Mycosis Fungoides with Digital Ischaemia Due to DIC

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Abstract. A patient with mycosis fungoides (MF) developed digital ischaemia due to disseminated intravascular coagulation (DIC).

Key words: Mycosis fungoides; Digital ischaemia; Disseminated intravascular coagulation

Digital ischaemia may be associated with malignancy (1, 4) but has not been described in conjunction with mycosis fungoides (MF) or any other cutaneous reticulosis.

CASE REPORT

An 80-year-old woman with extensive MF developed ischaemic fingers on both hands. The MF had been present for over 2 years and had been satisfactorily controlled by using courses of procarbazine, superficial radiotherapy and topical nitrogen mustard therapy. She later developed a severe staphylococcal pneumonia which was associated with a deterioration in her skin condition and digital ischaemia. Treatment during this period included intravenous cephaloridine and low-molecular weight dextran, and subcutaneous heparin. She improved and the digital ischaemia almost disappeared. Her progress from December 1976 to April 1977 is shown (Fig. 1).

The patient's haemoglobin concentration was 13.4 g/dl and platelets and fibrin degradation products (FDP's) were as shown in Fig. 1. Protein electrophoresis revealed no paraproteinaemia. The following tests proved normal: plasma viscosity, clotting screen, fibrinogen levels and euglobulin lysis time. The following were negative: antinuclear factor, rheumatoid factor, cold agglutinins, cryoglobulins, platelet antibodies and cytotoxic lymphocyte antibodies. The skin histology was consistent with MF and estimation of T and B lymphocytes in the skin revealed that most were T cells.

Unfortunately, she later deteriorated and died from bronchopneumonia. Permission for a post-mortem examination was not obtained.

DISCUSSION

Digital ischaemia in malignancy may result from increased blood viscosity, cryoglobulinaemia or other paraproteinaemia (2). Sometimes the pathogenesis is unknown (4) although other causes, such as circulating immune complexes (1), have been described. DIC and other clotting disorders are well recognized in malignancy (6) and DIC can cause digital ischaemia (5), as in the present patient with MF. The normal clotting studies with thrombocytopenia and increased FDP's reflect the DIC as being low grade and thereby related to idiopathic thrombocytopenic purpura. The exacerbation of digital ischaemia during the chest infection might have been foreseen, since a variety of infective agents can precipitate DIC (7), but the sequence of events told against this as being a primary factor.

The clinical appearance of the patient's skin sug-

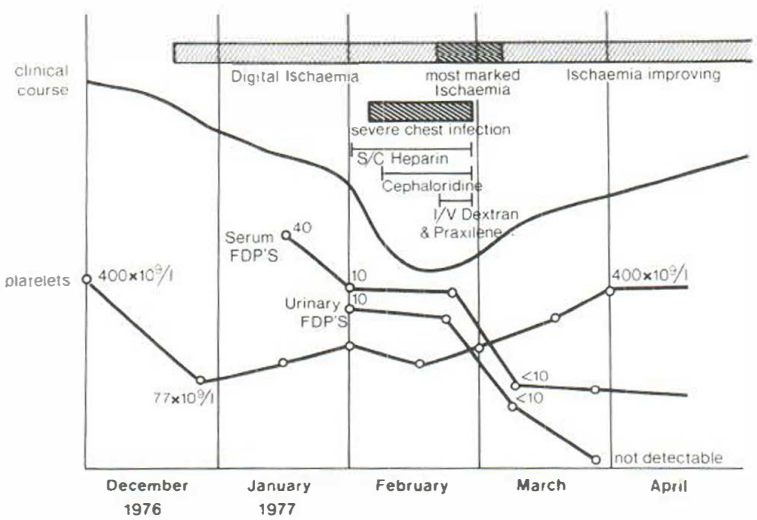

Fig. 1. Progress from December 1976 to April 1977.

gested extensive MF, even though the short duration of the rash told in favour of a systemic reticulosis. The proportion of T cells in the skin indicated that she had a T cell reticulosis, probably MF (3), although the histological appearances varied on different occasions, between MF and reticulum cell sarcoma. In the absence of a post-mortem examination, systemic involvement with reticulosis could not be excluded.

The patient died within 8 months of the onset of ischaemia and Hawley et al. (4) observed that digital ischaemia, when it develops, may anticipate a terminal course in a patient with malignant disease.

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Does the Cancer Accompanying Acanthosis Nigricans Contain Endocrine Cells of the APUD Series?

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Abstract. Following the publication of Hage & Hage, who believe that gastric cancers accompanying malignant acanthosis nigricans might constitute a specific group of carcinomas in which cells from parts of the tumor arise from the APUD-series of endocrine cells, carcinomas of 2 patients with malignant acanthosis nigricans were subjected to investigation. There were no APUD-cells in the adenocarcinomas studied but they were present in the overlying mucosa. It is known, moreover, that internal carcinomas not accompanying malignant acanthosis nigricans may contain APUD cells.

Fig. 1. Papillary, verrucous lesions on the left hand of Hage & Hage's patient with malignant acanthosis nigricans.

In 1943 it was determined (1) that the internal carcinoma accompanying malignant acanthosis nigricans is an adenocarcinoma. Ackerman & Lantis (2) observed a black woman suffering from acanthosis nigricans associated with Hodgkin's disease. No autopsy was performed, so the presence