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WHAT IS PSEUDOLYMPHOMA AND ITS NATURE

S. Shtilionova[1], P.Drumeva[1], M. Balabanova[2], I. Krasnaliev[3]
1) Department of dermatology and venereology, Medical University - Varna
2) Department of dermatology and venereology, Medical University - Sofia
3) Department of pathology, Medical University - Varna

SUMMARY

Cutaneous pseudolymhomas are reactive lymphocytic proliferations that appear in the skin and resemble a malignant lymphoma. Many different terms have been used to describe such disordered infiltrates. The accuracy of the diagnosis pseudolymphoma in the past when one relied exclusively on clinical and histological features left a lot to be studied.

A big problem for the clinicians is the differential diagnosis between cutaneous pseudolymphoma and malignant cutaneous lymphomas, as well as possibility for transformation of cutaneous pseudolymphoma into malignant lymphomas.

Key words: Pseudolymphomas.

In 1890 Kaposi for the first time used the term *Sarcomatosis cutis* to denote benign formation resembling a sarcoma. Later Spiegler&Fend /1, 2, 4 / used the term *sarkoid*, Biberstein – *lymphocytoma cutis*, Jessner&Kanof – lymphocytic infiltration of the skin, Burg – cutaneous pseudolymphoma.

Various terms have been used for the benign processes which clinically and histologically resemble malignant neoplasms. According to the type of cells stimulating the cutaneous pseudo malignant tumors, they can be divided into pseudocarcinomas, pseudosarcomas, pseudomelanomas and pseudolymphomas /2, 3/.

Pseudolymphoma is a process which clinically and histologically stimulates a malignant lymphoma but has a benign course. The term pseudolymphoma is not specific, e.g. it does not refer to a specific disease. Generally, cutaneous pseudolymphoma is used to describe the accumulation of lymphocytes in the skin in response to various stimuli. The term pseudolymphoma tends to be more commonly used in histological investigations when the cause is known, and in the rest of the cases, many authors prefer to use the term cutaneous lymphoid hyperplasia /3, 4/.

The cutaneous pseudolymphomas present a heterogeneous group of benign reactive lymphoproliferative processes of different etiology which stimulate clinically and histologically the malignant cutaneous lymphomas. According to the type of the inflammatory cell infiltration, the pseudolymphomas are divided into T- and B-cell /1, 3/.

The relation between pseudolymphomas and the lymphoproliferative diseases also present interest due to the number of observed cases in which pseudolymphomas are transformed into malignant lymphomas. In these cases the pseudolymphoma had been in a pre-lymphoid state without sufficient clinical criteria for a lymphoma, similar to other pre-malignant conditions or reactive processes which with time may degenerate malignantly. Some of the examples in this respect include the numerous pre-carcinomas of the flat cell carcinoma and malignant melanoma /4, 5/.

It is considered that the lymphoma is derived from a lymphocytic branch existing in the early pseudolymphatic lesions. The pseudolymphoma in these cases is one stage of the branch lymphocyte proliferation in which the immune system of the organism controls the process leading to a benign biological course. The lymphoma emerging subsequently (most commonly a cutaneous T-cell lymphoma or Hodgkin's disease) is another manifestation of the branch proliferation which the organism already cannot control.

The differentiation of the cutaneous pseudo-lymphomas from the malignant cutaneous lymphomas is sometimes rather difficult and is based on the combination of clinical, histopathological, immunopathological and molecular genetic characteristics as well as on the biological behaviour of the disease (metastases, etc.). In some cases malignant histology is observed in benign biological behaviour. It is considered that the absence of a systemic effect for a period of 5 years after the initial skin biopsy suggests the diagnosis of cutaneous pseudolymphoma.

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