DERMATOLOGY WORLD
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Lymphomas

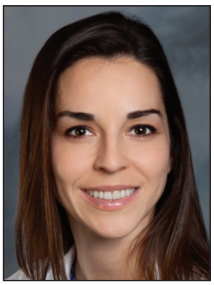
By Vlatka Agnetta, MD

Primary cutaneaous B-cell lymphoma

Diagnosis	Location	Clinical	Path	Treatment and prognosis
Marginal Zone B-cell Lymphoma	Trunk Extremities	Solitary or multifocal papules, plaques or nodules Associated with Borrelia burgdorferi in Europe May recur in the skin but almost never spreads systemically.	Positive: CD20, CD79a, bcl-2 Negative: CD5, CD10, **bcl-6** Dark lymphocytic nodules with paler staining peripheral neoplastic cells *Dutcher bodies* = PAS-positive intranuclear inclusions of immunoglobulins in plasma cells	5 year survival nearly 100%. **XRT** Surgical excision Intralesional.interferon-alpha Oral chlorambucil – old treatment which is rarely used Rituximab Topical/intralesional steroids
Follicle Center Lymphoma	Scalp, forehead trunk	Solitary or grouped plaques and tumors	Positive: CD20, CD 79a, bcl-6 Usually Negative: CD10, **bcl-2**	5 year survival of > 95%. **XRT**
Large B-cell Lymphoma Leg Type	Legs	red or bluish red tumors Frequently disseminate to extracutaneous sites. Elderly – Female > Male	Positive: CD20, CD79a, **bcl-2, Mum-1/IRF4, Fox-P1 (activated B cells)**	5 year survival **50**%. Anthracycline-based chemo and rituximab (R-CHOP) XRT
Primary Cutaneous Diffuse Large B-Cell Lymphoma	Trunk Thighs	Indurated, erythematous or violaceous patches & plaques May resemble panniculitis or purpura	Large round Bcl negative cells Associated with immunocompromised patients: (HIV/HHV-8), usually oral	XRT, R-CHOP
Cutaneous B Cell Lymphoblastic Lymphoma	Head + neck Usually a systemic disease	Malignant proliferation of precursor B-cell Children	Medium-sized blasts with the characteristic 'mosaic-stone' linear arrangement	Aggressive with poor prognosis

Cutaneaous T-cell lymphoma

Diagnosis	Location	Clinical	Path	Treatment and prognosis
Mycosis Fungoides	Variable	Varies with different stages: 1.PATCH & PLAQUE type-most common eczematous scaly patches and plaques or hypopigmented variant 2.PLAQUE-eczematous 3.TUMOR-painful nodules 4. ERYTHRODERMIC	Interface dermatitis with atypical lymphocytes at the DEJ and epidermotropism Loss of **CD-2, CD-3 (rare)**, CD-5 and CD-7: a/w CTCL Majority CD 4>CD8 Atypical lymphocytes	Potent topical steroids for early stages Topical nitrogen mustard or BCNU Bexarotene 1% gel PUVA XRT Electron Beam irradiation IFN-alpha
Sezary syndrome	Erythroderma	Triad 1) Erythroderma 2) Generalized Lymphadenopathy 3) Sezary Cells in skin, LNs, blood	Sezary cells in peripheral blood	Chemo Bexarotene Capsule INF-a Histone Deacetylase Inhibitors Photopheresis



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