A CASE OF T-CELL PSEUDOLYMPHOMA RESULTING FROM TREATMENT WITH D- PENICILAMIN - CASE REPORT

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SUMMARY

D-penicilamin is a medicine that is well resorbed by gastro-intestinal tract. It is metabolized by the liver. It has the ability to connect in hila complexes the ions of the heavy metals. D-penicillamine is a therapeutic agent in hepato-lenticular degeneration - performed by lack of ceruloplasmin resulting in cumulation of copper in the liver and in leucicular substance of the brain (1,3).

Key words: Cutis pseudolymphomas /CP/, D-penicilamin

We present a patient - 69 years old male who was treated with D - penicilamine - 3 times daily (3 g) for 6 months because of Wilson - Conoralov disease (2).

At the end of the third month the patient formed nodular redish eruption localized in retrocuricul and sub mandibular areas.

The skin biopsy showed the pattern of T-cell pseudolymphoma.

The skin pseudolymphomas are a heterogeneous group benign reactive lymphoproliferative processes with different etiology, simulating clinical or histological malignant skin lymphomas.

Depending on the type of cellular infiltrate the skin pseudolymphomas are divided into T-cellular and in B-cellular.

There is a wide spectrum of etiologic factors that may provoke the appearance of skin pseudolymphomas.

Large is the group of medicines, which locally or systematically applied can induce the development of skin pseudolymphomas, such as anticonvulsants, neuroleptics, tranquilizers, ACE - inhibitors, antirheumatic means (4). These medicament caused skin pseudolymphomas occure from one month to one year after the beginning of therapy. There are localized papules, single or multiplexing nodules and plates, generalized palpulonodular lesions and exfoliative erythroderma resembling syndrome of Sezary.

D - penicilamin (Cuprinil) is of the group of antirheumatic drugs and often is a choice in the therapy of Wilson - Konovalov disease . It is resorbed in gastro-intestinal tract and metabolized in the liver. It has the ability to connect copper ions in chelate complexes.

We present a 69 year old patient, treated with D-penicilamin 3 times a day with 3g for a period of 6 months on the occasion of Wilson - Konovalov disease. In the course of the treatment after the 3 /third/ month behind the ears and below the lower jaw appear single and later multiple small roundish consistencies with slight peeling on the surface.

The patient developed febrility, lymphadenopathy, hepatosplenomegaly, blood eosinophilia.

From dermatologic status:

Retroauricular and submandibular are erythemic scattered - meadow papules, compact plates size 4-5 cm. Fine desquamation. After skin biopsy, the histopathological research found surface and deep infiltrate composed mainly of lymphocytes, lymphoid cells with significant availability of plasmocytes and histocytes and less eosinophils and mastocytes. Presence of epithelial granulomas, giant cells, and tangible bodies.

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The patient was monitored for the dynamics of skin lesions and the paraclinical deviations 1/one/ month after the completion of treatment with D-penicillamin. It was found reverse development of the clinical symptoms and normalization of paraclinical indicators.

DISCUSSION

In skin pseudolymphomas caused by drugs, clinical and immunological changes disappear from 3/three/ to 4/four/ weeks after stopping the medicinal means D-penicillamin. In skin pseudolymphomas caused by medications there is reduced immunological function and disrupted immune control, which leads to abnormal proliferation of lymphocytes, increased function of T-suppressors and hypogammaglobulinemia. In cases when histology shows malignant changes and the disease does not fade away after stopping the medications, it is recommended continuous control monitoring of patients with skin pseudolymphomas, in respect of their possible malignancy.

BIBLIOGRAPHY