was reported, but are not consistant with those reported by others who used higher doses (250 mg/m^2). Moreover, it should be stressed that our data have been achieved in a series of pretreated patients. Despite these contradictory data, in our opinion, the use of paclitaxel in advanced SCHNC deserves further study and should be carefully evaluated with particular attention to a cost-benefit analysis.

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European Journal of Cancer Vol. 32A, No. 5, pp. 902–903, 1996.

Printed in Great Britain
0959–8049/96 $15.00 + 0.00

S0959-8049(96)00022-6

Primary Ki-1 Lymphoma and the Aetiology of B Symptoms

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PRIMARY Ki-1 POSITIVE anaplastic large cell lymphoma (ALCL) is now recognised as a distinct clinical and pathological entity [1]. It is commonly associated with T cell phenotype, advanced stage disease and extranodal involvement, particularly of the skin. However, it is clear that, despite the histological appearances, cutaneous Ki-1 positive ALCL may pursue a relatively indolent course [2, 3].

We report an unusual case of stage IB E Ki-1 positive ALCL. A 22-year-old woman presented in September 1991 with a 6 month history of drenching sweats, worse over the preceding 2 months and associated with bouts of vomiting, and the recent appearance of a 2 cm subcutaneous mass on the right chest wall below the breast. There was no history of weight loss or other symptoms. The mass was excised under local anaesthetic and the histology was reported as high grade non-Hodgkin's lymphoma of immunoblastic type. Staging investigations failed to show the presence of disease elsewhere, but the drenching sweats and vomiting persisted, and the patient lost 5 kg in weight and the wound did not heal. Within 8 weeks, there was a recurrent mass at the same site, measuring 3 cm diameter. Wide local excision was performed and, on this occasion, the histology was reported as T cell, large cell pleomorphic, non-Hodgkin's lymphoma, positive for Ki-1. After removal of the lesion, the patient's symptoms resolved rapidly and completely and the wound healed. Postoperative radiotherapy was prescribed to the site of excision to prevent further local recurrence (35 Gy in 15 daily fractions using 10 MeV electrons). It is now 4 years since the original presentation and the patient remains well and disease-free. No chemotherapy was ever given.

At the time of the second excision, staging investigations were normal, immunoglobulins were all within the normal range, and an auto-antibody screen was negative. The single positive finding was of discrete rearranged bands, seen with the T cell receptor C-beta probe in Southern blot analysis, indicating the presence of a small, but abnormal T cell clone in peripheral blood. This T cell clone was not detected in the excision biopsy. It was still visible in the peripheral blood 1 month after excision, but at a reduced level, and it had disappeared completely 9 months later.

This good clinical outcome accords with other reported cases of isolated cutaneous Ki-1 positive lymphoma [3] and with the observation that this disease may even regress spontaneously [2]. However, this case is unusual in that the patient had marked constitutional symptoms. Indeed, her sweats were so severe that she had to change clothes several times a day. The mechanism of B symptoms in lymphoma remains unclear, but is rarely associated with small volume stage I disease. In previous series, there have been no reported cases of Ki-1 positive lymphoma isolated to skin, which have had associated B symptoms [3, 4].

Interleukin-6 has been implicated in the development of B symptoms and has been shown to be produced in Ki-1 positive ALCL [5]. Prior to the second excision in this patient, when the sweats were severe, serum was analysed for both IL-6 and tumour necrosis factor (TNF). Neither cytokine was detected.

In conclusion, we report a case of isolated cutaneous Ki-1 positive ALCL which resolved with local excision and postoperative radiotherapy. We are unable to explain the severe B symptoms experienced by the patient, but it appears that they were due to some factor secreted by the tumour and therefore resolved with excision of the tumour. In view of the small volume of disease, this factor must be very potent.

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Received 3 Jan. 1996; accepted 8 Jan. 1996.

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