PCALCL accounts for approximately 12% of all CTCLs. Most patients with PCALCL present with an ulcerated, rapidly growing solitary lymphoproliferative disorder could not be ruled out and complete excision was recommended.

A 36-year old Caucasian male presented to the clinic for the evaluation of a new growth. The patient's past medical history was significant only for hypertension, managed with Cozaar, and his pertinent family medical history was negative.

On physical exam, a single ulcerated, erythematous nodule was observed postero-lateral to the right axilla with faint erythema surrounding the lesion (Figure 1). A shave biopsy was performed and sent to dermatopathology for evaluation. The patient was prescribed oral doxycycline to treat the possibility of a localized cellulitis.

The lesion was excised in the office with resultant clear margins found on pathology. He was then referred to oncology for further workup to rule out a systemic or node based lymphoproliferative disorder with debate on whether it is a benign or malignant lymphoproliferative process. Based on our patient’s history, clinical presentation, and histological findings, the possibility of a primary cutaneous CD30 positive T cell lymphoma (CTCL) is a term that encompasses various lymphomas derived from transformed T-lymphocytes including mycosis fungoides, CD30 positive T cell lymphoproliferative disorders, and subcutaneous T-cell lymphoma. The CD30 positive T-cell lymphomas follow mycosis fungoides as the second most common category of CTCLs and account for 30% of all primary cutaneous lymphomas. As the name implies, these disorders share the expression by atypical lymphocytes of CD30, a cytokine receptor that belongs to the tumor necrosis factor receptor family and is involved in the process of tumor cell growth. Disorders in this category are primary cutaneous anaplastic large cell lymphoma (PCALCL), lymphomatoid papulosis (LyP), borderline disorders, transformed stage mycosis fungoides, and systemic anaplastic large cell lymphoma. Although they possess similar expression of CD30, these disorders can be very different in their clinical presentation and progression.