Cutaneous Anaplastic Large Cell Lymphoma: A Case Report about Masking Effect of Facial Masks in the COVID-19 Pandemic

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Summary: The COVID-19 global pandemic commenced widespread usage of face masks. Due to covering of the lower face, limited social interaction, and patient hesitancy for in-person visits, dermatologic conditions of the lower face are prone to delayed diagnosis and management. With social distancing restrictions being lifted, an increasing number of patients present with malignant skin conditions at advanced stage. The authors describe a 47-year-old female patient who presented with a 4-month-old facial mass that was initially believed to originate from skin irritation caused by mask-wearing. A biopsy revealed primary cutaneous anaplastic large cell lymphoma (PC-ALCL). This case report outlines the management of the rare PC-ALCL lesion and diagnostic challenges related to face masks and social distancing.

CASE REPORT

A 47-year-old woman with no relevant medical history presented with two masses (1 cm and 0.5 cm) on the right cheek superior to the nasolabial fold. The masses were mobile, nodular, in juxtaposition, and separated by a scar from a prior drainage attempt (Fig. 1). The lesion initially appeared as a small cyst at the point of contact with a face mask containing a silicone inset. Given progressive growth, the patient saw a dermatologist 2 months later. A drainage attempt for suspected foreign body reaction or abscess resulted in continuous growth of two distinct masses separated by the scar from the incision. Further treatments with local mupirocin, oral doxycycline, and Kenalog injections were unsuccessful. Patient presented to our plastic surgery clinic two months later for a second opinion. Excisional biopsy of the smaller lesion revealed dermatologic manifestations of a CD30(+) ALK(-) lymphoproliferative disorder, either cutaneous ALCL or lymphomatoid papulosis. The patient was referred to an oncologist and underwent further imaging. Whole-body PET/CT scan showed hypermetabolic density at the cheek lesion, but no lymphadenopathy or other extranodal hypermetabolism suggestive of systemic disease. Complete blood count with differential, comprehensive metabolic panel, lactate dehydrogenase, and HIV testing were performed to rule out systemic involvement and immunological compromise. Clinically, the patient exhibited no B symptoms such as fever, night sweats, gastrointestinal upset, or organomegaly. Full-body skin examination revealed no other lesions.

Given the absence of systemic disease and rapid growth, the lesion was managed with a 4 × 5 cm wide local excision without need for chemotherapy (Figs. 2, 3). Intraoperative frozen sections with complete circumferential peripheral and deep margin assessment confirmed complete excision, and the defect was reconstructed with...
an 11 × 8 cm cervicofacial flap (Fig. 3). The final pathology report with immunohistochemistry, flow cytometry, and karyotype analysis described lymphoma cells positive for CD2, CD3, CD4, CD30, T-cell receptor gene rearrangement, and negative for CD5, CD7, CD8, CD10, CD20, CD21, ALK-1, TiA1, granzyme B, TCL1A, PD1, TCR-delta, beta-F1, and ICOS. The Ki-67 proliferative index was 70%. These findings were consistent with PC-ALCL. A 4-month postoperative visit revealed well-healed reconstruction with good cosmesis and no functional deficits (Fig. 4).

**DISCUSSION**

Mask-wearing is highly effective at preventing aerosolized transmission of respiratory droplets. Many individuals in countries recovering from prior SARS and MERS pandemics have continued routine mask-wearing. Usage of face masks may persist even after the COVID-19 pandemic is “over.” Thus, the consequences of prolonged mask-wearing should be explored. Dermatologic effects of masks such as itching, xerosis, acne, dermatitis, and redness have been reported. Biophysical properties including increased sebum production and transepidermal water loss are altered with mask-wearing. The increased incidence of chalazion coinciding with the COVID-19 pandemic highlights a link to ophthalmic complications of mask-wearing. Ear protrusion has been reported as a side effect in pediatric patients. Fewer social interactions may deter earlier recognition of skin changes. Furthermore, social distancing precautions may disincentivize patients from seeking in-person healthcare. Mixed messaging about risks of COVID-19 transmission in healthcare settings has contributed to delayed care. The effects of delayed care-seeking on cancer staging are beginning to be realized. In this case report, we describe the diagnosis of cutaneous ALCL that was delayed due to social distancing and mask-wearing. We highlight the importance of early recognition and efficacious clinical workup of dermatologic conditions, particularly for rare malignant conditions such as PC-ALCL, in the era of face masks.

Four types of ALCL are recognized: primary systemic ALK(+) ALCL, primary systemic ALK(-) ALCL, PC-ALCL, and breast implant-associated ALCL. Given recent widespread attention, plastic surgeons are familiar with the CD30(+) ALK(-) breast implant-associated ALCL. Cutaneous CD30(+) ALK(-) lymphoproliferative disorders, which include PC-ALCL, lymphomatoid papulosis, and borderline overlap lesions are less well known, but encompass a wide spectrum of disease, from benign lymphomatoid papulosis to the more malignant PC-ALCL. Histologically, the two may be difficult to distinguish from other skin conditions such as arthropod bite reaction, mucosis fungoides, Sezary syndrome, and other primary cutaneous T-cell lymphomas. However, they can be distinguished by clinical appearance and disease course.
Lymphomatoid papulosis mostly presents on trunk and extremities and is characterized by wax-and-waning crops of erythematous papules or nodules that spontaneously regress over several weeks. PC-ALCL typically presents on head, neck, and extremities in immunocompromised patients as a rapidly growing solitary or localized group of nodules that may ulcerate. The possibility of systemic ALCL must be considered in the evaluation of PC-ALCL. Our patient was assessed for systemic disease with PET/CT and underwent serial full-body skin exams for other cutaneous findings, both preoperatively for treatment planning, and postoperatively for surveillance of recurrent lymphoma. She underwent hematologic work-up and HIV testing to rule out immunologic compromise. Surgical excision of a solitary PC-ALCL can be definitive treatment, such as in this case, whereas multiple lesions, secondary lesions, or systemic disease may require chemotherapy and/or radiotherapy.

**CONCLUSIONS**

We describe a rare case of CD30(+) ALK(-) PC-ALCL presenting as a solitary, rapidly-enlarging facial mass in a previously healthy 47-year-old female patient. This mass was initially attributed to skin irritation and foreign body reaction to a silicone face mask inset. In the era of widespread face masks, dermatologic conditions especially in the lower face may present with more advanced disease due to delayed diagnosis, fewer social interactions, and patient hesitancy for in-person office visits. Healthcare providers should be vigilant on history and physical examination, especially as mask-wearing and social distancing restrictions are lifted.

**REFERENCES**


