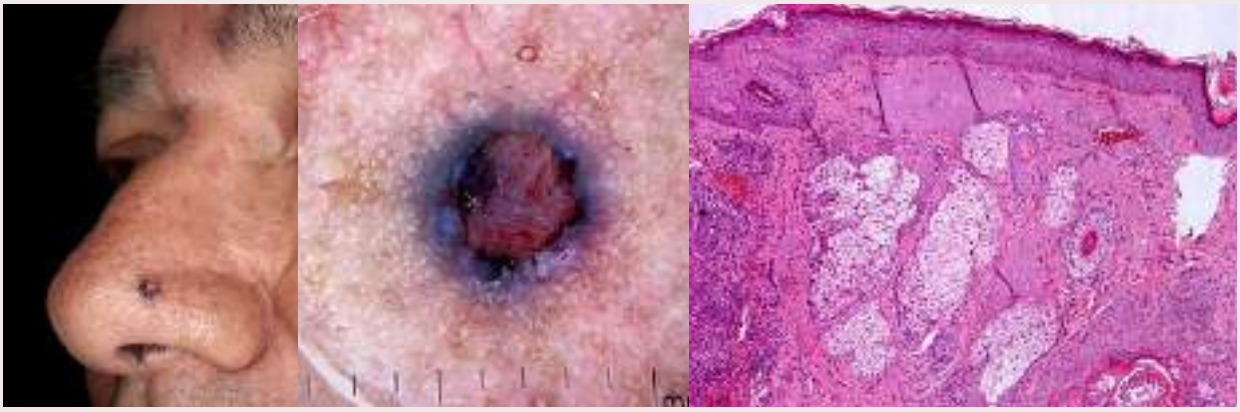
DERMATOLOGÍA EN IMÁGENES

El intrigante laberinto histopatológico del carcinoma basocelular de tipo adenoide – Dermatología en Imágenes

José Plata, Javier Rosero,[1]* Santiago Palacios,[2], Gabriela Zumárraga,[3]*** Nathalie Lascano,[4]**** Doménica Lara[5]*****



Hombre de 64 años de edad, sin antecedentes patológicos de importancia. Acude a consulta refiriendo una lesión de 1 año de evolución localizada en el ala nasal izquierda, caracterizada por una pápula de bordes hipercrómicos y centro ulcerado de aproximadamente 0.5 cm (figura 1). En la dermatoscopia se observa una lesión no melanocítica con borde hiperpigmentado, irregular y perlado, presencia de úlcera central con vasos lineales y periferia eritematosa (figura 2). Se realizó una biopsia que reportó una proliferación neoplásica compuesta de nidos y cordones de células basaloides con empalizada periférica que invade toda la dermis, estroma fibromixoide que provoca retracciones, mucina entre los nidos tumorales, epidermis atrófica con aplanamiento de las crestas y presencia de ulceración, diagnosticándose carcinoma basocelular de tipo adenoide (figura 3).

El carcinoma basocelular de tipo adenoide es una de las variantes histopatológicas más infrecuentes.[1,2] La clínica presenta características compartidas por este grupo de carcinomas.

La dermatoscopia permite la valoración de la ausencia de la red de pigmentos, un punto clave en el diagnóstico de un carcinoma basocelular.[3]

[1]*Servicio de Dermatología, Universidad Tecnológica Equinoccial (UTE), Quito, Ecuador*
[2]*Servicio de Dermatología, Centro de la Piel (CEPI), Quito, Ecuador*
[3]*Práctica Privada en Salud Ocupacional, Quito, Ecuador*
[4]*Servicio de Dermato-Patología, Centro de la Piel (CEPI), Quito, Ecuador*
[5]*Estudiante de Medicina en Pontificia Universidad Católica del Ecuador (PUCE). Quito, Ecuador*
Correspondencia: Dr. José Alfredo Plata López
Correo electrónico: japl1994@hotmail.com

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La herramienta más útil que nos permitirá un diagnóstico preciso, una planificación terapéutica eficaz y la toma de decisiones en general es la histopatología, la cual debe mostrar la presencia de bandas o cordones finos con células basaloides distribuidas en un patrón reticular, formación de estructuras glandulares o tipo ductales de células basaloides.[4,5]

Al ser una variante poco común, es de gran importancia la relación clínica-histopatológica para poder dar el mejor manejo a los pacientes.

Consentimiento informado: El paciente incluido en este estudio ha firmado el consentimiento informado, aprobando el uso de sus imágenes y datos clínicos exclusivamente con fines de investigación y publicación científica. Se garantiza que no se han proporcionado datos personales ni se han utilizado fotografías que permitan su identificación.

ORCID: Javier Rosero https://orcid.org/0000-0002-3635-6653

[1]*Kim JH, Kim SE, Cheon YW. A rare case of abdominal adenoid basal cell carcinoma in a patient with a history of radiation therapy. Arch Plast Surg. 2020;47:78-82.*

[2]*Landaeta-Navarro EI, Vivas S. Carcinoma basocelular adenoide: una variante histopatológica infrecuente en Dermatología. Dermatología Revista Mexicana. 2022;66(4):627-630. Disponible en: https://doi.org/10.24245/dermatolrevmex.v66i4.7950.*

[3]*Verdugo-Castro PN, Muñoz-Estrada VF, Gaxiola-Álvarez EA. Estudio clínico e histopatológico de carcinoma basocelular en individuos menores de 40 años. Revista Médica de la Universidad Autónoma de Sinaloa. 2019;9(4):25-35. Disponible en: https://doi.org/10.28960/revmeduas.2007-8013.v9.n4.004.*

[4]*Sharma P, Wadhwan V, Bansal V. Basal cell carcinoma: Histopathological gamut. Indian J Dent Res. 2021;32:407-410.*

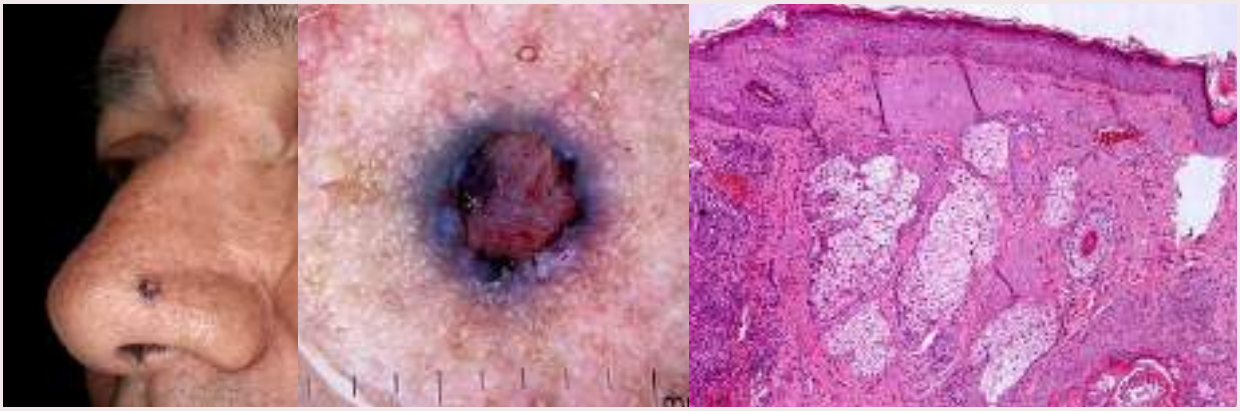
[5]*Rodríguez Pino L, Sotolongo Díaz D, Barrios González MC. Evaluación de La Eficacia de La Dermatoscopia Para El Diagnóstico Del Carcinoma Basocelular. Acta Méd Cent. Disponible en: https://orcid.org/0000-0002-0904-6035.*

[6]*Kornevs E, et al. Basal Cell Carcinoma. Analysis of 395 Cases Localized in the Neck, Ear and Nose Region. Stomatologija, Baltic Dental and Maxillofacial Journal*

IMAGES IN DERMATOLOGY

The intriguing histopathological labyrinth of adenoid basal cell carcinoma – Dermatology in Images

José Plata, Javier Rosero,* Santiago Palacios,, Gabriela Zumárraga,*** Nathalie Lascano,**** Doménica Lara*******



A 64-year-old man with no significant pathological history. She presented with a lesion of 1 year of localized evolution in the left nasal wing, characterized by a papule with hyperchromic edges and an ulcerated center of approximately 0.5 cm (Figure 1). Dermoscopy showed a non-melanocytic lesion with a hyperpigmented, irregular and pearly border, presence of a central ulcer with linear vessels, and erythematous periphery (Figure 2). A biopsy was performed that reported a neoplastic proliferation composed of basaloid cell nests and cords with peripheral palisade that invades the entire dermis, fibromyxoid stroma that causes retractions, mucin between tumor nests, atrophic epidermis with flattening of the ridges and presence of ulceration, diagnosing adenoid basal cell carcinoma (Figure 3).

Adenoid basal cell carcinoma is one of the most uncommon histopathological variants.[1,2] The clinical manifestations have characteristics shared by this group of carcinomas.

Dermoscopy allows the assessment of the absence of the pigment network, a key point in the diagnosis of basal cell carcinoma.[3]

[1]*Dermatology Service, Equinoccial Technological University (UTE), Quito, Ecuador*
[2]*Servicio de Dermatología, Centro de la Piel (CEPI), Quito, Ecuador*
[3]*Private Practice in Occupational Health, Quito, Ecuador*
[4]*Dermato-Pathology Service, Skin Center (CEPI), Quito, Ecuador*
[5]*Medical student at Pontificia Universidad Católica del Ecuador (PUCE). Quito, Ecuador*
Correspondence: Dr. José Alfredo Plata López
Email: japl1994@hotmail.com

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The most useful tool that will allow us an accurate diagnosis, effective therapeutic planning and decision-making in general is histopathology, which must show the presence of thin bands or cords with basaloid cells distributed in a reticular pattern, formation of glandular structures or ductal type of basaloid cells.[4,5]

As it is an uncommon variant, the clinical-histopathological relationship is of great importance in order to give the best management to patients.

Informed consent: The patient included in this study has signed the informed consent, approving the use of their images and clinical data exclusively for research and scientific publication purposes. It is guaranteed that no personal data has been provided and no photographs have been used to allow identification.

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[2]*Landaeta-Navarro EI, Vivas S. Adenoid basal cell carcinoma: an uncommon histopathological variant in dermatology. Dermatology Mexican Journal. 2022; 66(4):627-630. Available in: https://doi.org/10.24245/dermatolrevmex.v66i4.7950.*

[3]*Verdugo-Castro PN, Muñoz-Estrada VF, Gaxiola-Álvarez EA. Clinical and histopathological study of basal cell carcinoma in individuals under 40 years of age. Medical Journal of the Autonomous University of Sinaloa. 2019; 9(4):25-35. Available in: https://doi.org/10.28960/revmeduas.2007-8013.v9.n4.004.*

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