

A Sinister Itch: Prurigo Nodularis in Hodgkin lymphoma

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Summary

A 24 year old lady presented with pruritis and lichenified nodular skin lesions for 1 year. She also had clinical features to suggest a superior venacaval syndrome (SVC) with large rubbery cervical lymph nodes. She was subsequently diagnosed to have Hodgkin lymphoma on lymph node biopsy. Skin changes in lymphoma can precede other clinical symptoms by months. High clinical suspicion and thorough systemic examination would help in excluding a sinister problem in patients with chronic dermatosis.

Introduction

Cutaneous paraneoplastic manifestations in Hodgkin Lymphoma have been well described. These include eczema, prurigo, mycosis fungoidosis and erythema nodosum.¹ Pruritis is a well recognized presenting symptom of Hodgkin lymphoma. We report a 24 year old lady who presented with pruritic skin lesions and was later diagnosed to have Hodgkin lymphoma. This serves to illustrate the point that intractable eczema or prurigo should warn the clinician of an underlying sinister process.

Case History

A twenty four year old lady presented with intractable pruritis followed by the appearance of skin lesions over the extremities for a year and breathlessness on exertion for a month. These lesions initially occurred over the instep and later spread proximally to involve her legs and thigh. She had been treated with multiple courses of native Siddha medications and topical steroids with no improvement. Examination revealed extensive lichenification and prurigo nodularis (Fig. 1) over the extremities with thickening of the palms and soles (tripe palm appearance). She also had multiple large, rubbery lower cervical lymph nodes with engorgement of superficial neck veins suggestive of a SVC syndrome. A clinical diagnosis of a lymphoproliferative disorder with para-neoplastic prurigo and palmo-plantar keratoderma was made. Other differentials considered for the skin lesions was mycosis fungoides. Her chest X-ray revealed massive mediastinal lymphadenopathy [Fig. 2] and lymph node biopsy revealed fragments of fibrotic tissue infiltrated by B cells (CD20, CD79a positive) and T cells (CD3, CD2, CD5, and CD7 positive), numerous large pleiomorphic neoplastic cells and Reed Sternberg cells. Immuno histochemistry revealed the tumour cells positive for CD30, MUM1 (a B cell differentiation marker) and focally for CD15. Skin biopsy from the affected areas revealed only focal histiocytic



Fig. 1 : Lichenified, pruritic lesions over the extremities aggregates with no evidence of malignancy. She was initiated on IV dexamethasone and planned for doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD).

Discussion

Pruritic skin lesions have been known to pre-date clinically evident B and T cell lymphomas by years.¹ Pruritis and prurigo nodularis have been associated with Hodgkin Lymphoma.^{3,4} The mechanism of itch in malignancy is unclear and has been attributed to histamine release, tumour metabolites, immunological mechanisms and dry skin.⁵ The other paraneoplastic skin manifestations in Hodgkin Lymphoma are eczema, mycosis fungoides and erythema nodosum.⁶ Skin biopsy may be done to rule out an infectious or malignant process. Topical and systemic steroids are of variable benefit. Ultraviolet B (UVB) therapy has also been used with success in resistant cases.⁶ Apart from the chemotherapeutic agents our patient was initiated on topical steroids, mirtazepine and gabapentin for pruritis with which her symptoms improved.⁷ This case is being highlighted for its interesting presentation and to sensitize physicians to suspect an underlying sinister neoplastic disease in patients presenting with chronic dermatosis.

In conclusion Prurigo nodularis can pre-date clinically evident lymphomas by years.

A thorough systemic examination is essential for early detection of these tumors in patients with chronic dermatosis

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