Huge Mass of Cutaneous-type Adult T-cell Leukemia Which Responded to Interferon Gamma

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Figure 1. Cutaneous tumor developed on the upper right arm (7.5×7×5 cm).

Figure 2. The tumor disappeared 50 days after initiation of interferon gamma monotherapy.

A 58-year-old Japanese woman presented with systemic macropapular eruption and fever. Skin biopsy showed a diffuse infiltration of pleomorphic large lymphocytes with T-cell phenotype (CD3⁺, CD4⁺, CD43⁺ and CD45RO⁺). The diagnosis of cutaneous-type adult T-cell leukemia (ATL) was made because of the presence of serum anti-HTLV-I antibody and HTLV-I genome in the tumor cells. She received CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) chemotherapy with a very good partial response. Three years after onset, a huge mass with surface necrosis rapidly developed on her right upper limb (Fig. 1). Several

other small protuberating eruptions were scattered on her arms, but no other organ or lymph node involvement was found after systemic examinations. She was diagnosed with regrowth of cutaneous-type ATL, and interferon gamma-n1 (1 million units) was daily administered. The response was outstanding, and the tumor almost disappeared within 50 days (Fig. 2). Cutaneous-type ATL has been reported to require no aggressive treatment until progression occurs, although the prognosis is worse than previously thought. This case suggests that interferon gamma can be an option for this disease.

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