

## MODERN CLASSIFICATION OF CUTANEOUS PSEUDOLYMPHOMAS

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### SUMMARY

Systematizing of different diseases and skin disorders is quite difficult. Different authors make classifications according to numerous criteria. Pseudolymphomas are reactive lymphocytic proliferations that appear in the skin and resemble a malignant lymphoma.

Different classifications exist for cutaneous pseudolymphomas. The broadest classification differentiates them into 6 groups, but the most commonly used is the classification based on clinical and morphological criteria.

According to the latest classification (1998), they are divided into cutaneous T-cell pseudolymphomas and -cutaneous B-cell pseudolymphomas.

The evidence from the histopathological analysis is of utmost important for the accurate diagnosis.

**Key words:** Cutaneous pseudolymphomas, Classification

Cutaneous pseudolymphomas are benign lymphoproliferating processes resembling malignant lymphomas clinically and histologically, in particular (1, 2). They present an accumulation of lymphocytes in response to various stimuli (infections, drugs, insect bites, etc.). This is a heterogeneous group of dermatoses with clinical manifestations varying from tumor-like nodes to flat cell infiltrates. Many authors divide them into pseudolymphomas in the narrow sense and pseudolymphomas in the broad sense of the term (4, 5). According to the type of the cell infiltrates, the cutaneous lymphomas are divided into T-cell, B-cell and mixed (3).

Various classifications exist for cutaneous pseudolymphomas (1, 2, 3, 4). One of the relatively clearest and most frequently used in practice is Rijlaarsdam & Willemze's classification based on clinical and morphological criteria.

#### 1. Cutaneous T-cell pseudolymphomas

a) Primarily with stripe-like infiltration (the majority of cases)

Lymphomatoid drug eruption (most cases);  
Lymphomatoid contact dermatitis;  
Actinic reticuloid;  
Nodular scabies (individual cases);  
Idiopathic forms;  
Clonal cutaneous T-cell pseudolymphomas.  
b) Primarily with nodular infiltration (a small percentage of the cases)  
Drug-induced – mainly by anti-convulsive drugs (individual cases);  
Persistent nodules after insect bites;  
Nodular scabies (the majority of cases).

#### 2. Cutaneous B-cell pseudolymphomas (with nodular infiltration)

Cutaneous lymphocytoma from *Borrelia burgdorferi*;  
Cutaneous lymphocytoma after antigens injection;  
Cutaneous lymphocytoma resulting from tattoo;  
Cutaneous lymphocytoma after Herpes zoster;  
Idiopathic forms;  
Clonal cutaneous B-cell pseudolymphomas.

Another, also very common classification, is the one dividing them into 6 groups (Burg & Braun-Falco; Kerl & Smole) (5, 6):

#### CLASSIFICATION

1. *Infiltrations from non-lymphoid cells* – tumor cells in neuroblastoma and in the tumor of Merkel's cells can resemble a malignant lymphoma.

2. *Neoplasm rich in lymphocytes* – for instance, cutaneous lymphadenoma (variant of trichoblastoma) can be so rich in lymphocytes that its epithelial component can be very difficult to identify.

3. *Stroma reaction in epithelial dysplasia and malignant neoplasms of the soft tissues* – lymphoid variants of actinic keratoses are well-known; neoplasms such as basal cell carcinoma and dermatofibroma can cause extremely powerful stroma reactions, in which the primary neoplasm can be difficult to detect.

4. *Diseases which are not directly related to the skin* – they comprise a long list and include Rosai-Dorfmann's

disease, Castleman's disease, Kikuchi's disease, inflammatory pseudotumor and malacoplacia.

**5. Classical dermatological diseases resembling cutaneous lymphoma** – again the list is rather long, most frequently related to autoimmune diseases of the connective tissue. This group includes lichen sclerosus et atrophicus, variants of lupus erythematosus, atypical lymphocyte lobular panniculitis, lymphomatoid dermatitis and lymphomatoid folliculitis.

**6. Specific cutaneous pseudolymphoma units** – acral pseudolymphoma angiokeratoma in children (APACHE), palpable arciform migratory erythema, angiolymphoid hyperplasia with eosinophilia and Kimura's disease. The

lymphomatoid papulosis is not classified under this group any more but falls into the group of the primary cutaneous lymphomas.

#### DISCUSSION:

The concept of cutaneous lymphomas provides the basis for the understanding and the identification of the benign and malignant cutaneous lymphoid infiltrations. Even following accurate histological investigations, many of the lymphoid infiltration processes remain unclearly defined as benign or malignant. The diagnosis of the cutaneous lymphoid infiltrations requires series of biopsies and examinations.

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