

# T CELL LYMPHOMA REFRACTARY WITH GOOD RESPONSE TO PRALATREXATE. TWO CASES REPORT

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## Introduction

T cell lymphomas represent clinically and biologically heterogeneous group of non-Hodgkin's lymphomas, during the last decade have developed significant knowledge regarding immunological, molecular and genetic alterations in order to elucidate new therapeutic targets. We presented two case of T cell lymphoma refractory to multiple lines of treatment with a successful response to the administration of Pralatrexate.

## Conclusions

Pralatrexate appears to be a promising agent for the treatment of patients with refractory lymphomas or T relapsers. It is the first time that two patients are Pralatrexate in our country and both have clinical improvement and tumor response.

## References

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## Results

### Case 1:

A 63 year-old male patient presented generalized scaly erythema and pruritus in February 2012. In a skin biopsy, bone marrow cariotype and TC total body, we make diagnosis of Mycosis Fungoides TNM 3-0-0.

Initially received 5 cycles of CHOP with onset adverse events: diarrhea, abdominal pain and peripheral neuropathy, but had partial response with reduction in erythema at 50%. 4 months after 80% SC progresses erythema and pruritus at Puvaterapia + psoralem initiating partial response achieving engagement again with the end of PUVA than 50% of SC. 6 months after onset of axillary lymphadenopathy, cervical accompanied by induration and ulcers in soles and palms, plus raised papular lesions on forearms and back in with erythema commitment to 100% of its SC and positive cytometry in peripheral blood Sezary cells. Liposomal doxorubicin therapy 3 cycles without improvement was seen, so it rotates GEMOX 2 cycles progressing bilateral axillary lymphadenopathy, axillary and mediastinal persistently positive cytometry in bone marrow and peripheral blood. Finally Pralatrexate was started; after the first cycle improvement was observed in approximately 20% of the body surface areas of normal appearing skin and healing process. Currently in 3 cycle Pralatrexate with disappearance of Sezary cells in bone marrow and peripheral blood, lymph nodes and improvement of cutaneous involvement in 40%.



### Case 2:

Male 59 years old, diagnosed with lymphoma T ALK negative stage IIIB. March 2012. EPOCH received 5 cycles followed by autologous bone marrow transplant with BEAM, remains in complete response for 12 months. Then have pulmonary Cryptococcus neoformans infection, the presence of cervical and supraclavicular lymph nodes that are carried biopsy showing disease relapse. ESHAP schema therapy (two cycles) later, and the impossibility of allogeneic bone marrow by not having matching donor is found, start driving with Pralatrexate defined. At the end of the second cycle is performed PET CT showing complete response. Currently in 3 Pralatrexate cycle.

