ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANTATION IN REFRACTORY CUTANEOUS T-CELL LYMPHOMA

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BACKGROUND: Relapse-refractory primary cutaneous T-cell lymphomas, particularly Sézary syndrome, have a poor prognosis and limited therapeutic options. Allogeneic hematopoietic stem cell transplantation (allo-HSCT) remains as the only potentially curative strategy.

METHODS: A 56-year-old patient was diagnosed with Sézary syndrome in August 2024 after a one-year history of erythroderma, generalized pruritus and cutaneous tumors involving face and retroauricular region. Initial treatment with systemic steroids and methotrexate showed no clinical response prompting treatment escalation with bexarotene and phototherapy. Due to disease progression, the patient received four cycles of gemcitabine-doxorubicin chemotherapy resulting in regression of tumoral lesions, although erythroderma and lymphadenopathy persisted. The patient suffered further progression, worsening erythroderma and the appearance of new necrotizing lesions requiring sequential therapy with interferon, CHOP chemotherapy, and total skin electron beam therapy. Partial disease control was achieved, although erythroderma persisted. Allo-HSCT from an HLA-matched sibling donor with minor ABO incompatibility and matched CMV serostatus was performed despite the patient's partial remission status. HCT-CI score was 0. The conditioning regimen consisted of 8 Gy TBI and single-dose etoposide (60 mg/kg). A total of 7.09 × 10^6 CD34+ cells/kg PBSC were infused in March 2026. Graft-versus-host disease prophylaxis consisted of tacrolimus, methotrexate and ATG.

RESULTS: Neutrophil and platelet engraftment occurred on days +13 and +14, respectively. Complete cutaneous remission was achieved by day +22. After 4 months, the patient is in complete remission and has not developed acute graft-versus-host disease, infectious complications, or other early transplant-related toxicities.

CONCLUSIONS: This case highlights the potential curative role of allo-HSCT in refractory cutaneous T-cell lymphoma, even in the absence of complete remission before transplantation. Allo-HSCT may achieve rapid and sustained disease control in these highly aggressive clinical settings.