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Opinion

Cutaneous Pseudolymphoma

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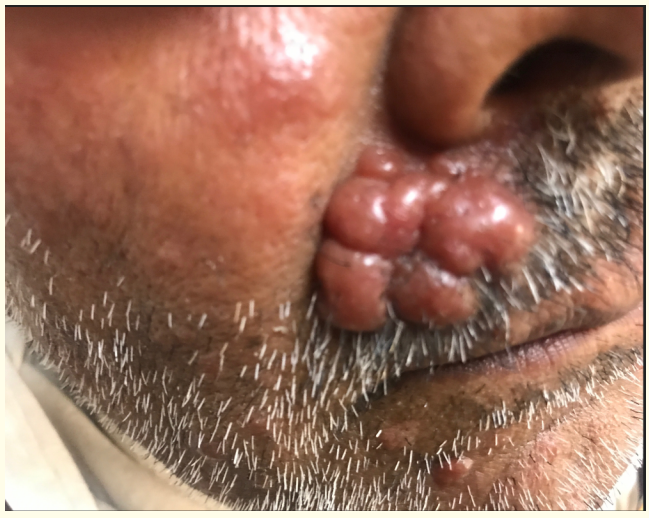
A 80-year-old male, when he noticed slow growing nodular lesions on the face and scalp (Figure 1). Clinically the patient had nodular lesions on the face and scalp but on biopsy proved to be a benign lymphoproliferative lesion of B cell lineage. A shave biopsy of a lesion on the face was performed and histology shows lymphoid follicles consisting of polyclonal B and T cells. The B cells were CD20+ and T cells were CD4+ and CD8+. Cutaneous lymphoid hyperplasia was coined by Caro and Helwig [1,2] in 1969 or Spiegler-Fendt pseudolymphoma, lymphocytoma cutis results from known or unknown stimulus like insect bites, vaccination, trauma, folliculitis, drugs, jewelry, contactants, tattoos, insect bite etc.. Nodular lesions resemble B-cell lymphomas, whereas plaque forms resemble T-cell lymphomas.



A study by Nihal., *et al.* [3] identified several cases of CLH that harbored monoclonal B-cell populations that eventually progressed to overt lymphomas. Pseudolymphomas form a diagnostic challenge for pathologists and clinicians and a proper history to rule out etiology, careful histological evaluation and immunohistochemistry helps to diagnose pseudolymphomas. The cause is not traceable in most of the cases and thus labeled as idiopathic. Some of the cases in future may progress to lymphoma. A follow-up of at least 5 years is required to rule out risk of cutaneous lymphomas.

Bibliography

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