

Title: Facial tumor in an indigenous child from the Brazilian Amazon

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Abstract:

This case involves a 5-year-old indigenous child of the Ticuna ethnicity from Benjamin Constant, a city in the interior of the Amazonas. The child developed an asymptomatic facial tumor over the past 5 months following a collision with a wooden structure, presenting no systemic symptoms. The physical examination revealed an increased volume of the right hemiface with nodules showing hardened consistency, adherence to deep planes, slight brownish color, a smooth surface and telangiectasias. Palpable lymph nodes were found in the right and left submandibular chains, approximately 1 cm in size, with some exhibiting rigid consistency and being painless upon palpation. Considered hypotheses included dermatofibrosarcoma protuberans, entomophthoromycosis, Ewing's sarcoma, lymphoma/leukemia, and lobomycosis. An incisional biopsy was performed on one of the nodules on the affected hemiface.

For a comprehensive diagnostic investigation, the patient was admitted to the dermatology ward. Laboratory tests indicated an increase in eosinophils, LDH, and alkaline phosphatase. Cranial tomography revealed sialolithiasis and multiple nodules with soft tissue density in the right jugal, infraorbital, and infraparotid regions, suggestive of neoplasia. Abdominal and pelvic tomographies showed no alterations, while chest tomography revealed acute interstitial pneumonia.

Histopathology demonstrated a normal epidermis, a Grenz zone, and a dense and deep monomorphic infiltrate composed of atypical cells with scant cytoplasm, dense chromatin, irregular nucleoli, and mitotic figures. Immunohistochemistry was positive for TdT and PAX5, leading to the diagnosis of B-cell lymphoblastic lymphoma.

Following this, the patient developed seizures, fever, and pancytopenia. The myelogram showed approximately 85% blasts, and bone marrow biopsy revealed more than 25% blast involvement, indicating progression to leukemia. Referral to a hematology reference hospital led to the initiation of the BFM 2009 protocol, resulting in the progressive resolution of lesions and bone marrow remission.

Primary cutaneous lymphomas are rare in children, with B-cell lymphoblastic lymphoma (B-LBL) representing less than 20% of cases. Clinically, it manifests as erythematous, firm,

painless nodules or tumors with a diameter between 1 and 6 cm, exhibiting rapid growth, predominantly affecting the head and neck, as observed in this case. Diagnosis requires confirmation through histopathology and immunohistochemistry, and treatment involves B-cell lineage-specific polychemotherapy, occasionally supplemented by radiation therapy.

In conclusion, this case is noteworthy for its remarkable clinical presentation, distinctive epidemiological characteristics, and crucial differential diagnoses in the local context, along with the importance of early diagnosis. It underscores the essential role of a multidisciplinary approach in managing patients with this condition.

Biography:

My name is Adryadne Adolfs, I am 28 years old, and I am originally from Brazil, from the city of Manaus, in the state of Amazonas. I am a medical graduate from the Federal University of Amazonas (UFAM) and specialized in dermatology at the Heitor Vieira Dourado Tropical Medicine Foundation (FMT-HVD). I have experience in clinical dermatology, surgical dermatology, cosmetic dermatology, dermatopathology, and hospital dermatology. I primarily work in the public healthcare system (SUS) and am also beginning my career in the private sector. Among my publications are "Facial Tumor in an Indigenous Child from the Brazilian Amazon" (JAAD) and presentations at the Congresses of the Brazilian Society of Dermatology and the Brazilian Society of Dermatologic Surgery, such as "Squamous Cell Carcinoma with Extensive Perianal Involvement," "Case Report of Histoid Leprosy: A Rare Variant," "Eccrine Poroma Mimicking Telangiectatic Granuloma," and "Kaposi's Sarcoma: Report of an Exuberant Case," among others as a co-author. I am a strong advocate for the crucial role of science in guiding and substantiating our approaches to promoting health for patients. I believe that through research, we can contribute to the fight against cancer.