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FROM HODGKIN LYMPHOMA TO MYCOSIS FUNGIODES: A QUICK CASCADE

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UCONN HEALTH

INTRODUCTION

Mycosis fungoides (MF) is an uncommon cutaneous T-cell lymphoma with an annual incidence of six per million in the United States. According to the Surveillance, Epidemiology, and End Results (SEER) registry, approximately 7.5% of patients with MF develop a secondary malignancy—often Hodgkin Lymphoma (HL)—which typically follows MF by several years. We report the clinical course of HL preceding MF by one year with subsequent large cell transformation.

PRE- DEBRIDEMENT



POST DEBRIDEMENT



CASE

55-year-old Jamaican male with a history of classical HL and MF presented with worsening skin lesions.

- **History:** Four years prior, he was diagnosed with MF. MF was preceded two years by the development of inguinal lymphadenopathy
- **Lymph Node Biopsy:** showed classical HL, a mixed cellularity subtype with IHC CD30+, CD15+, MUM-1+, and CD20-.
- **Bone Marrow Biopsy:** negative for infiltration or fibrosis.
- **Treatment:** adriamycin, bleomycin sulfate, vinblastine sulfate, and dacarbazine.
- **Progression:** One year later, a scan revealed resolution of lymphadenopathy but showed a new left axillary mass and soft tissue changes.
- **Biopsy:** confirmed CD30+ large T-cell transformation of MF; there was no CD15 expression or PAX5 positivity.
- **Treatment:** Given confinement to the skin, intralesional doxorubicin was initiated
- **Progression:** his disease progressed, with the dissemination of lesions, bulky adenopathy, and bilateral adrenal masses suspicious of metastases.
- **Follow Up:** Brentuximab had previously been discussed; however, advanced disease and the development of multiorgan failure precluded further treatment. After several days of multidisciplinary meetings, he was admitted to hospice.

DISCUSSION

When evaluating new cutaneous involvement in the setting of HL, it is essential to maintain a broad differential. MF, granulomatous skin disease, and other lymphoid infiltrations of the skin are the most likely associated disorders; however, considering cutaneous involvement of HL is crucial. A biopsy is vital, as both cutaneous involvement of HL and MF will exhibit CD30 expression. Key differentiating findings include the presence of CD15 and PAX5 positivity, which support a diagnosis of cutaneous HL, whereas their absence favors a diagnosis of MF.

CONCLUSIONS

Maintaining a broad differential for cutaneous involvement of hematological malignancies is essential; tissue biopsy is vital for prompt and targeted treatment.

CONTACT INFORMATION