

# Sezary Syndrome and T – Cell Lymphoma

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- Retinoids, which are drugs related to vitamin A and can slow certain types of cancer cells [7].

Some specific drugs include

- Alemtuzumab (Campath), a monoclonal antibody.
- Interferon alfa or interleukin-2, immune stimulants that bind to specific cell-surface receptors.
- Liposomal doxorubicin (Doxil), a chemotherapy that binds to DNA.
- Methotrexate (Trexall), an antimetabolite chemotherapy, which blocks the metabolism of cells.
- Vorinostat (Zolinza), a histone deacetylase inhibitor.

## References

1. Beigi P (2017) Clinician's guide to mycosis Fungooides. Springer 1: 13-18
2. Jawed S, Myskowski P, Horwitz S (2014) Primary cutaneous T-cell lymphoma. J Amer Acad Derm 70: 1-17.
3. Lee C, Ungewickel A, Bhaduri A (2012) Transcriptome sequencing in Sézary syndrome identifies Sézary cell and mycosis fungooides-associated lncRNAs and novel transcripts. Blood 120: 3288-3297.
4. Nagler AR, Samimi S, Schaffer A (2012) Peripheral blood findings in erythrodermic patients: importance for the differential diagnosis of Sézary syndrome. J Am Acad Dermatol 66: 503-508.
5. Clark R, Shackleton J, Watanabe R (2011) High-scatter T cells: a reliable biomarker for malignant T cells in cutaneous T-cell lymphoma. Blood 117: 1966-1976.
6. Olsen E, Rook A, Zic A (2011) Sézary syndrome: immunopathogenesis, literature review of therapeutic options, and recommendations for therapy by the United States Cutaneous Lymphoma Consortium (USCLC). J Am Acad Dermatol 64: 352-404.
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