

GLOBAL SKIN HEALTH

## A CASE SERIES OF CUTANEOUS SUBTYPES OF B-CELL LYMPHOMAS

Ky Cueto Sarmiento (1) - Ja Baquero (1) - A Andrade (1) - Mj Cura (1) - Ld Mazzuoccolo (1) - Pa Enz (1)

Hospital Italiano De Buenos Aires, Dermatology, Buenos Aires, Capital Federal, Argentina (1)

Background: Primary cutaneous B cell lymphomas is an heterogeneous group of lymphoproliferative disorders which represent approximately 20-25% of all primary cutaneous lymphomas.

Observation: Case 1 and 2: 71-year-old woman consulted for multiple plaques and erythematous nodules, asymptomatic, on the upper and middle back. 85-year-old man consulted for erythematous plagues in subescapular area. Skin histopathology (HP) in both cases was compatible with cutaneous marginal zone B lymphoma. Negative extension studies. Both patients underwent treatment with Rituximab and radiotherapy was associated in the second case, with a good response. Case 3 and 4: 86-year-old man, consulted for a single nodule, erythematous, asymptomatic, located in the left parietal region. 88-year-old man, was attended for multiple erythematous nodules, asymptomatic, located on the face and scalp. HP in both cases was compatible with cutaneous centrofollicular B lymphoma. Negative extension studies. In both patients the treatment was radiotherapy and rituximab with improvement of the skin lesions. Case 5 and 6: 97-year-old woman consulted for multiple erythematous-violaceous tumors, asymptomatic, in the right leg. 71-year-old man consulted for multiple scalp erythematous tumors, asymptomatic, in the right parieto-occipital region. HP in both cases was compatible with cutaneous primary diffuse B-cell lymphoma of large leg-type cells. Case 5 did not undergo oncospecific treatment given her age and general condition. Case 6 in the staging process.

Key message: The clinical presentation of cutaneous B-cell lymphomas are non-specific so it is necessary to resort to histology to determine its etiology. Its prognosis and aggressiveness depend on the clinical and histological subtype. In single or isolated lesions, surgery or radiotherapy can be an option of treatment; In multiple or recurrent lesions there is a good response to rituximab, and in aggressive forms, polychemotherapy with or without rituximab.





