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## LETTERS TO THE EDITOR

# Skin Markers for Hodgkin's Disease

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*Sir,*

Hodgkin's disease is well known to be a B-cell lymphoma. It has an incidence of about 2.4 per 100,000 per year and due to improved therapy it has become one of the most curable non-cutaneous malignancies (1). As shown in two previous studies among 1810 (2) and 465 (3) Hodgkin patients, specific skin involvement is rare, occurring in 0.5% and 3.4% of patients, respectively. Here we describe three patients with non-specific papular, severely itching skin eruptions, which either heralded Hodgkin's disease (two patients) or occurred during the course of Hodgkin's disease. Histological examination showed skin changes not diagnostic for Hodgkin's disease.

## CASE REPORTS

### *Case 1*

A 61-year-old woman developed a papular and severely itching rash on the trunk, especially on the back and the upper part of the extremities (Fig. 1A). A clinical suspicion of pityriasis lichenoides et varioliformis (PLEVA) could not be confirmed histologically. Topical steroids, PUVA, systemic steroids and azathioprine had a limited effect. Approximately 2 years after her skin symptoms started, she complained of difficulties in walking and had a positive Romberg's test. VDRL was negative. Myelography revealed thoracic spinal stenosis and an intraspinal Hodgkin's lymphoma was diagnosed. She was given chemotherapy and all cutaneous symptoms disappeared.

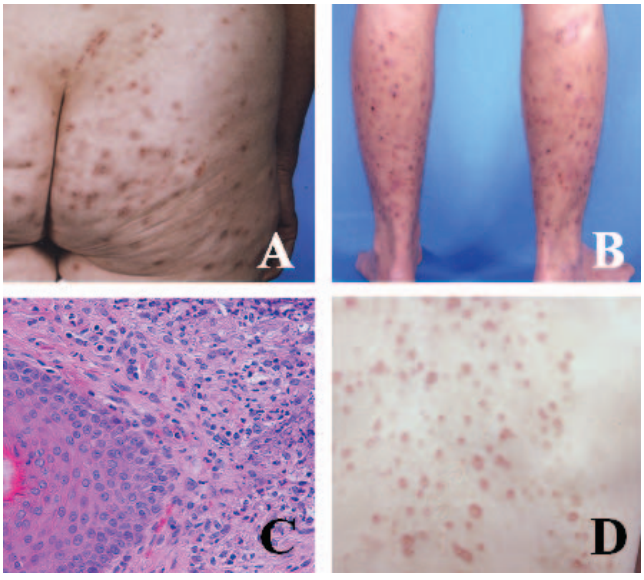


*Fig. 1.* Three patients with a non-specific papular itching eruption and Hodgkin's lymphoma. Clinical appearances of case 1 (A), case 2 (B) and case 3 (D), and histology of a lesion from case 2 (×20) (C).

### *Case 2*

A 20-year-old woman developed a non-specific papular rash on extremities and trunk (Fig. 1B). Histology was non-specific excluding lichen planus, prurigo nodularis, PLEVA and lymphomatoid papulosis (Fig. 1C). Topical treatment with steroids and UV therapy were not effective. She started to complain of night sweats. An ultrasound investigation of the abdomen and chest X-ray revealed enlarged lymph nodes and Hodgkin's disease was diagnosed 3 years after her initial symptoms. She was treated with chemotherapy and all skin signs disappeared.

### *Case 3*

A 39-year-old man was primarily diagnosed with Hodgkin's disease. He developed a universal skin rash, which on clinical examinations was suspicious of a disseminated herpes simplex infection (Fig. 1D). However, herpes was ruled out. Treatment with chemotherapy led to a remission of the symptoms. Histology showed only erosions.

## DISCUSSION

Non-specific skin involvement in the course of Hodgkin's disease has been described previously. Thus, aquired ichthyosis, herpes zoster and pruritus have all been reported (4) and prurigo nodularis was found in a newly diagnosed Hodgkin patient (5). One patient presented with a bullous eruption, where histological examination was reported to be Hodgkin's disease (6).

Our two first patients had skin symptoms for 2–3 years before Hodgkin's disease was diagnosed. All symptoms disappeared on chemotherapy, supporting a causal relationship between the PLEVA-like, but non-specific skin symptoms, and Hodgkin's lymphoma. Histology did not indicate Hodgkin's disease even when

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the skin biopsies were re-examined after the diagnosis was established. Our third patient had a peculiar universal skin eruption of short nature, which disappeared during therapy of the lymphoma. Infection was excluded.

Non-specific pruritic papular eruptions are seen very commonly in dermatological practice and many diagnoses are possible. If a search for a cause is negative and the patients do not respond to therapy, then it is important to think of 'lymphoma', as such non-specific skin symptoms may precede the presence of palpable lymph nodes by months or years (4). The suggested investigations should be for clinical symptoms besides the skin rash (weight loss, night sweats), and X-ray of thorax and abdominal ultrasound scan. The pathophysiological mechanisms are unknown, but the clinical picture probably reflects an ongoing immune reaction between the normal immune system and either malignant precursor cells or products released from the cells in malignant transformation.

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