



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## EXTENSIVE CUTANEOUS PSEUDOLYMPHOMA AS BREAST CANCER REVELATOR

*M Soltysiak<sup>(1)</sup> - A Terlikowska-brzóska<sup>(1)</sup> - W Owczarek<sup>(1)</sup>*

*Military Institute Of Medicine, Dermatology, Warsaw, Poland<sup>(1)</sup>*

**Background:** Pseudolymphoma is benign lymphoid infiltration that simulates lymphoma. It is an inflammatory exaggerated response to antigenic stimulation. In a big range of factors that can cause lymphoproliferative reactions, most cases are idiopathic. The condition may develop after arthropod bite, vaccination, ear piercing, leech therapy and as result of *B. burgdorferi* infection or some drugs intake.

**Observation:** We'd like to present a case of 69-year-old white woman admitted to our Department with a 1-year history of red, firm, tumors on her cheeks, arms and upper back. First lesions appeared on her back. With the time quick progression was observed; existing lesions enlarged and new ones were noticed on trunk and upper extremities. Histopathological examination supported by immunohistochemistry reveled nodular infiltration of small lymphocytes B ( CD20+, bcl2+, bcl6+, Pax 5+) and T (CD3+) lymphocytes. The cutaneous lymphoid hyperplasia was diagnosed. To exclude chronic inflammatory process or neoplasms diagnostics was done. Complete blood count and comprehensive metabolic panel were irrelevant. No abnormalities were detected in computed tomography of the chest and ultrasound of abdomen. Unexpectedly mammography showed a left breast lump. The result of core needle biopsy confirmed the suspicion of breast cancer. Breast - conserving surgery and sentinel lymph node biopsy were performed leading to the final diagnosis of carcinoma invasivum NSTG2, pT1cpN0, HER2(-). Skin lesions were treated topically. During postoperative period the number of skin tumors increased and loss of response to topical therapy was observed. Only after first course of adjuvant chemotherapy, recommended by oncologist, all cutaneous tumors regressed, leaving post inflammatory hyperpigmentation.

**Key message:** It can be difficult to distinguish a pseudolymphoma from a lymphoma and histopathological exclusion of lymphoma does not release us from oncological vigilance, especially when lesions are disseminated and a great dynamic of disease is observed.

