Dermoscopy of Lymphomas and Pseudolymphomas

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KEYWORDS

• Cutaneous lymphomas • Pseudolymphomas • Dermoscopy

KEY POINTS

- Cutaneous lymphomas are rare entities whose diagnosis is based on a cellular level (cytologic assessment, immunophenotyping, and molecular studies for clonality).
- Cutaneous lymphomas and pseudolymphomas are a heterogeneous group with distinct variability in clinical presentation. For this reason, diagnosis is not always easy.
- Although the dermoscopic framework is not always specific, in some cases it can help us in the differential diagnosis.

INTRODUCTION

With the term cutaneous lymphomas and pseudolymphomas, the authors refer to a heterogeneous group of diseases whose classification is an ongoing process as new technologies are changing the diagnostic and therapeutic approach (**Box 1**). The diagnosis can be difficult because of the rarity of these entities and because of the similarity with many other more common skin diseases, from infections, to autoimmune or hypersensitive reactions. The most frequent clinical forms of cutaneous lymphomas and their dermoscopic features are described in this article.

PRIMARY CUTANEOUS T-CELL LYMPHOMAS

Most lymphomas in the skin have a T-cell origin. This is logical, because T cells normally traffic through the skin and are important in "skin-associated lymphoid tissue." They represent approximately 80% of all cutaneous lymphomas. The most common forms are mycosis fungoides (MF) and Sézary syndrome (SS),[1] which represent about 65% of all cutaneous T-cell lymphomas (CTCLs), with an annual incidence of 5 new cases per million people. The second most common group is constituted by primary cutaneous CD30 + lymphoproliferative disorders that represent approximately 27% of CTCLs. This group includes the following: primary cutaneous anaplastic large cell lymphomas (pcALCL), lymphomatoid papulosis (LyP), and borderline cases. A summary of clinical and dermoscopic features of CTCL subtypes is reported in **Table 1**.

Mycosis Fungoides

Clinical features

MF is the most common type of CTCL, usually arising in mid-to-late adulthood (median age at diagnosis: 55–60 years; male-to-female

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Box 1
WHO-EORTC classification of cutaneous lymphomas with primary cutaneous manifestations

Cutaneous T-cell and NK-cell lymphomas

Mycosis fungoides

MF variants and subtypes

- Folliculotropic MF
- Pagetoid reticulosis
- Granulomatous slack skin

Sézary syndrome

Adult T-cell leukemia/lymphoma

Primary cutaneous CD30 + lymphoproliferative disorders

- Primary cutaneous anaplastic large cell lymphoma
- Lymphomatoid papulosis

Subcutaneous panniculitis-like T-cell lymphoma

Extranodal NK/T-cell lymphoma, nasal type

Primary cutaneous peripheral T-cell lymphoma, unspecified

- Primary cutaneous aggressive epidermotropic CD8+ T-cell lymphoma (provisional)
- Cutaneous γ/δ T-cell lymphoma (provisional)
- Primary cutaneous CD4+ small/medium-sized pleomorphic T-cell lymphoma (provisional)

Cutaneous B-cell lymphomas

Primary cutaneous marginal zone B-cell lymphoma

Primary cutaneous follicle center lymphoma

Primary cutaneous diffuse large B-cell lymphoma, leg type

Primary cutaneous diffuse large B-cell lymphoma, other

Intravascular large B-cell lymphoma

Precursor hematologic neoplasm

CD4+/CD56+ hematodermic neoplasm (blastic NK-cell lymphoma)

Abbreviations: MF, mycosis fungoides; NK, natural killer.

Data from Willemze R, Jaffe E, Burg G, et al. WHO-EORTC classification for cutaneous lymphomas. Blood 2005;105:3769.

Table 1
Summary of clinical and dermoscopic characteristics for various CTCL subtypes

	MF	pcALCL	LyP
Epidemiology	Mean age of onset 55–60 y; M > F	Adults 45–60 y; M:F = 2–3:1	Mean age of onset 45 y; M:F = 1.5:1
Clinical features	Patches, plaques, tumors	Solitary firm nodule that rapidly grows and often ulcerates	Recurrent papular, papulonecrotic, and/or nodular lesions
Dermoscopy	Fine short linear vessels, dotted vessels, spermatozoa-like structures, orange-yellowish patchy areas	Pink-to-yellow structureless areas, polymorphous vessels	Different in the different stages of the disease

Abbreviations: MF, Mycosis Fungoides; pcALCL, Primary Cutaneous CD30+ Anaplastic Large-Cell Lymphoma; LyP, Lymphomatoid Papulosis.