



SKIN CANCER (OTHER THAN MELANOMA)

## PRIMARY CUTANEOUS PSEUDOLYMPHOMA : A RARE CASES

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**Background.** Cutaneous pseudolymphoma is benigna lymphoprolipherative reaction which arise from lymphoid cell of T cell or B cell lineage, that may simulate cutaneous malignant lymphoma clinically and or histopathologically. The differentiation between cutaneous pseudolymphomas and primary cutaneous lymphomas is often very difficult, but it is necessary to establish proper diagnostics for treatment purposes. We report a 2 rare case of cutaneous pseudolymphoma in man with different location of the lesion

**Observation:** Case 1 a man 54 years old working in fertilizer employee presented nodule erythema on left groin then grows a nodule erythema next to it, dermatological examination showed inferior abdominal region and Suprapubic Region: showed tumor 2X2cm diameter, colored like salmon, verroucus surface, easy to move multiple, histopathological findings from the total excision in the lesion is cutaneous pseudolymphoma, Immunohistochemical examination showed Ki67 (+) 70% in tumor cell, CD20 (+) pada sebagian limfosit Case 2 man 46 years old, worked as a motorcycle taxi driver, since 1 year ago in the left calf there was a red spot, itching which then became a wound after falling off the motorbike, a range of 7 months ago the wound appeared in the middle with ulcers with salmon color, partially covered with yellowish black crusts, wounds getting wider and extending size. Dermatologic examination. Regio cruris sinistra pars posterior, erythematous plaque appeared in the middle with salmon ulceration, sloughing, partially covered with thick jellowish black crusts, 14x12cm in size, irregular, serpiginous, solitary. Dermascopic (DS) finding revealed white circle, structureless area, a polymorph vessel; histopathologic examination in totally excision of the lesion showed cutaneous pseudolymphoma. Immunohistochemical examination showed Ki67 (+) >30% in tumor cell, CD 30 (+) fokal in tumor cell

**Key message:** in cutaneous pseudolymphoma cases required diagnostic accuracy with additional examinations such as immunohistochemical for treatment purposes and prognosis

