INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

CUTANEOUS LYMPHOID HYPERPLASIA (PSEUDOLYMPHOMA)

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Background: Pseudolymphomas are an uncommon heterogeneous group of benign skin disorders that simulate cutaneous lymphomas. Offending antigens include arthropod bites, tattoo dyes, and medications such as anticonvulsants, though the majority are idiopathic. 1 Most often, patients present with a solitary skin-coloured or red nodule or plaque on the face or chest, though multiple or generalized lesions can also be seen.1

Observation: A 48-year-old otherwise healthy woman presented to the dermatology clinic with a 6-week history of a large erythematous nodule on the right cheek. On history, the lesion was grossly asymptomatic, though the patient reported occasional pruritus and tenderness to palpation. Physical examination revealed a well-demarcated, 1.5-by-1.5cm infiltrated erythematous nodule on the right cheek. Biopsy showed a diffuse polymorphous infiltrate of lymphocytes, histiocytes, plasma cells and a few eosinophils separated from normal appearing epidermis by a thin Grenz zone. Immunohistochemistry demonstrated a mixed population of B and T cells. Based on these findings, a final diagnosis of cutaneous lymphoid hyperplasia, or pseudolymphoma, was made.

Key message: Though the majority of pseudolymphomas regress spontaneously following withdrawal of the offending agent, there has been the occasional report of development to lymphoma necessitating close follow-up.2 To differentiate pseudolymphomas from cutaneous lymphomas or secondary localizations of systemic nodular lymphomas, a skin biopsy for histopathologic evaluation and immunophenotyping is required.2 Lyme serology can rule out a B. burgdorferi-association.2 Once confirmed, potent topical and intralesional corticosteroids are the mainstay of treatment.3

References:
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