

SKIN CANCER (OTHER THAN MELANOMA)

PRIMARY CUTANEOUS MARGINAL ZONE LYMPHOMA MIMICKING ERYTHEMA ANNULARE CENTRIFUGUM

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Background: Primary Cutaneous Marginal Zone Lymphoma (PCMZL) is an indolent cutaneous B cell lymphoma. Chronic antigenic stimulation including Borrelia burgdorferi was suggested for the development of PCMZL. In addition, an association between deep type of Erythema Annulare Centrifugum (EAS) and Borrelia burgdorferi has been established.

Observation: A 53-year-old man presented with a four-month history of slowly enlarging, slightly indurated, annular, erythematous plaques with a central papule on the chest and left shoulder. The patient didn't have any relevant disease. Histopathological examination of the lesions revealed dense perivascular lymphohistiocytic inflammatory cells, several plasma cells, and reactive lymphoid follicles. EAS associated with Borrelia burgdorferi was suspected; however, serologic tests were negative. The patient reapplied the clinic in two months with the enlargement of the annular plaque. The papular lesions on the shoulder became indurated nodules. Then, re-biopsy was carried out. Beneath the unaffected Grenz zone, nodular lymphoid infiltrates were observed. These infiltrates composed of small lymphocytes, centrocyte-like cells, plasma cells, and a few centroblast-like cells. Reactive lymphoid follicles with germinal centers were also determined. Immunohistochemically, the neoplastic cells expressed CD20, CD43, PAX-5, and Bcl-2. Staining for CD3, CD5, CD10, CD30, Bcl-6, and Cyclin-D1 were negative. There was no evidence of systemic lymphoma involvement by laboratory studies and radiologic imaging. Along with these clinical and histopathological findings, PCMZL was diagnosed. The patient was referred to the hematology department and rituximab treatment once a week was initiated for 4 weeks. A complete response was achieved. The patient has been followed up for 6 months without recurrence.

Key message: Figurate erythema like cutaneous B cell lymphomas have been described in the literature. Nevertheless, to our knowledge, this is the first PCMZL case mimicking Erythema Annulare Centrifugum.





