



Figure 1: Exophytic noduloulcerative lesion on the extensor aspect of the left forearm

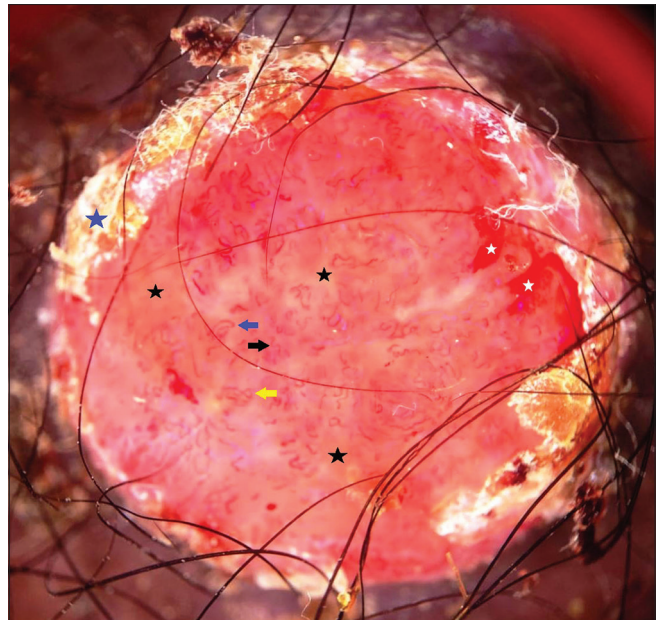


Figure 2: Polarized dermoscopy shows yellow-white structureless areas (black stars), polymorphic vessels (serpentine [black arrow], coiled [yellow arrow] and loop [blue arrow]) and hemorrhagic spots (white stars) over a red-pink background with a peripheral thick scaly collarette (blue star). [Original magnification $\times 10$]

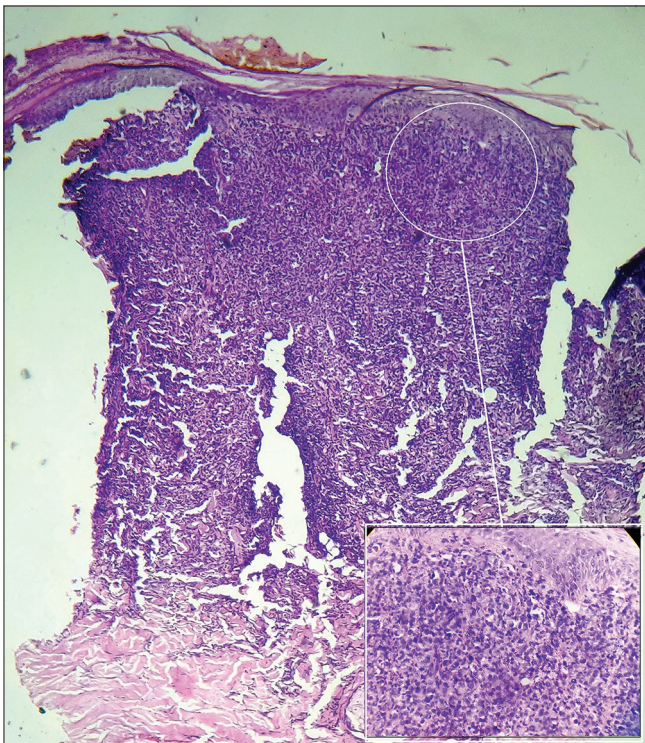


Figure 3: Photomicrograph showing diffuse dense dermal atypical mononuclear cells with prominent nuclei (H&E, $\times 10$). In set: Higher magnification showing large cells with pale cytoplasm, mitotic figures, nuclear polymorphism and prominent nucleoli. [H&E, Original magnification $\times 10$ (in-set $\times 40$)]

on the disease extent and presence or absence of extracutaneous dissemination.^[2-4]

Various dermoscopic patterns are described in different cutaneous lymphomas.^[5-7] The predominant dermoscopic features of papular and nodular lesions

include salmon-colored background, polymorphic vessels (serpentine and arborizing), orange color, shiny white structures, and follicular plugs.^[6,7] While some authors believe that the features are characteristic of specific lymphoma types, others are of the opinion that they only suggest a possibility of cutaneous lymphoma in general.^[5,6] In regard to PC-ALCL, we found only two case reports describing the dermoscopic features—a pinkish yellow-brown background with arborizing-to-polymorphous, and helical vessels.^[8,9] The features in our case are pretty much identical except for the morphology of the vessels being predominantly serpentine and looped rather than branching and helical. The yellow-white structureless areas correspond to the dense dermal infiltrate and the pinkish background hue to the vasodilatation seen on histology.

As to the differential diagnoses for our case, a deep fungal infection such as fixed cutaneous sporotrichosis was considered owing to the patient's occupation and dermoscopic features of yellow-white structureless areas with telangiectatic vessels being suggestive of a granulomatous lesion.^[10] In regard to the neoplastic differential diagnoses, poroma was considered due to the pink-red background, complex loop and coiled vessels, and presence of collarette.^[11,12] Finally, malignant tumors such as undifferentiated squamous cell carcinoma and nodular amelanotic melanoma were considered as they exhibit pink-white or pink-red background, hemorrhage, and polymorphic vessels as observed in the lesion.^[13]

To conclude, primary cutaneous ALCL is an uncommon entity that, as per the current understanding,

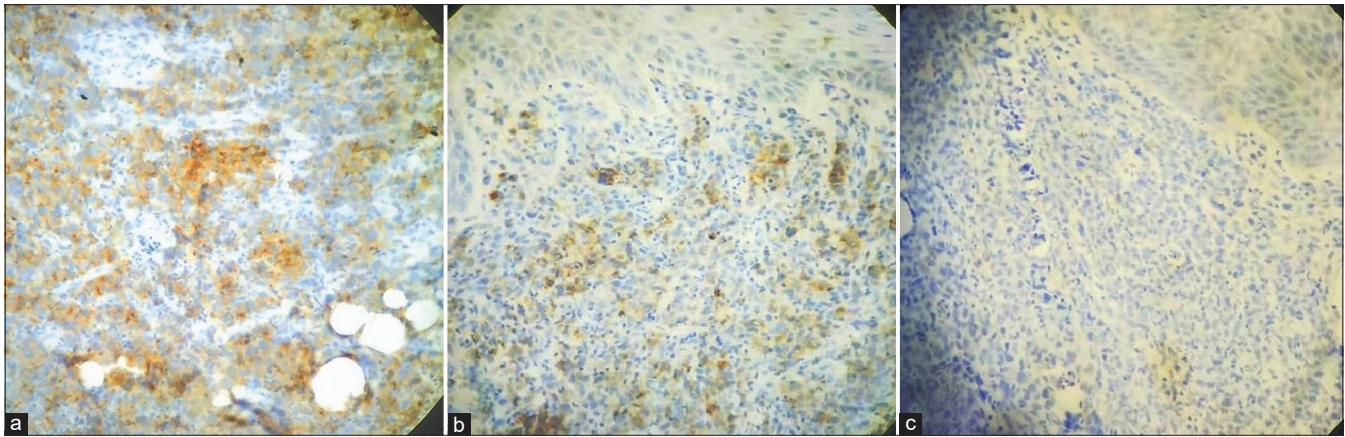


Figure 4: Immunohistochemistry shows positivity with CD5 (a), CD30 (b) and negative ALK (c). [Original magnification ×10]

dermoscopically exhibits features such as pink-brown background and polymorphic vessels as described generally in cutaneous lymphomas irrespective of a specific type. We tend to agree with the opinion that such features are non-specific and can only suggest a possibility of cutaneous lymphoma which makes it imperative to interpret them contextually. We report this case not only for its rarity but also to suggest that although primary cutaneous malignancies are uncommon in our skin, it may be worthwhile to include cutaneous lymphoma among the differential diagnoses for the clinical and dermoscopic presentation as in this case.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his names and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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