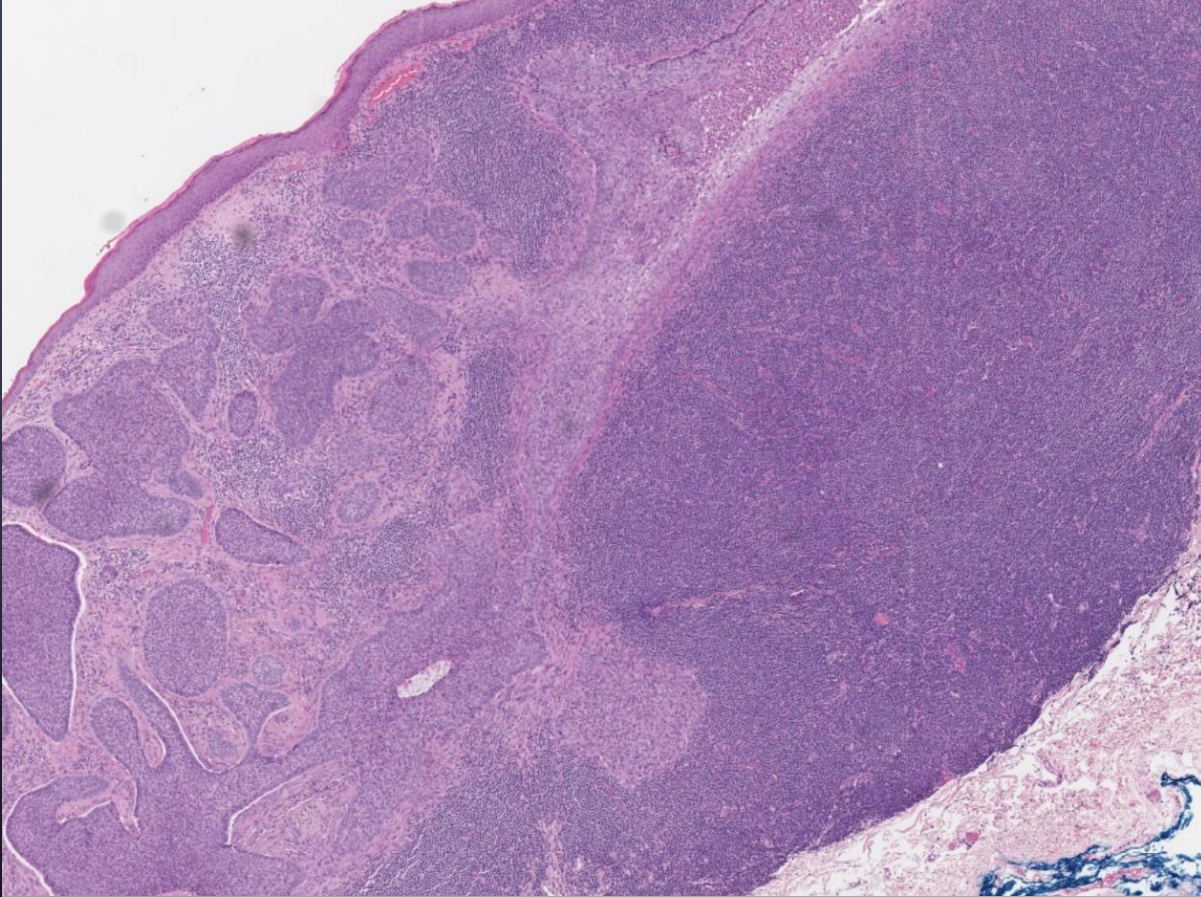


Cutaneous lymphomas

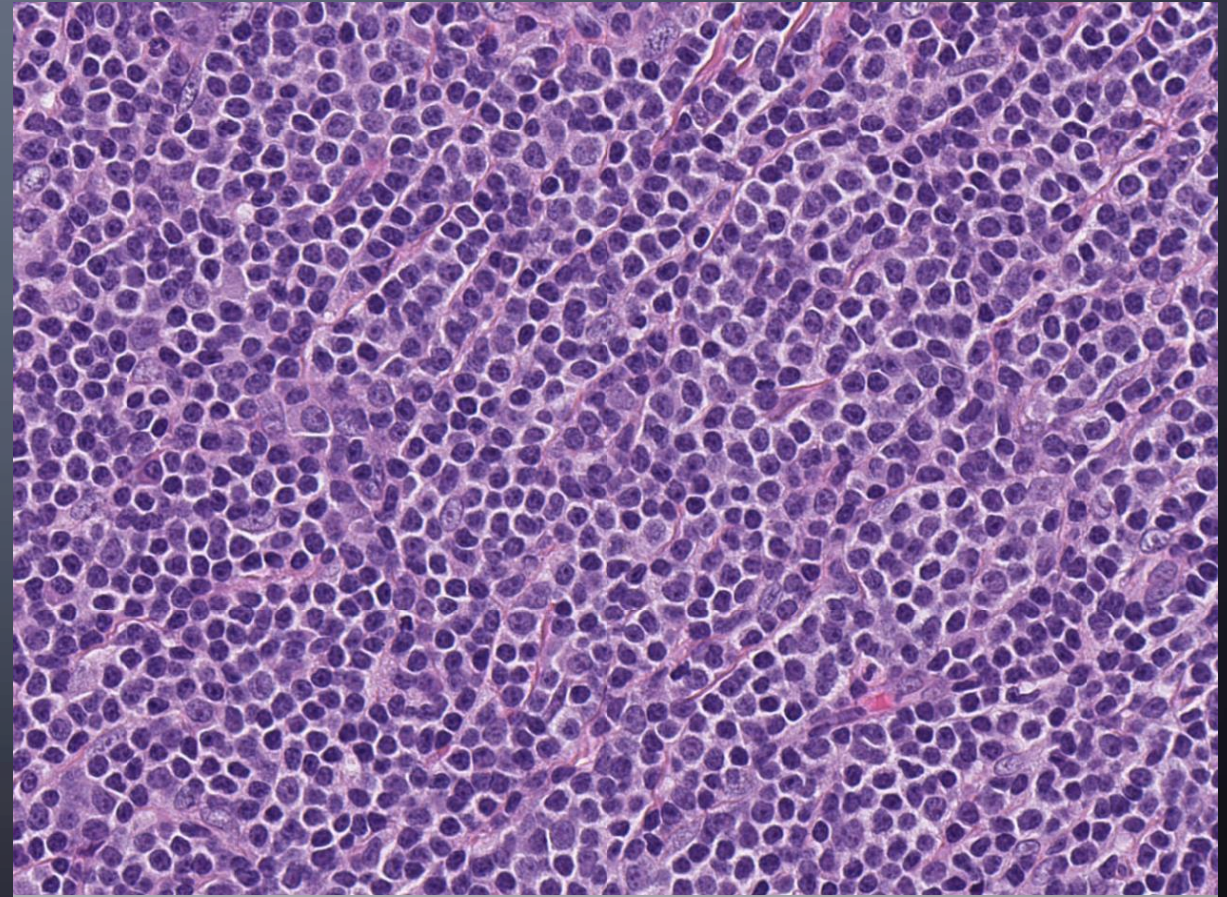
Not everything is MF !

CASE 1

90M, History of B-CLL. Lesion left mastoid likely BCC
and lymph node from edge of excision.



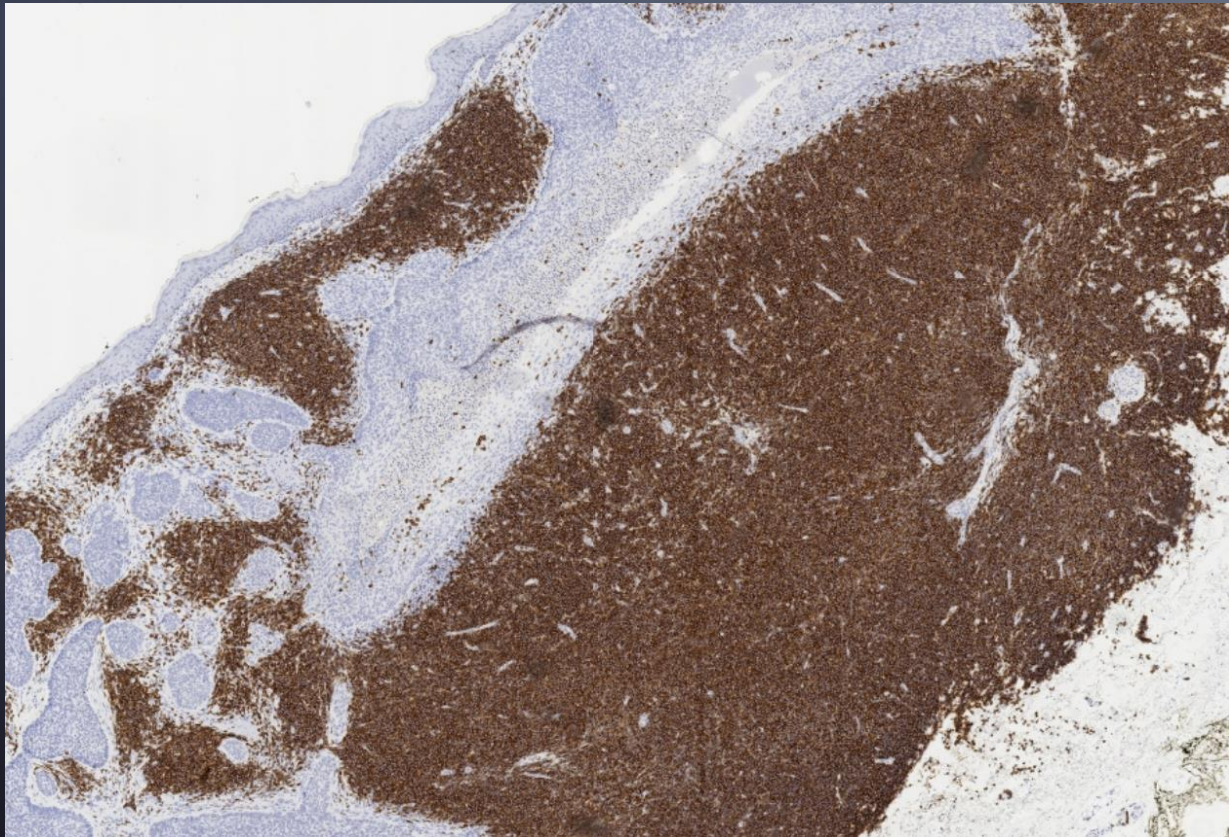
Pseudo-follicular: 'proliferation centres'



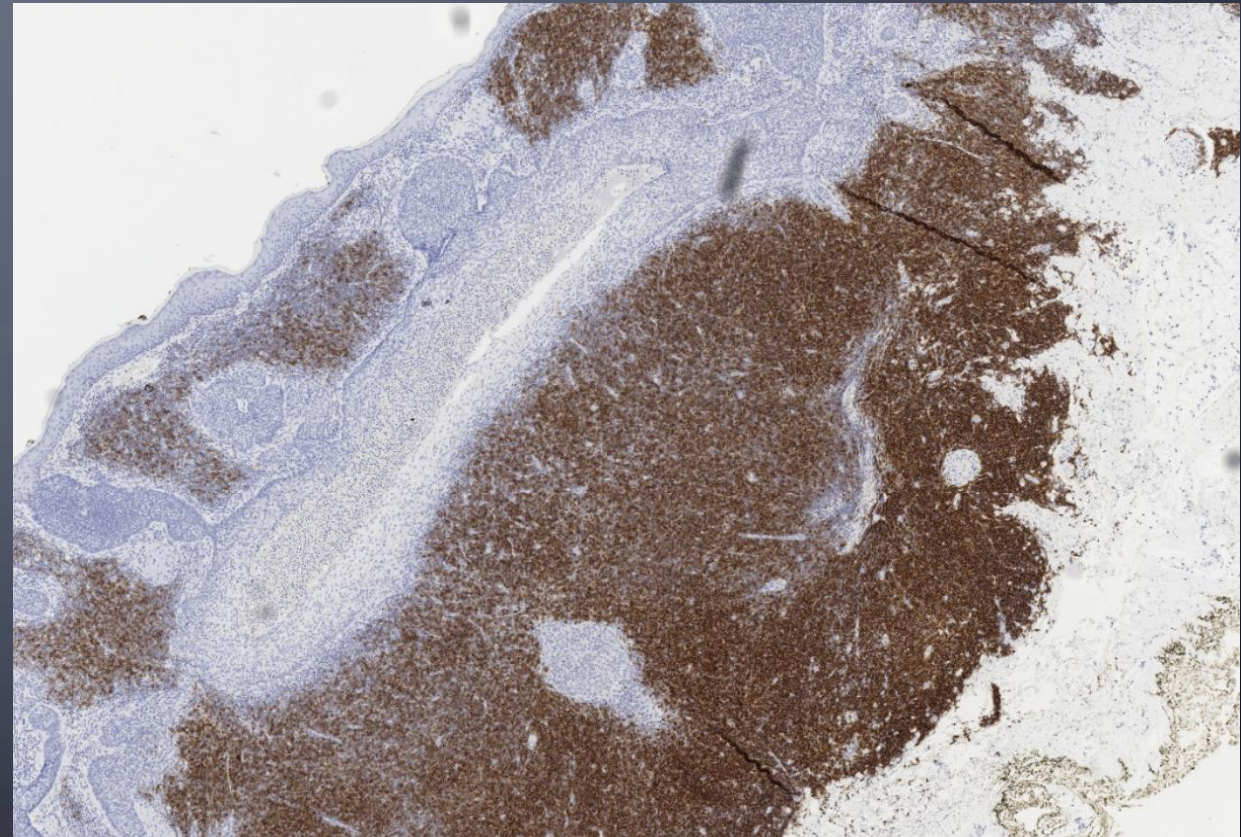
Monomorphic small cells

CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)

Phenotype: CD20+ CD5+ CD23+ Ki-67 low.



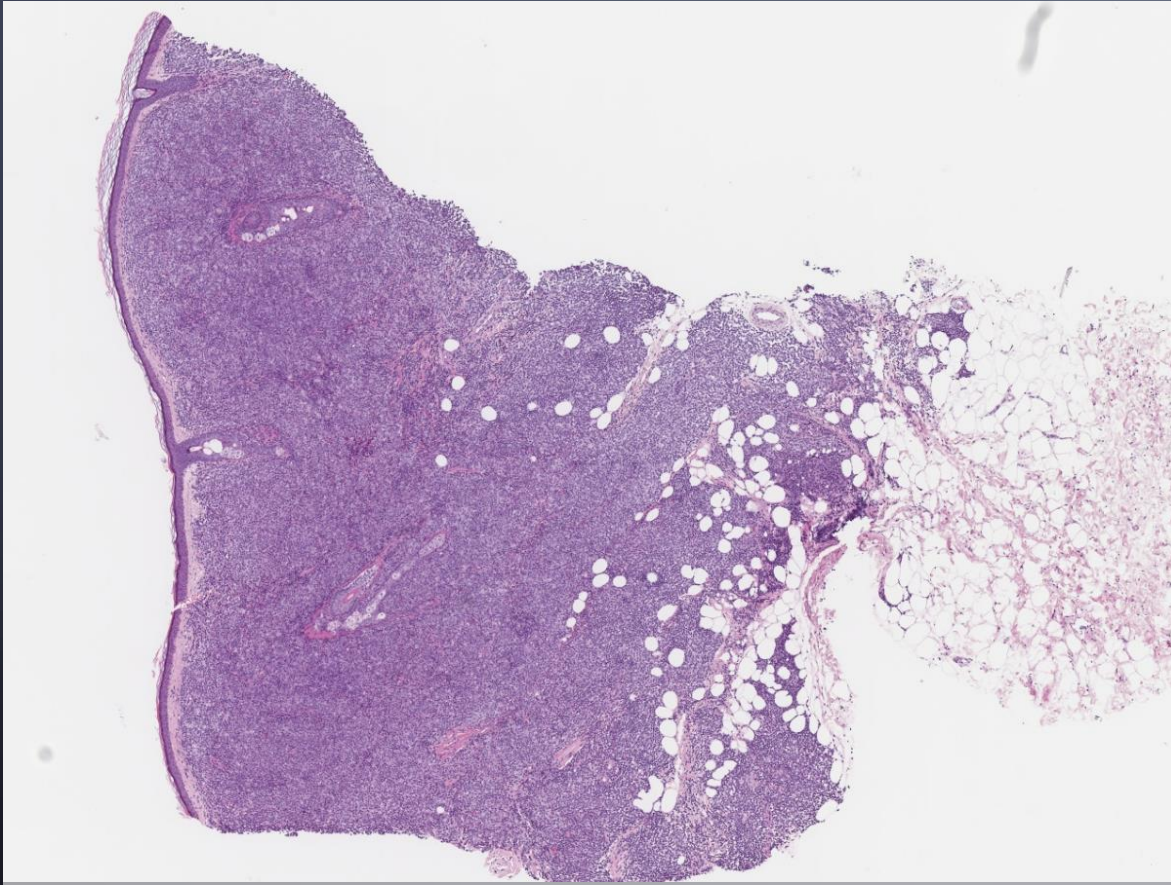
CD5+, can be variable or two-tone



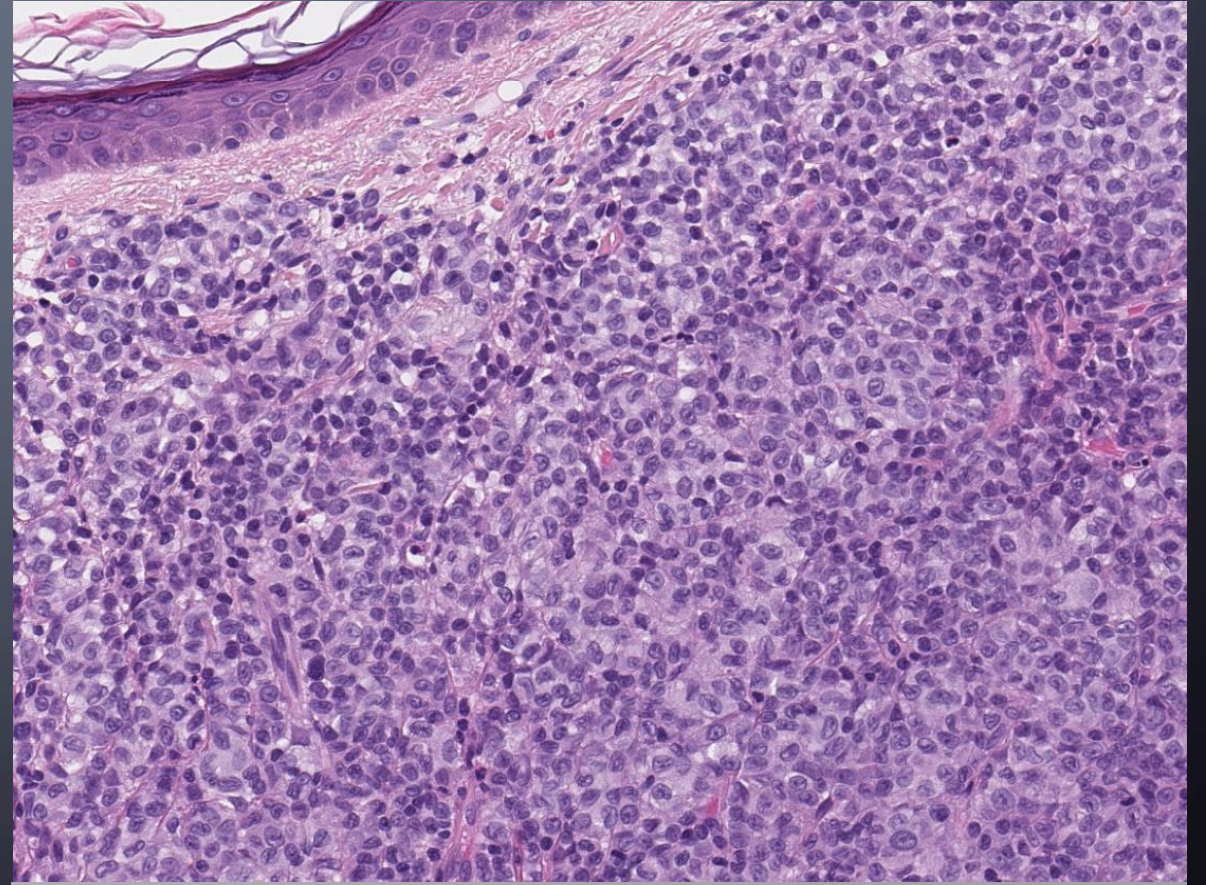
CD23+

CASE 2

CDM, Nodule right auricular.



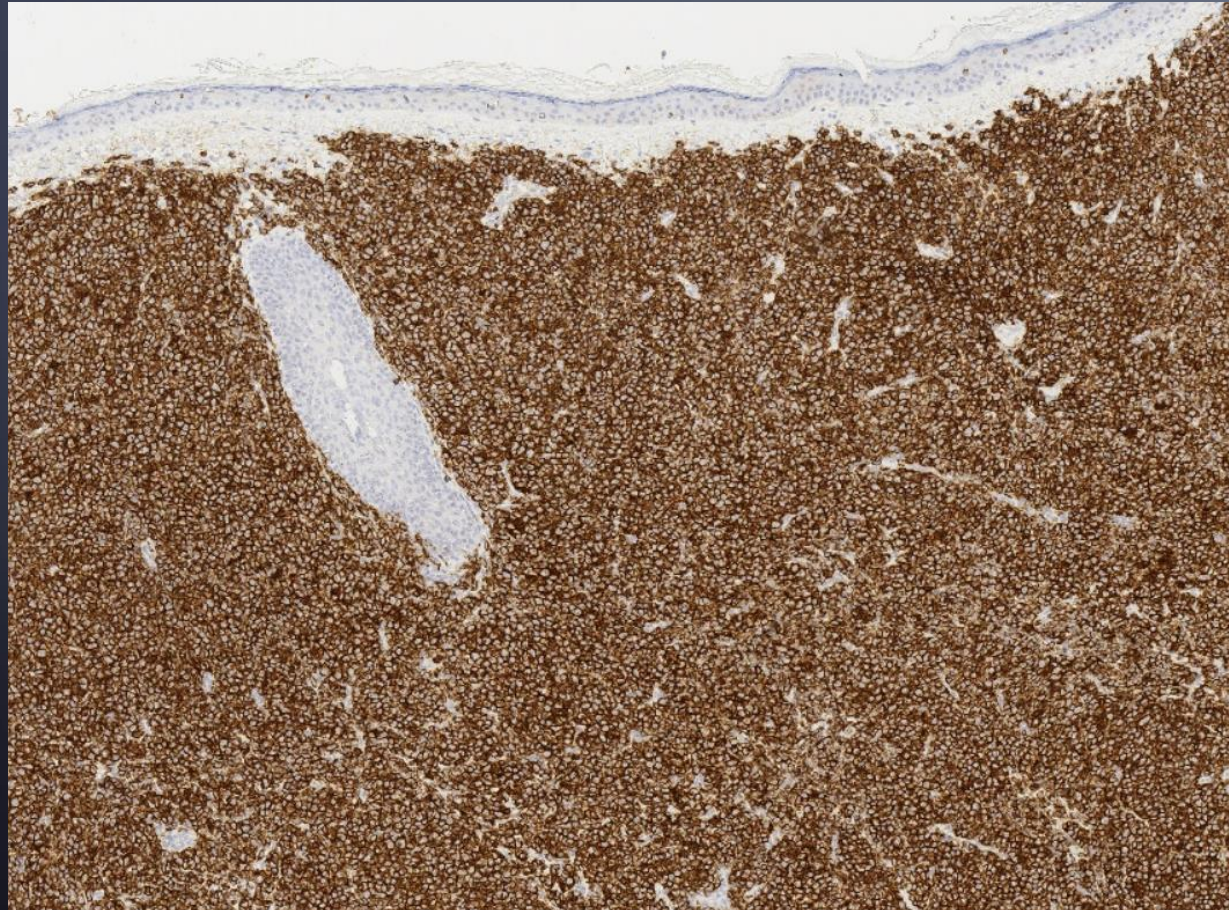
Effacement of the dermis



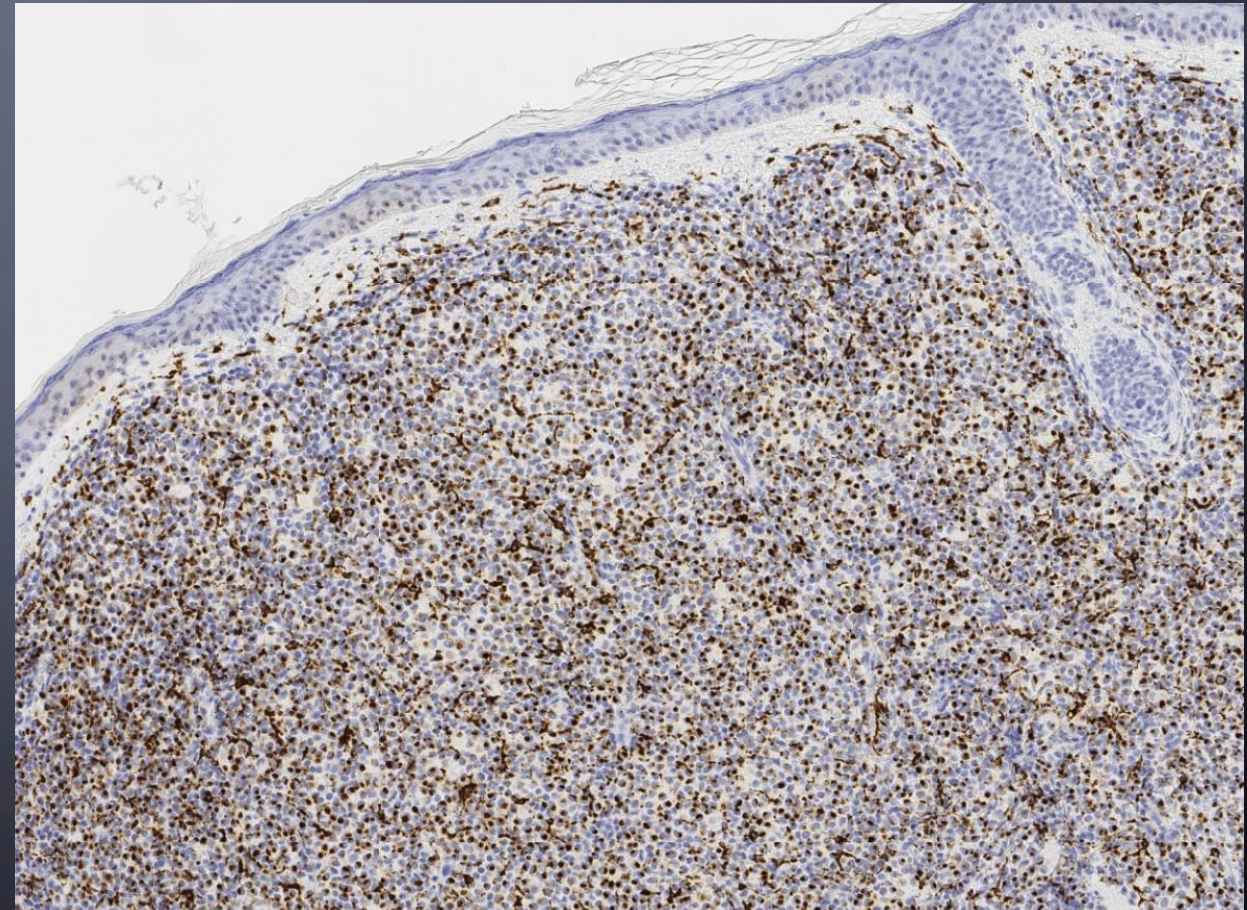
Centrocyte-like

PRIMARY CUTANEOUS ACRAL CD8+ T-CELL LYMPHOMA

Phenotype: CD8+ CD4- CD3± CD2+ CD5± CD7±, CD68+, Ki-67 low.



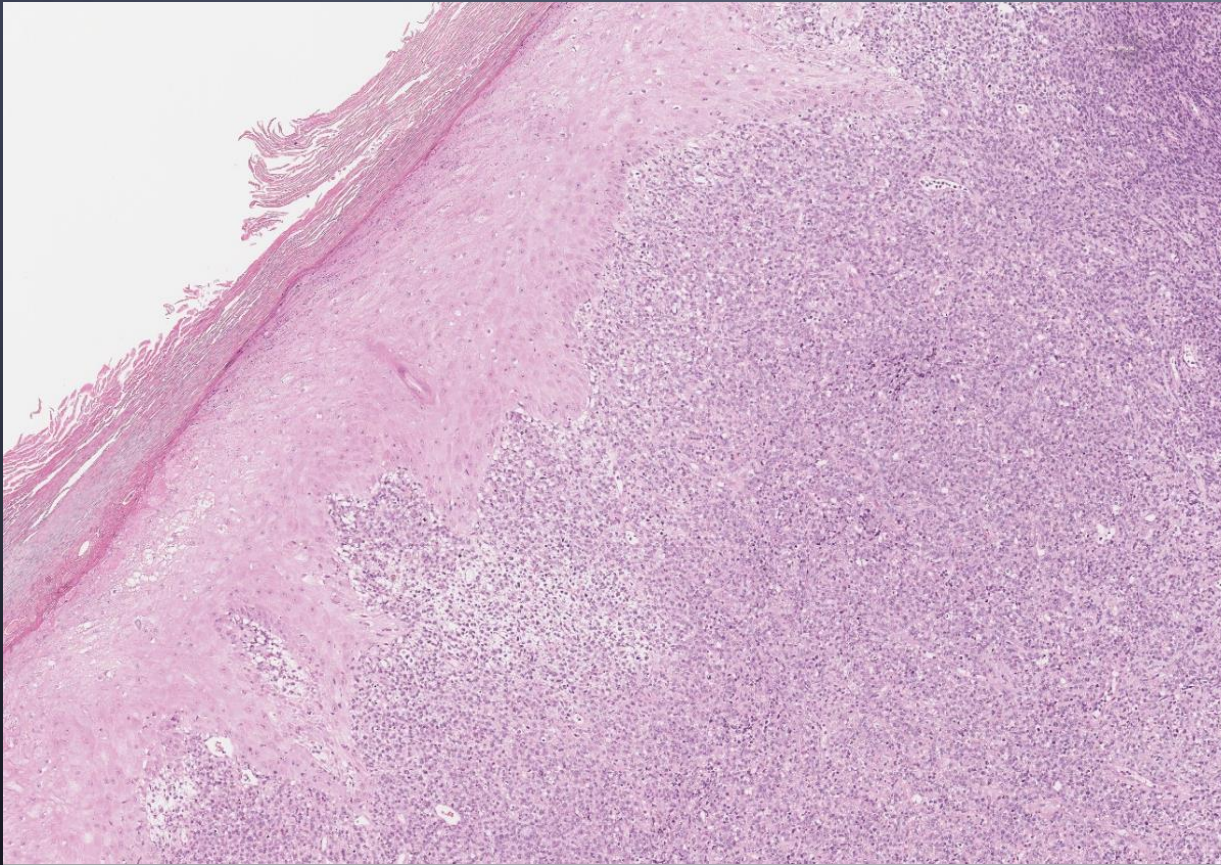
CD8+, variable loss/expression of pan-T



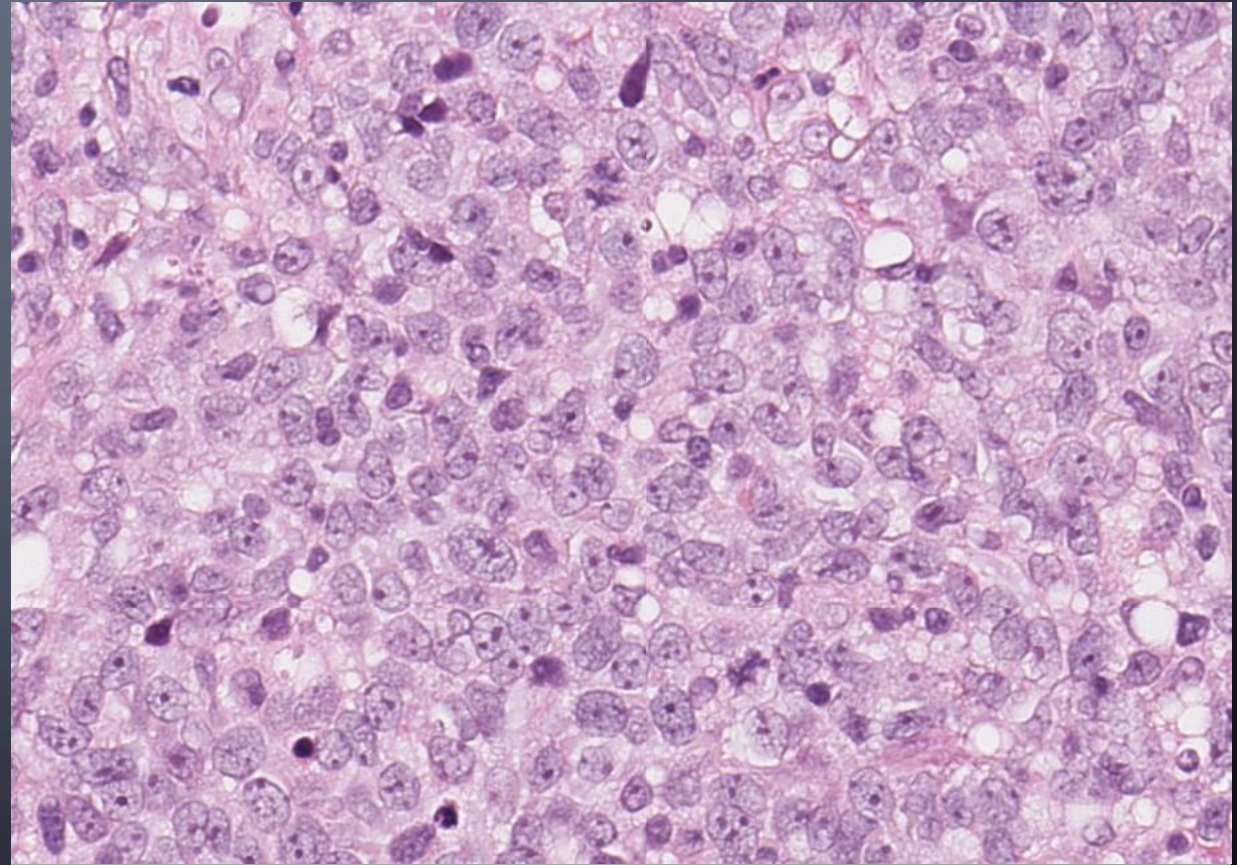
CD68 'dot'+

CASE 3

70F, Smooth painless lesions on both shins for 5 months.



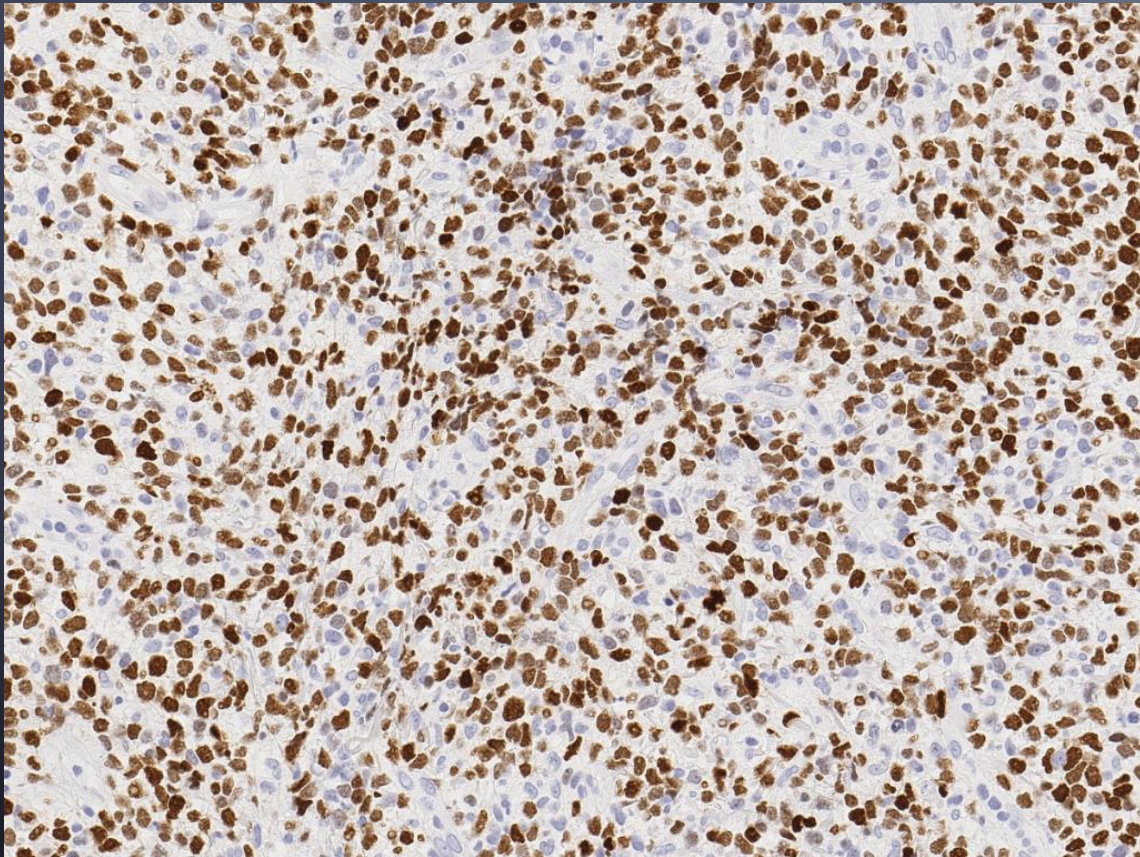
Sheets of large cells



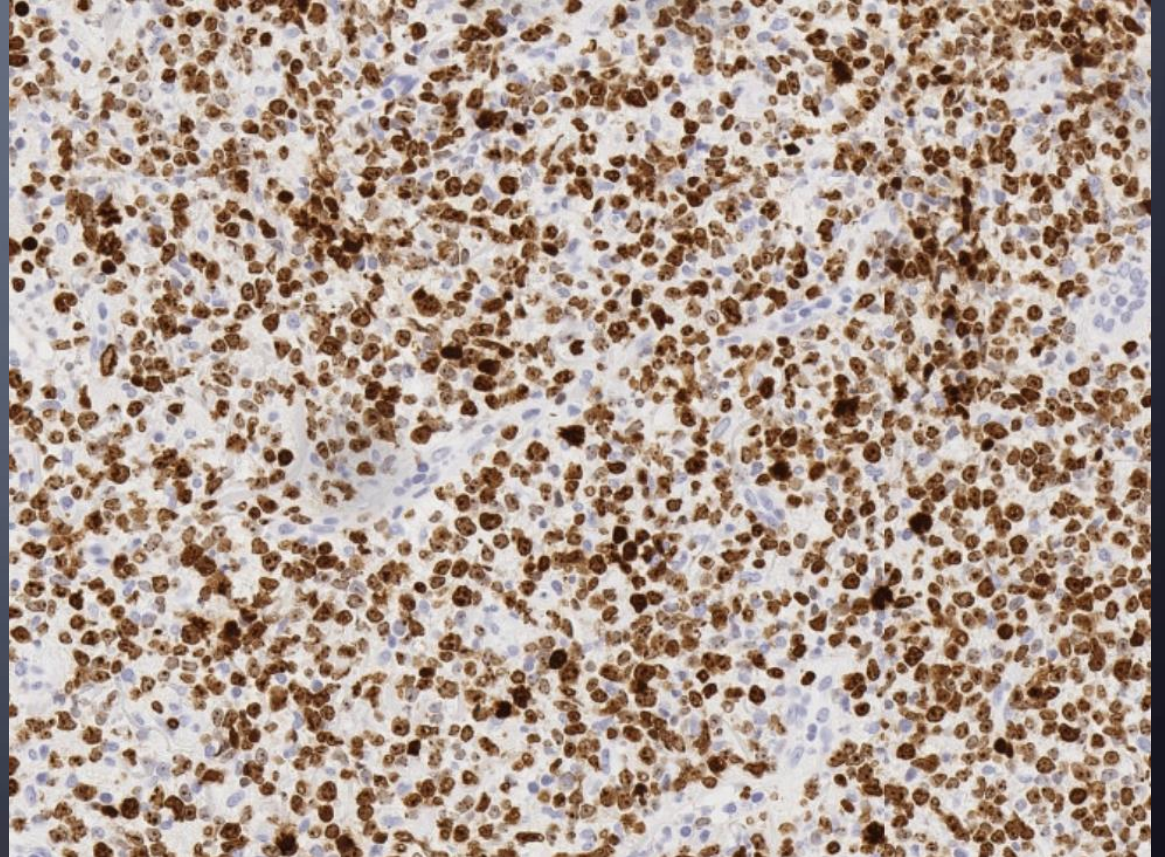
Pleomorphic; high-grade

PRIMARY CUTANEOUS DLBCL, LEG TYPE

Phenotype: CD20+ BCL2± CD10(-) BCL6± IRF4+ Ki-67 high.



IRF4/MUM1+; post GC



Ki-67 high

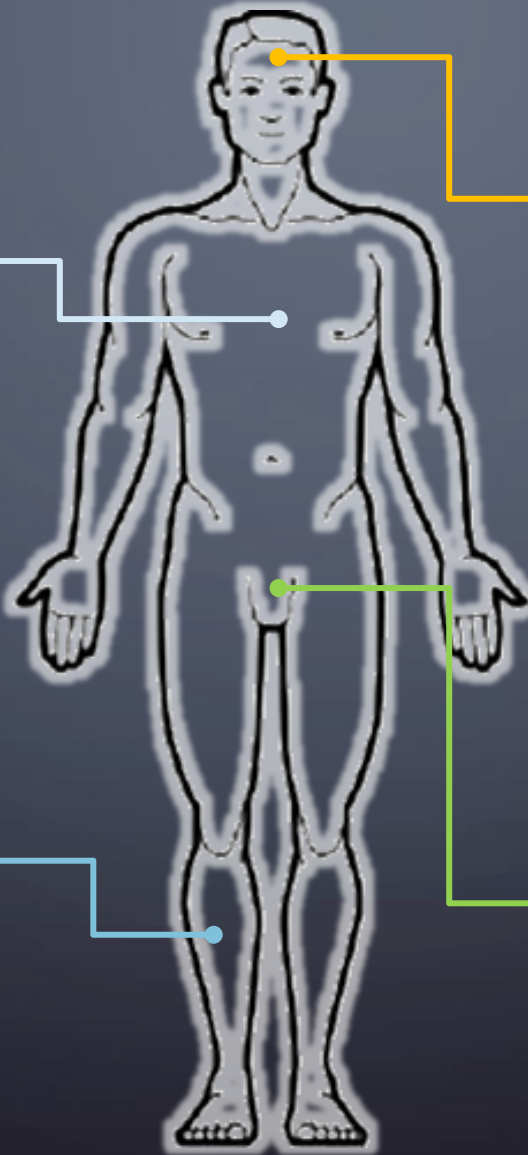
SITE-SPECIFIC LARGE B-CELL LYMPHOMAS

Primary (Thymic) Mediastinal

- Young females
- Post GC phenotype
- Better outcome

Primary Cutaneous (Leg Type)

- Elderly women
- Preferentially lower legs
- Post GC phenotype
- CDKN2A MYD88 inferior prognosis



Primary CNS

- Any age
- Post GC phenotype
- Worse outcome
- Frequent MYD88

Primary Testicular

(not a separate WHO entity)

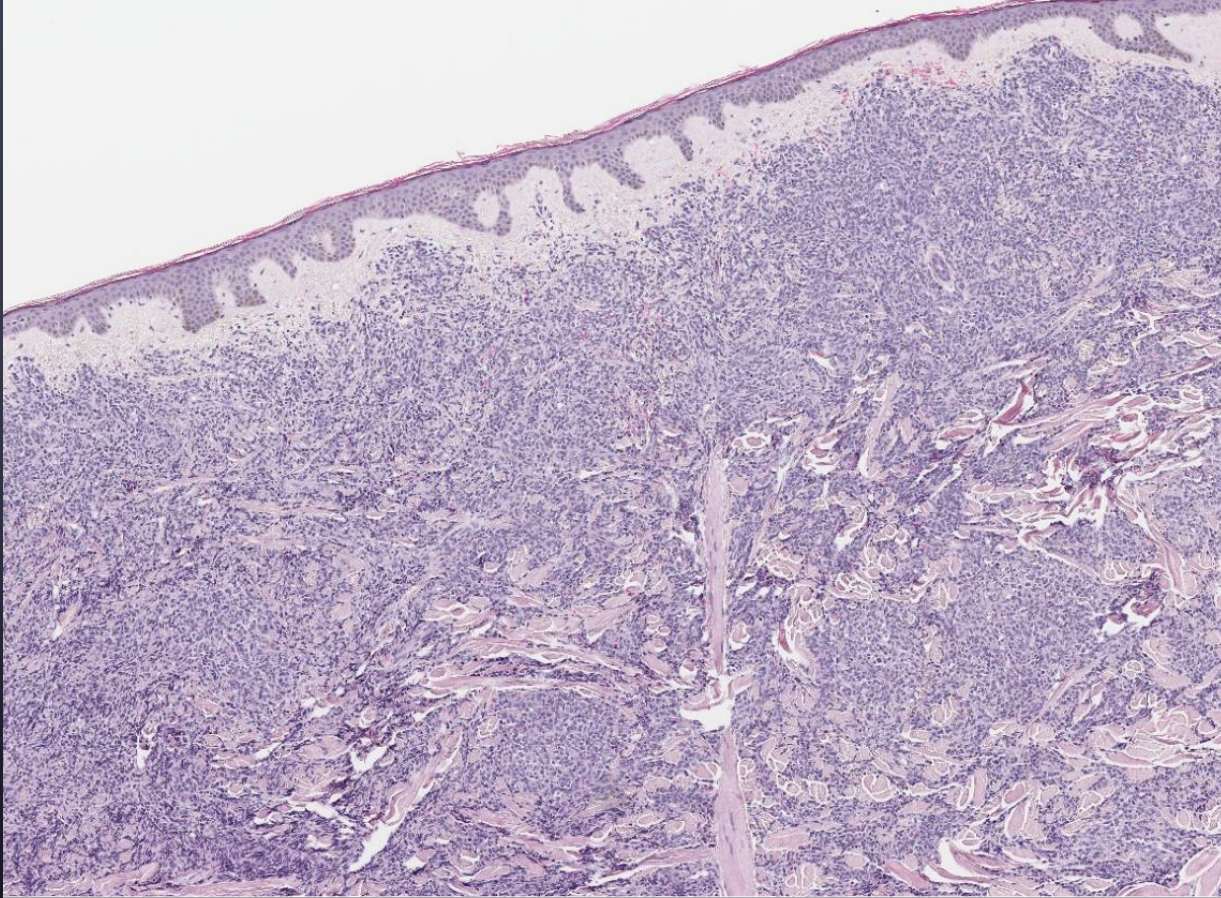
- Men >60
- Post GC phenotype
- MYD88

Immuno privileged sites.

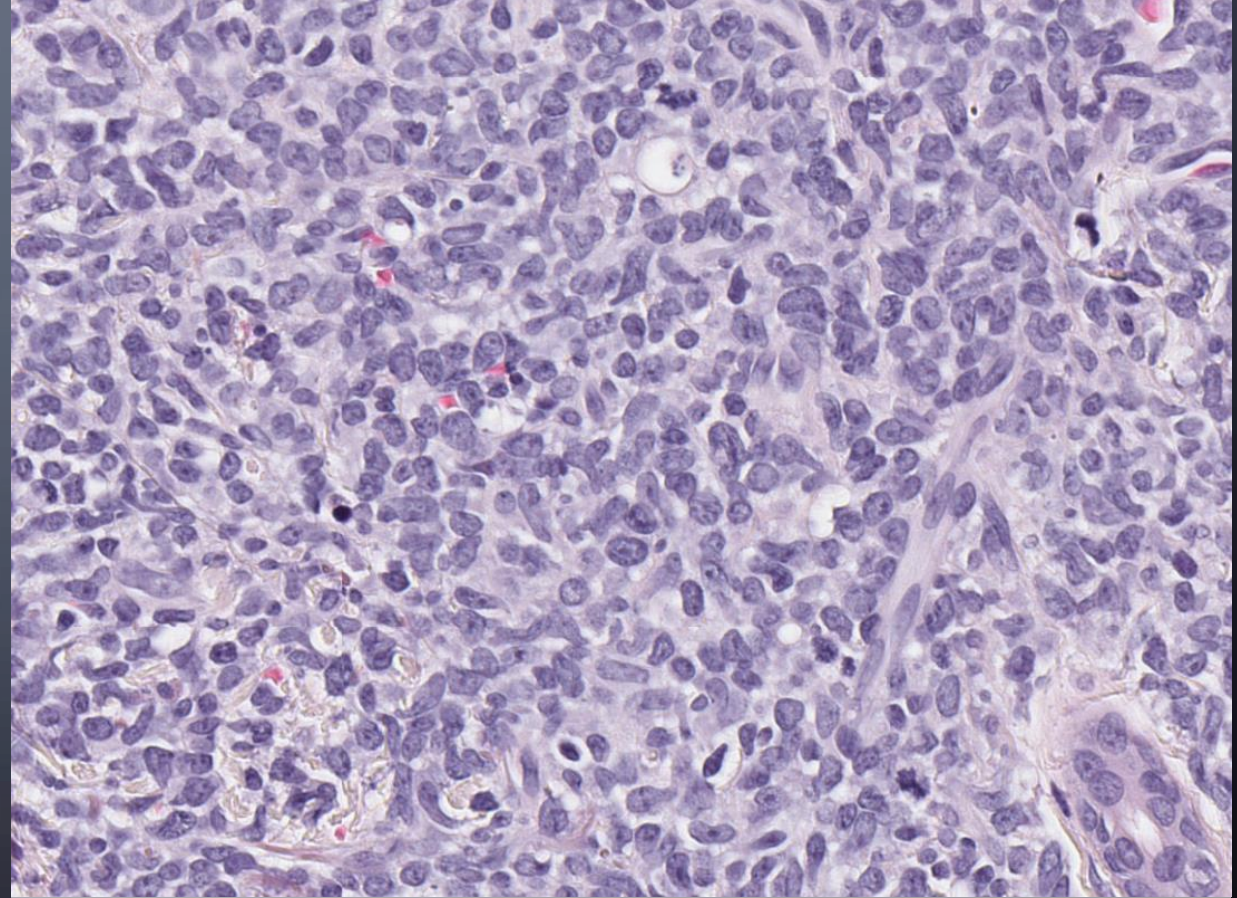
Lymphomas develop an immune escape phenotype.

CASE 4

70M, Known myeloid neoplasm with purplish skin nodules.



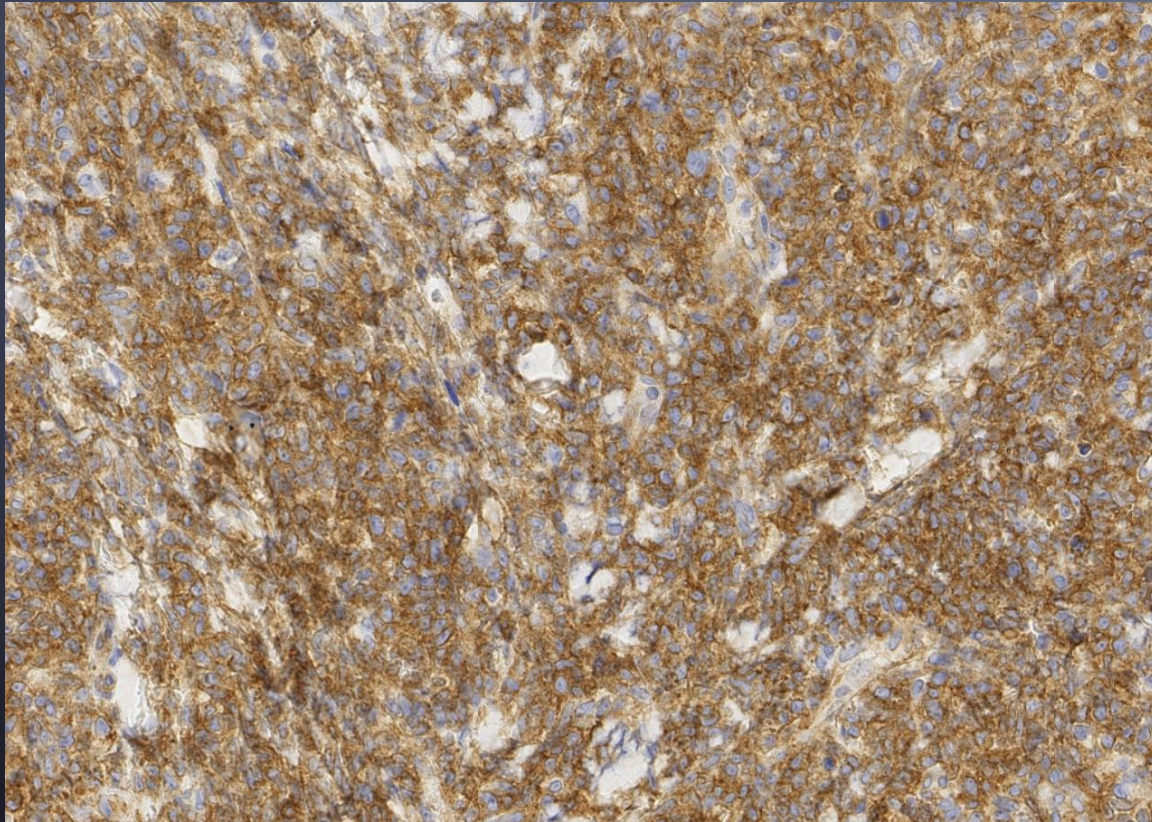
Dermal infiltrate



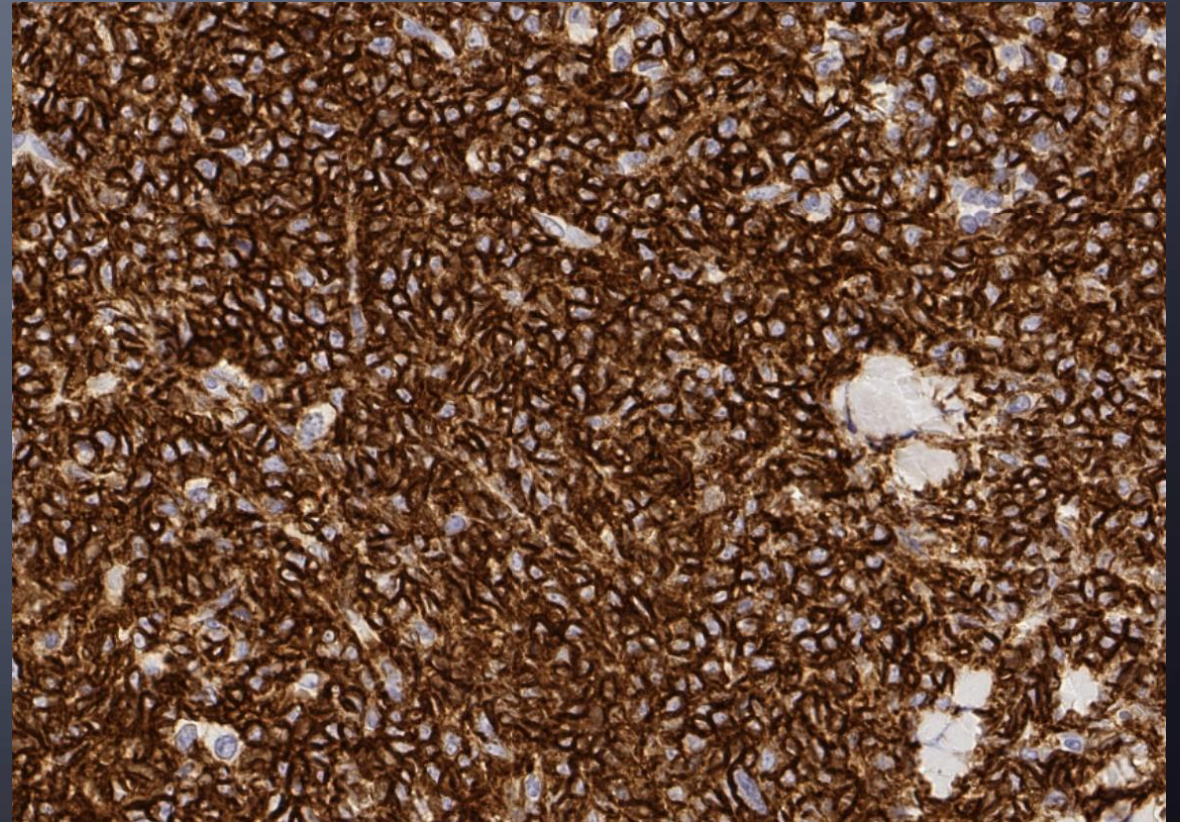
Blastoid cells

BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM (BPDCN)

Phenotype: CD4+ CD3- CD123+ Tdt+ CD56+ CD99+ MPO-



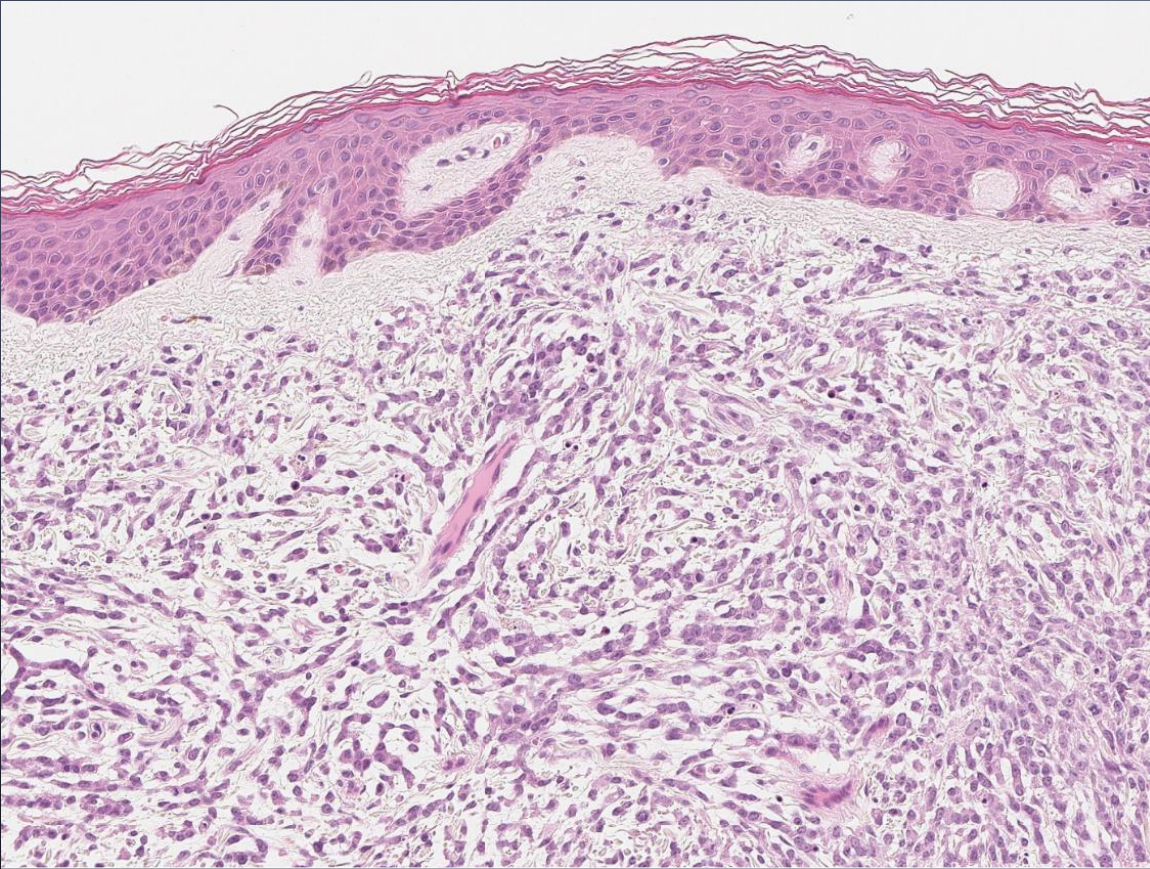
CD123+



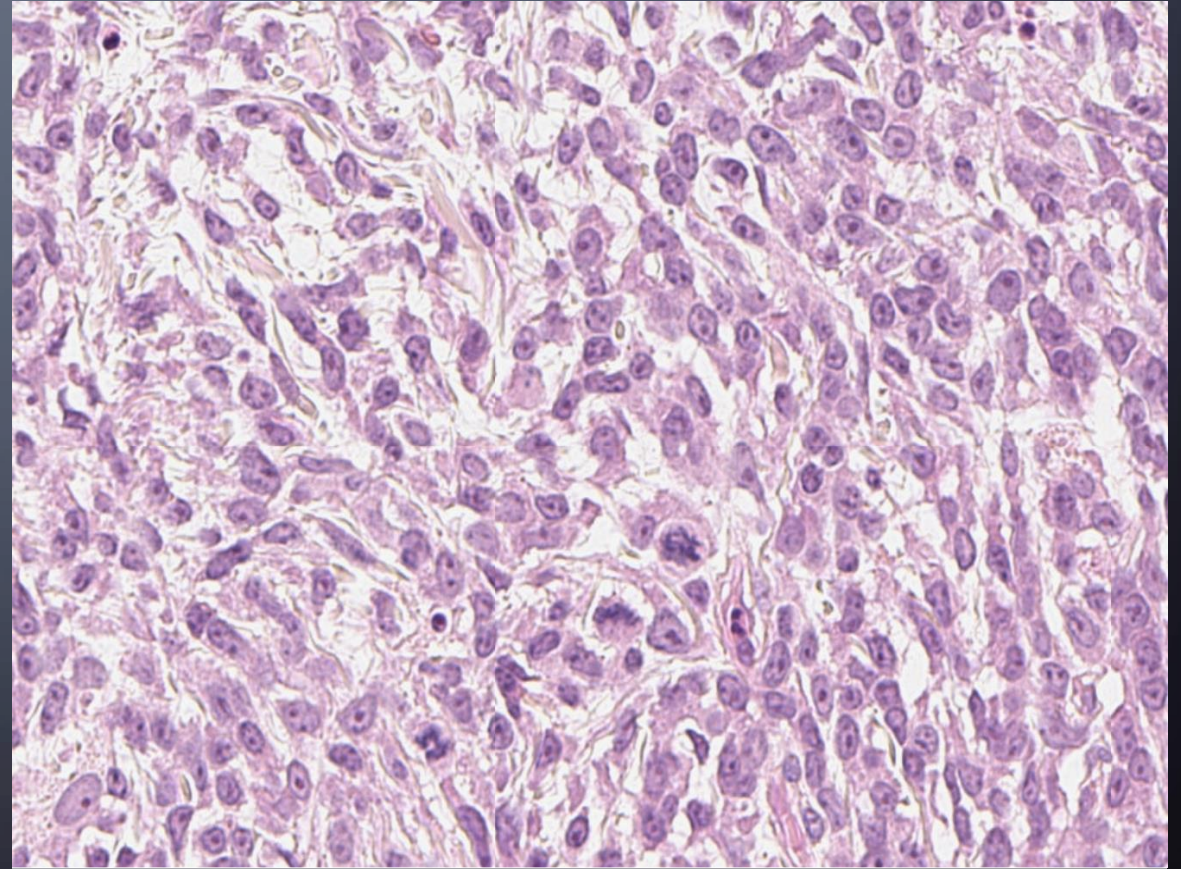
CD56+

CASE 5

70M, Purple plaques on trunk and arms. ?leukaemia cutis.



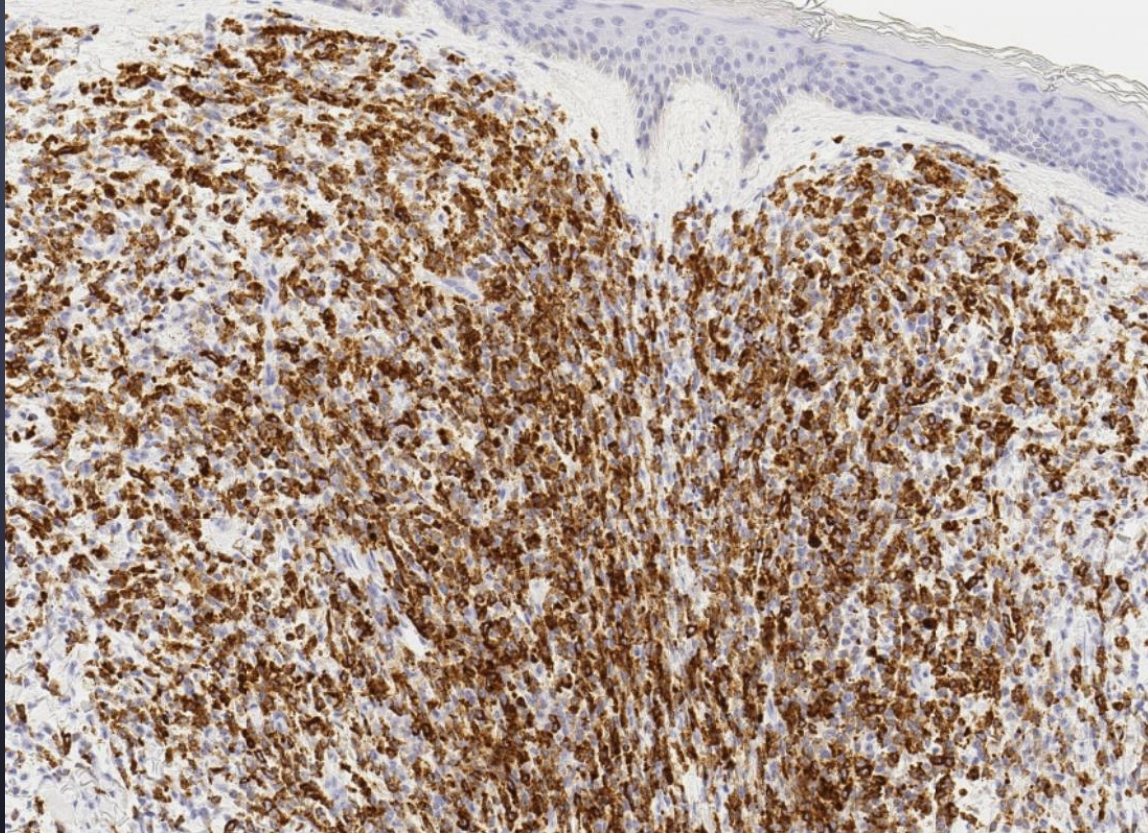
Dermal infiltrate



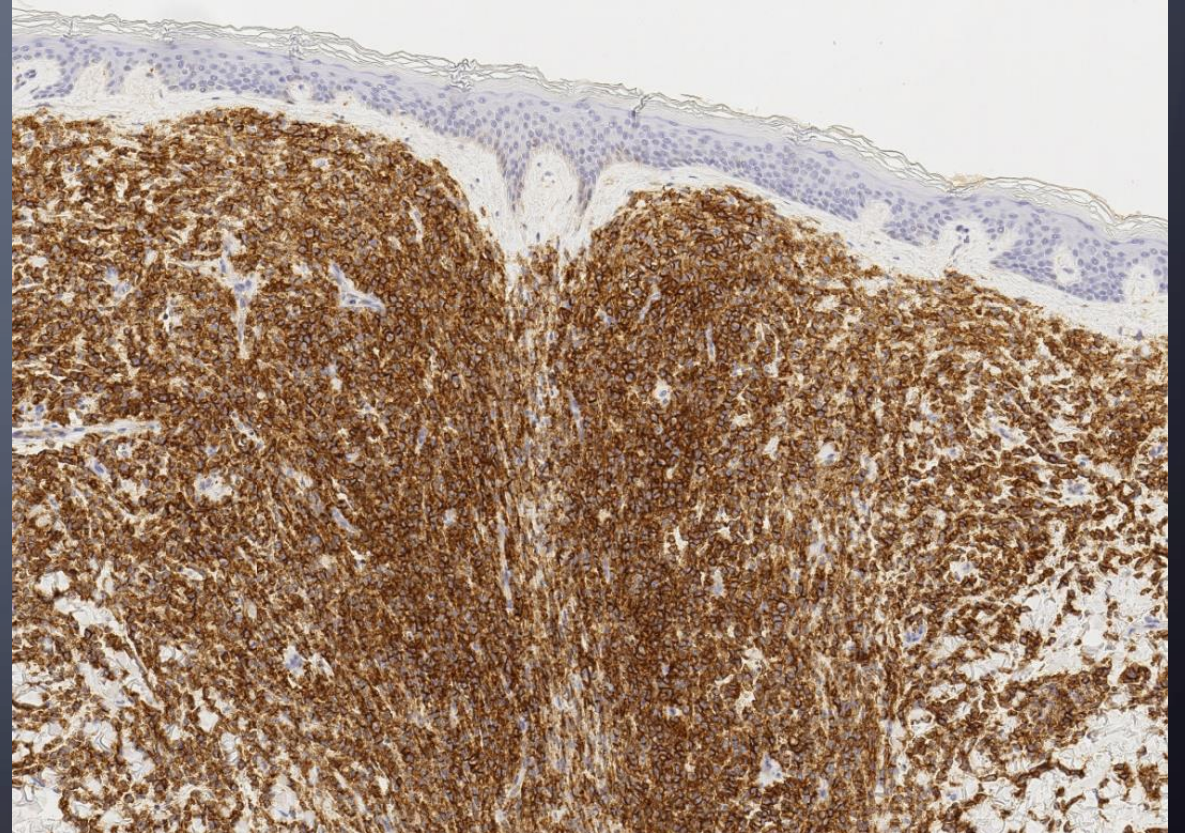
Atypical cells

MYELOID SARCOMA

Phenotype: CD33+ CD15+ variable: MPO, CD56, CD34



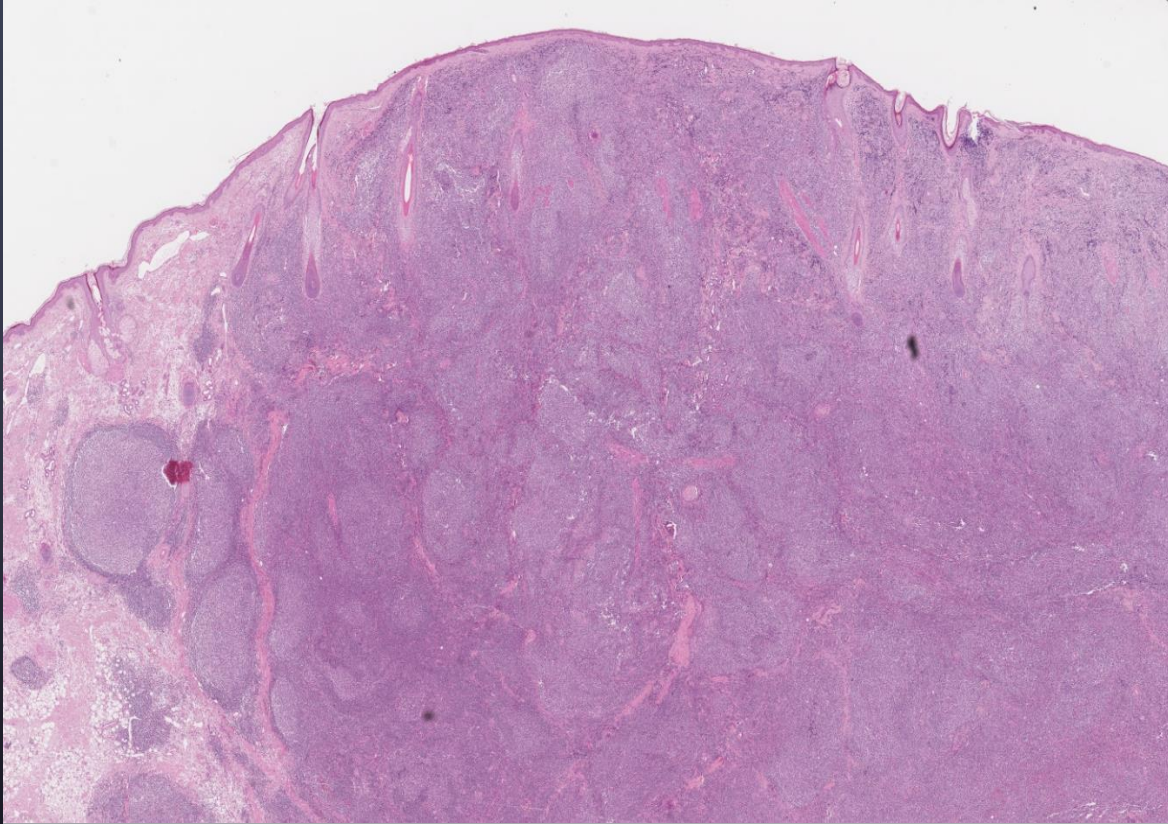
MPO+



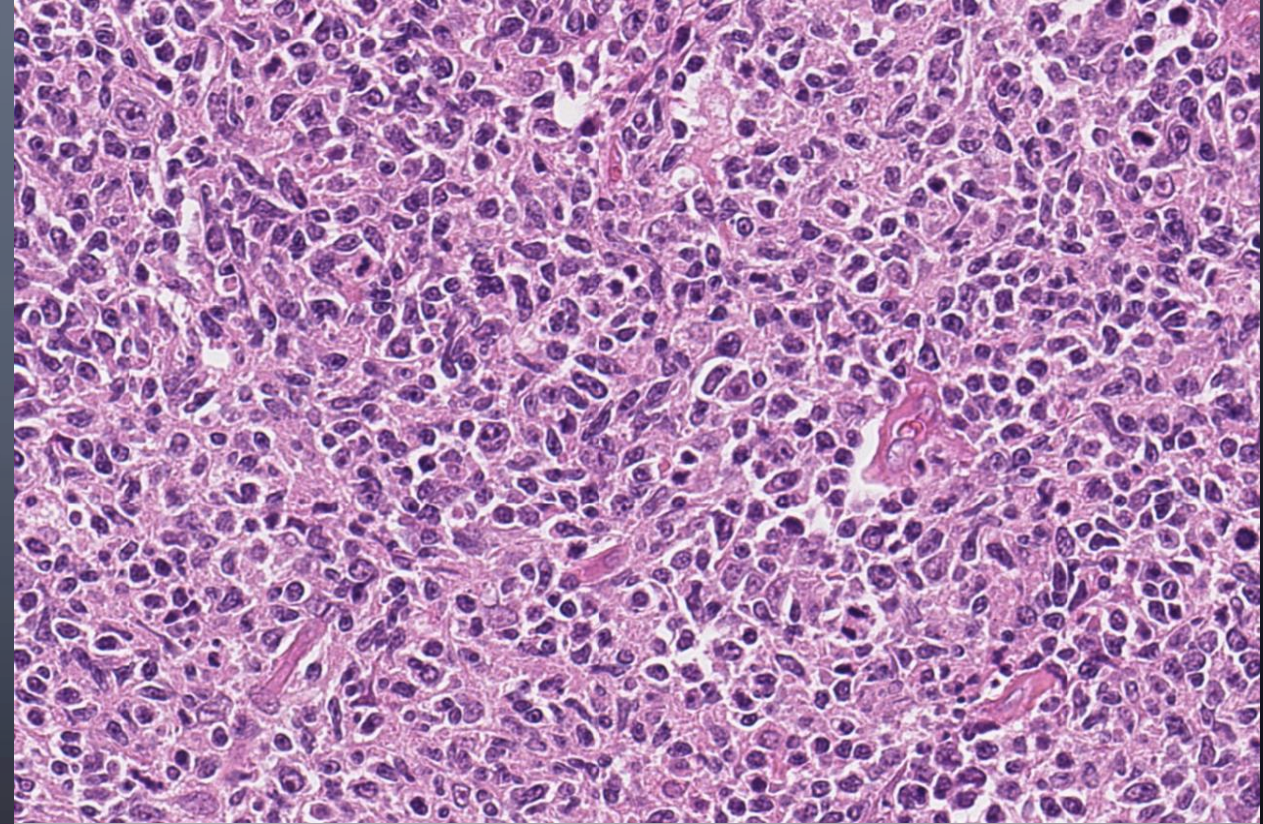
CD56+

CASE 6

60M, Skin nodule in the occipital area.



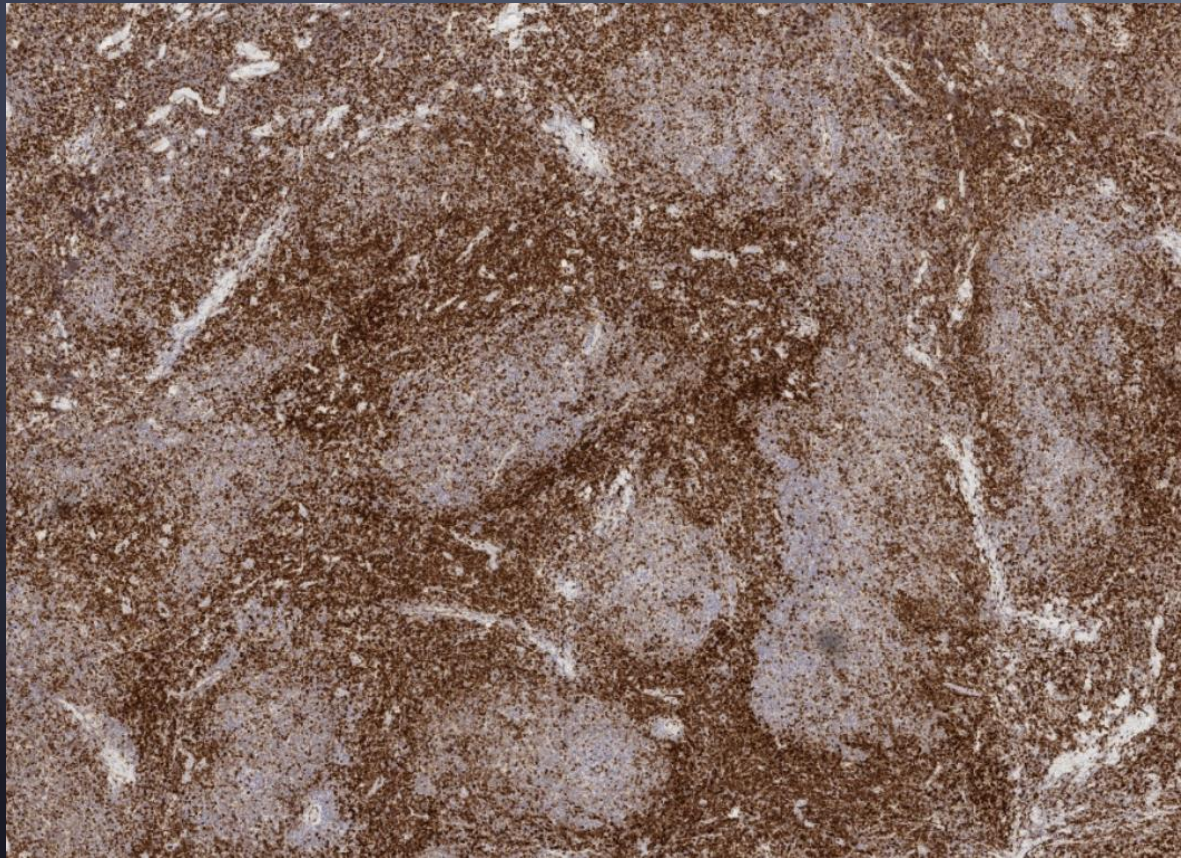
Nodular proliferation



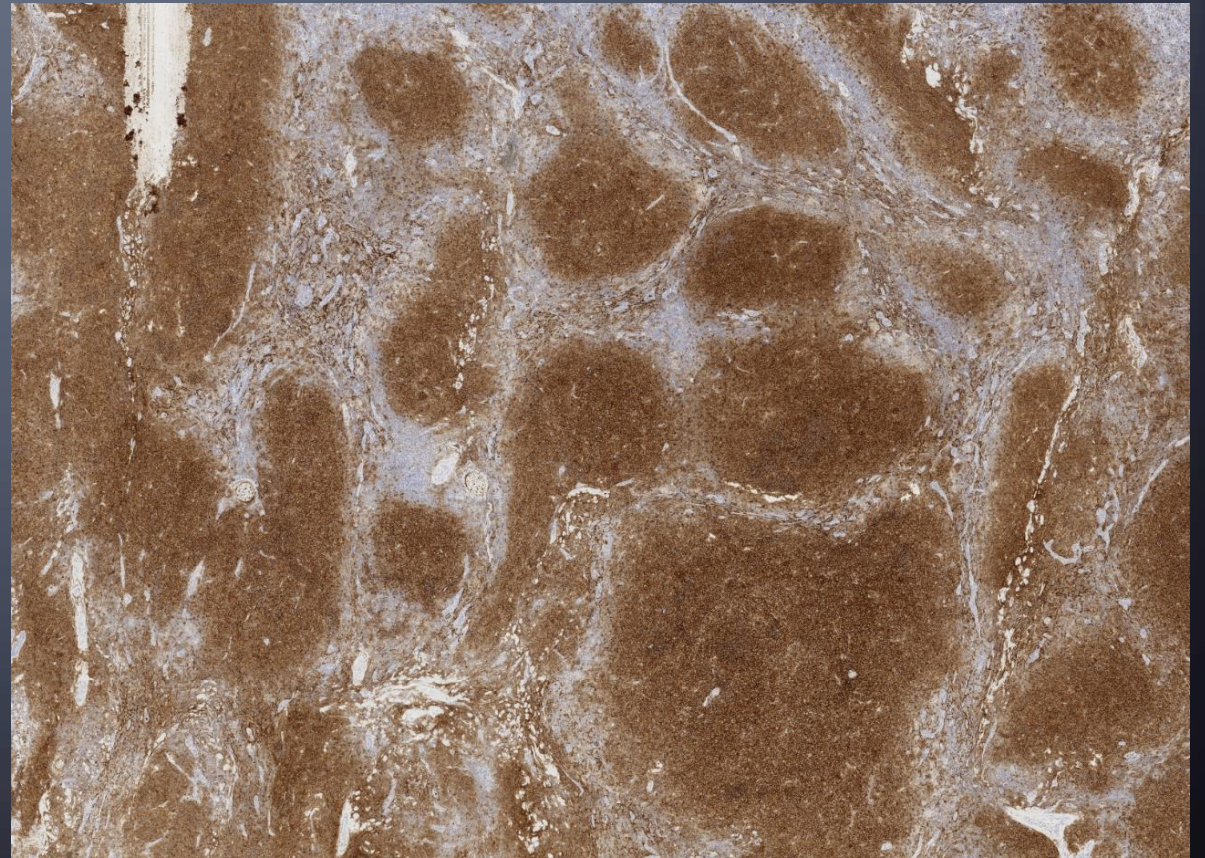
Centrocytes and centroblasts

PRIMARY CUTANEOUS FOLLICLE CENTRE LYMPHOMA

Phenotype: CD20+ BCL2± CD10± BCL6+ Ki-67 variable



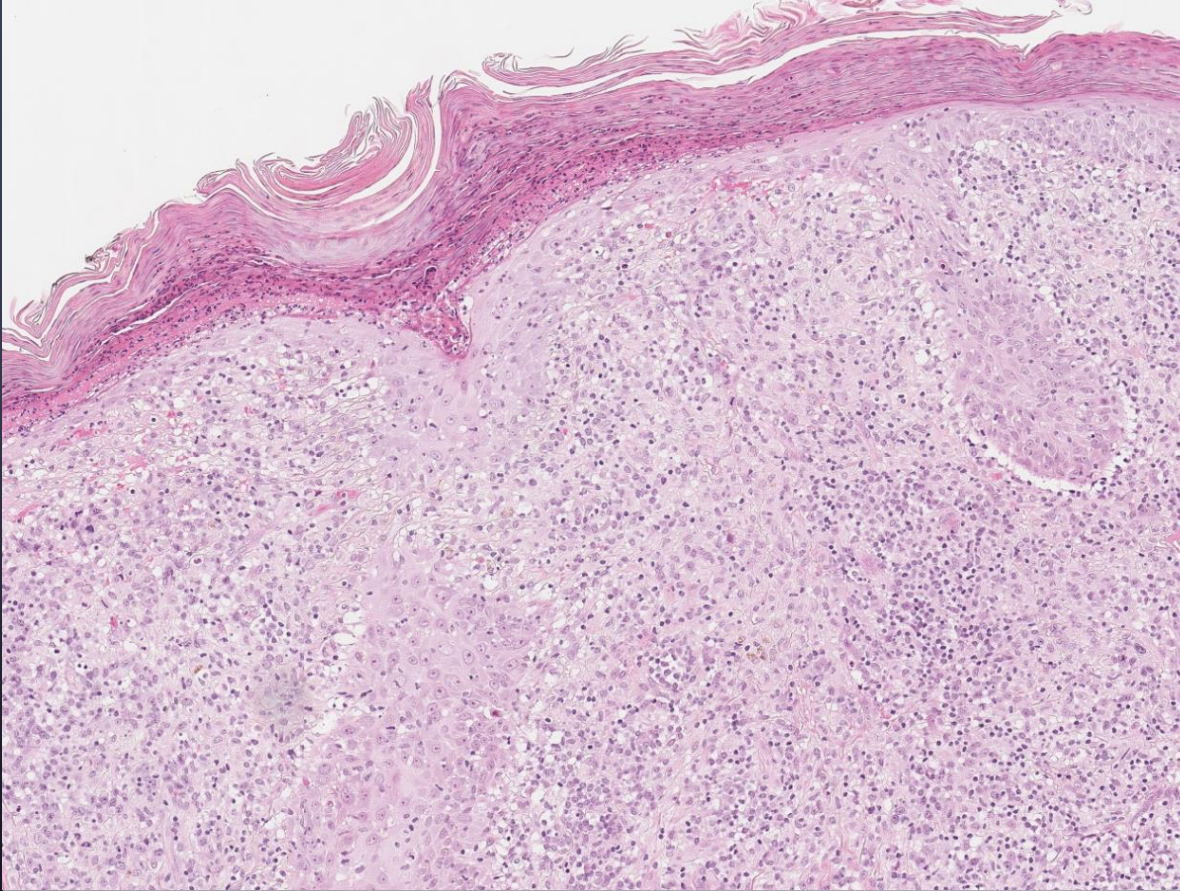
BCL2 -



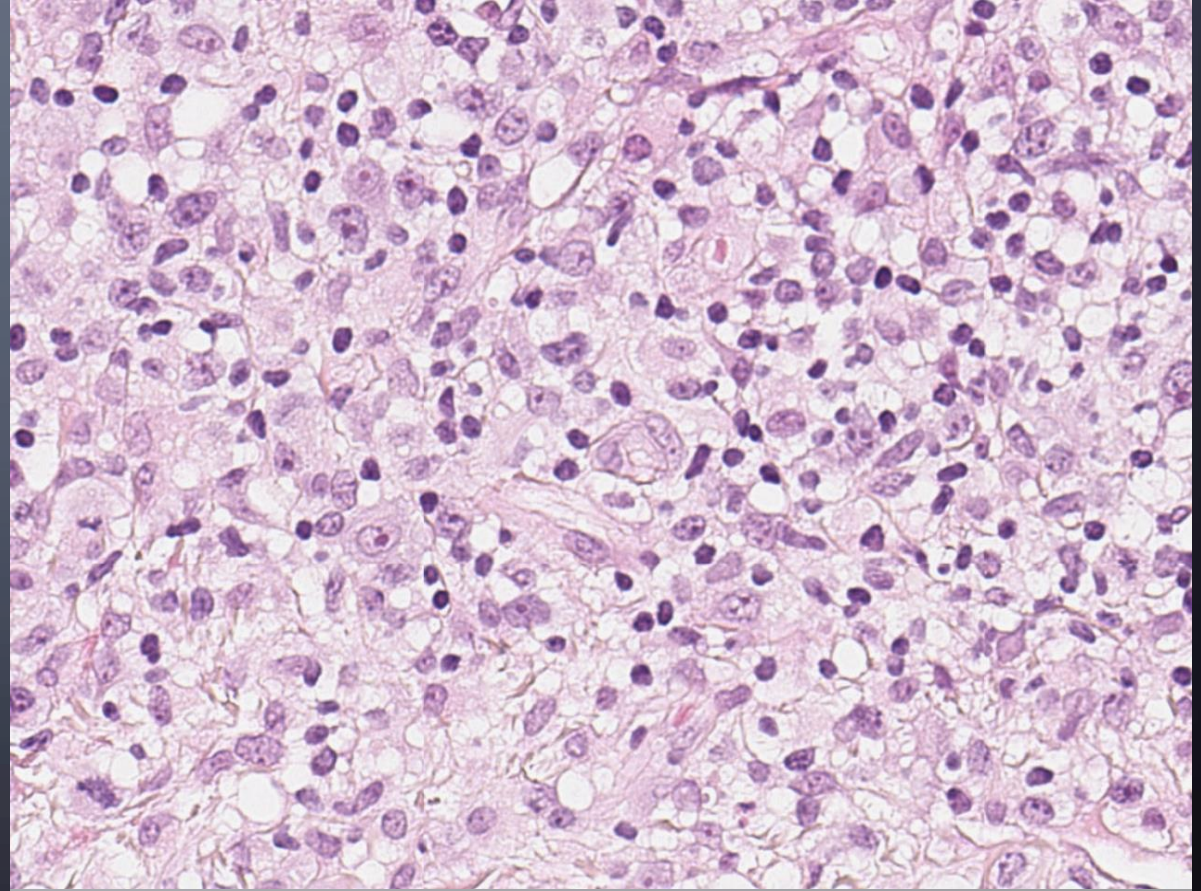
CD10+

CASE 7

GDM, Papular erythematous lesions.
The residual lesions on the left neck have subsided.



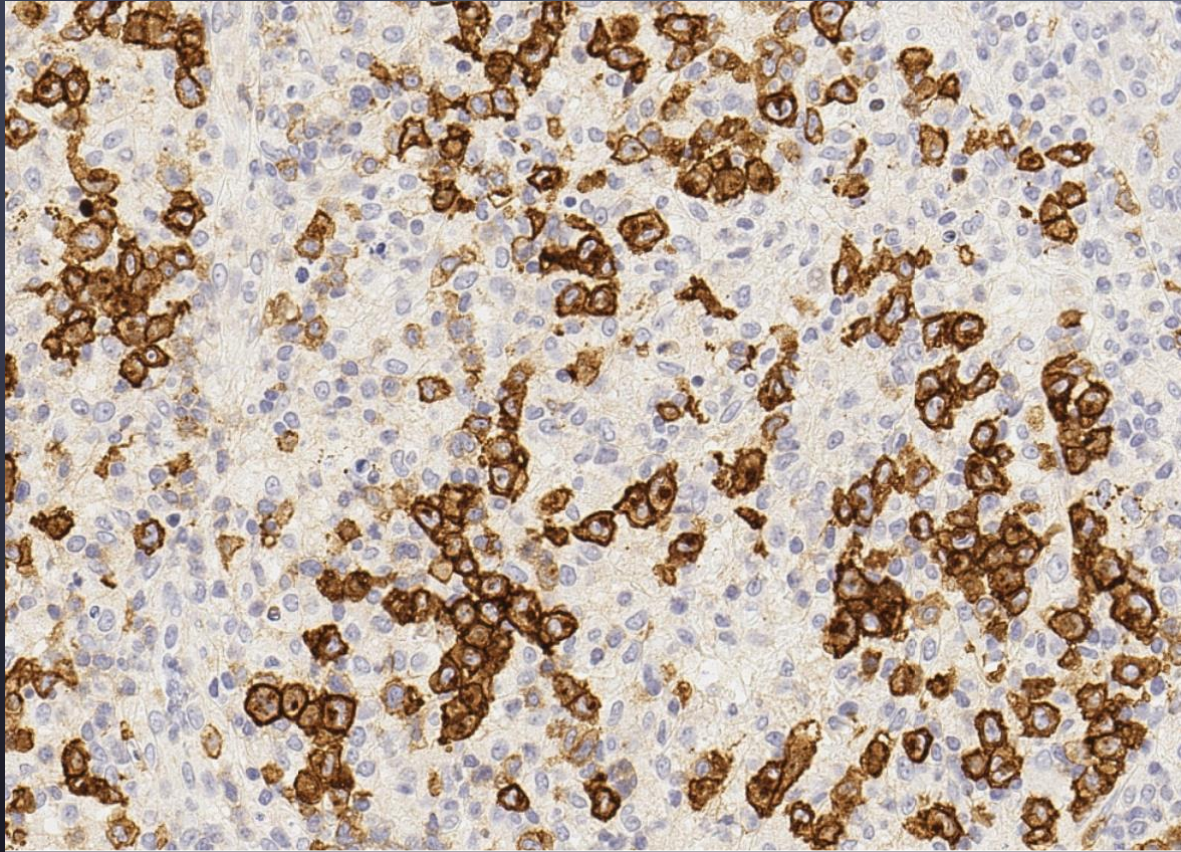
Polymorphous infiltrate



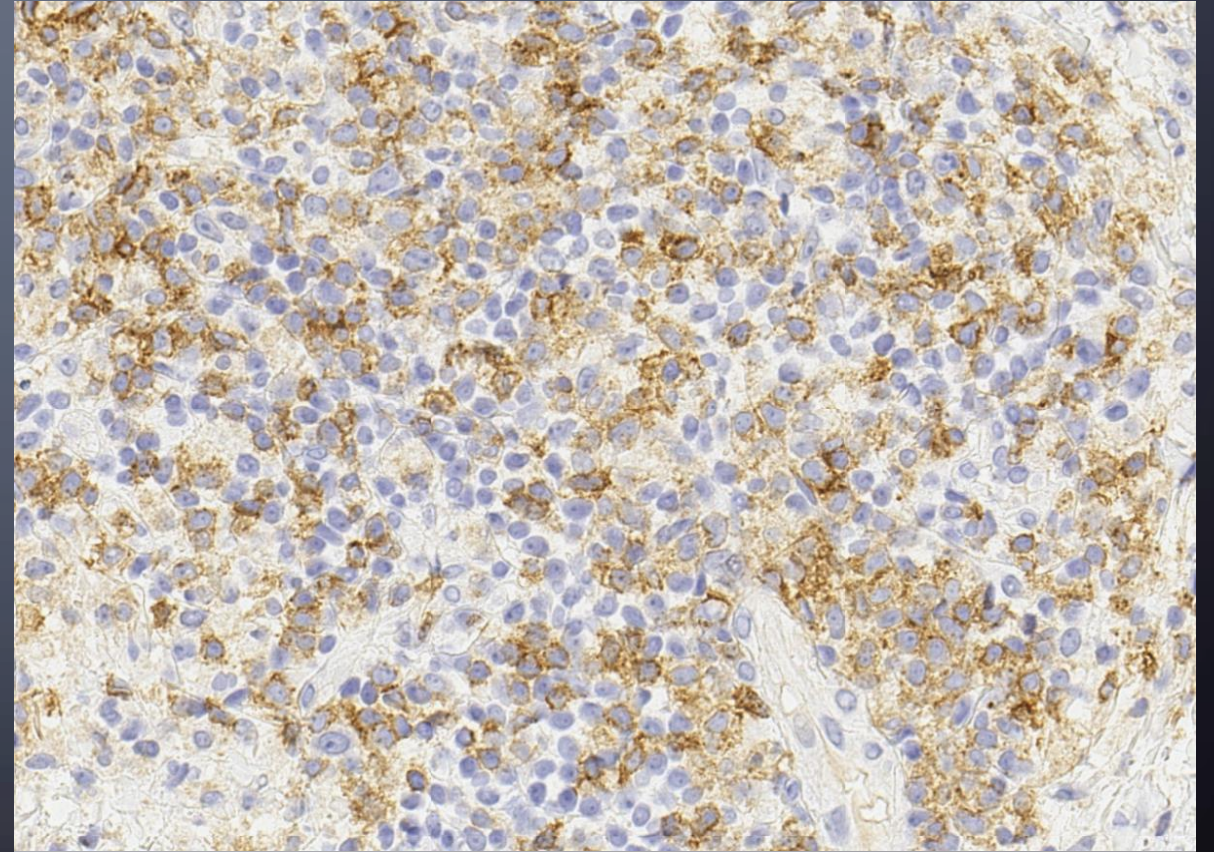
Scattered large cells

LYMPHOMATOID PAPULOSIS, TYPE A

Phenotype: CD30 f+ IRF4 f+ variable CD3, CD2, CD5, CD4, CD8, CD7



CD30 +



CD4 ±, Variable loss of Pan T-markers

PRIMARY CUTANEOUS CD30+ LPDS

1° cutaneous anaplastic large cell (C-ALCL)

Lymphomatoid papulosis (LyP)



1+ localised ulcerating nodules or tumours
Occasional partial regression

- Dense dermal infiltrate of large cells with inflammatory cells confined to periphery
- Spares epidermis and extends to subcutis
- Possible exocytosis lymphocytes
- Clonal by TCR
- Common *IRF4/DUSP22*

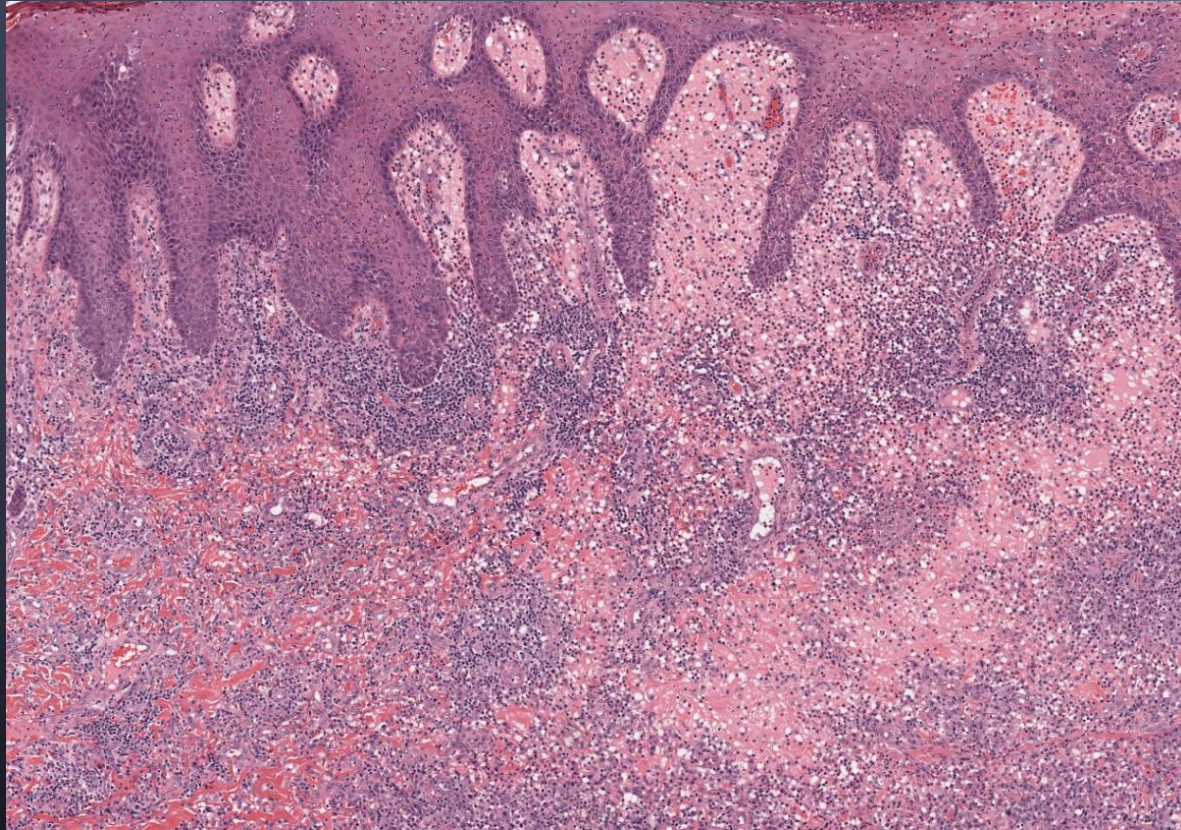


Papules with central necrosis
Spontaneous regression within few weeks

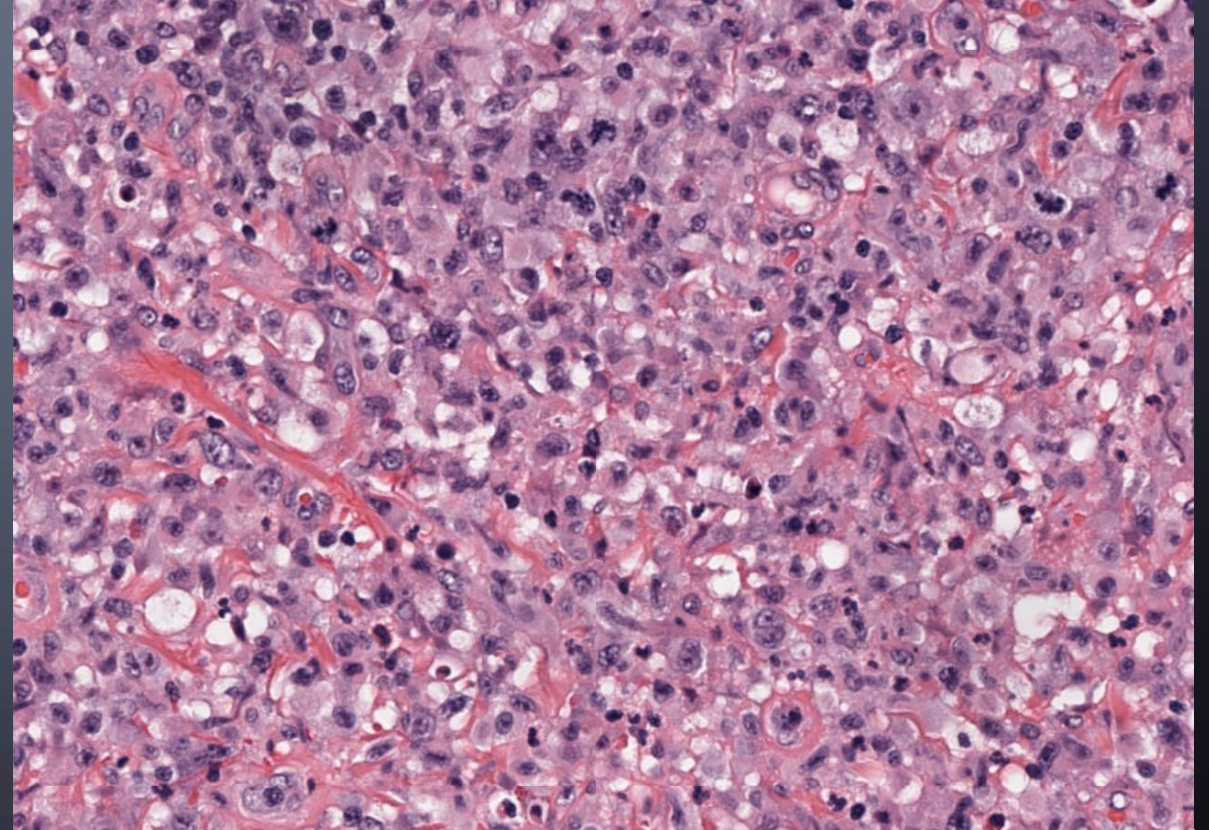
- Various histologic types (A-E)
- Scattered large cells surrounded by inflammatory cells
- Wedge-shaped (fully developed lesions)
- Neutrophils in blood vessels
- Poly-, oligo-, or monoclonal by TCR

CASE 8

50F, Ulcerated nodules and enlarged regional node.



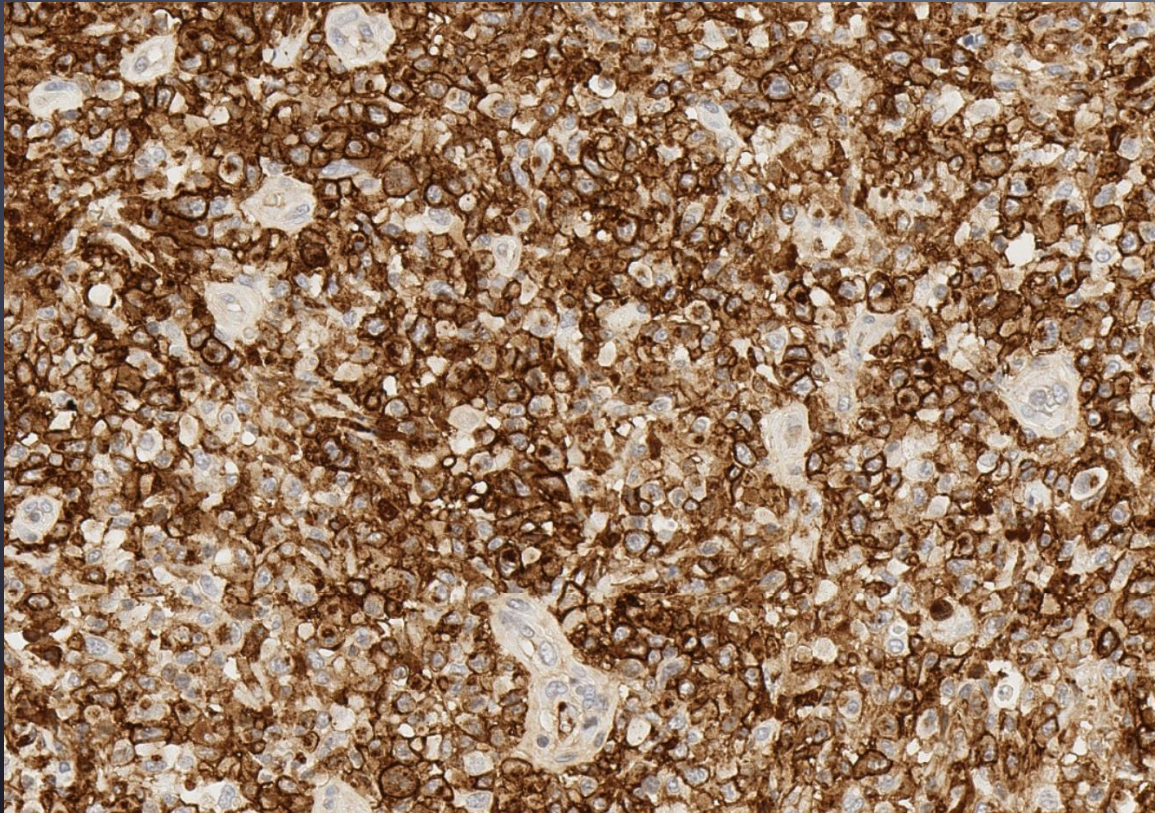
Extensive dermal infiltrate sparing the epidermis



Large anaplastic cells

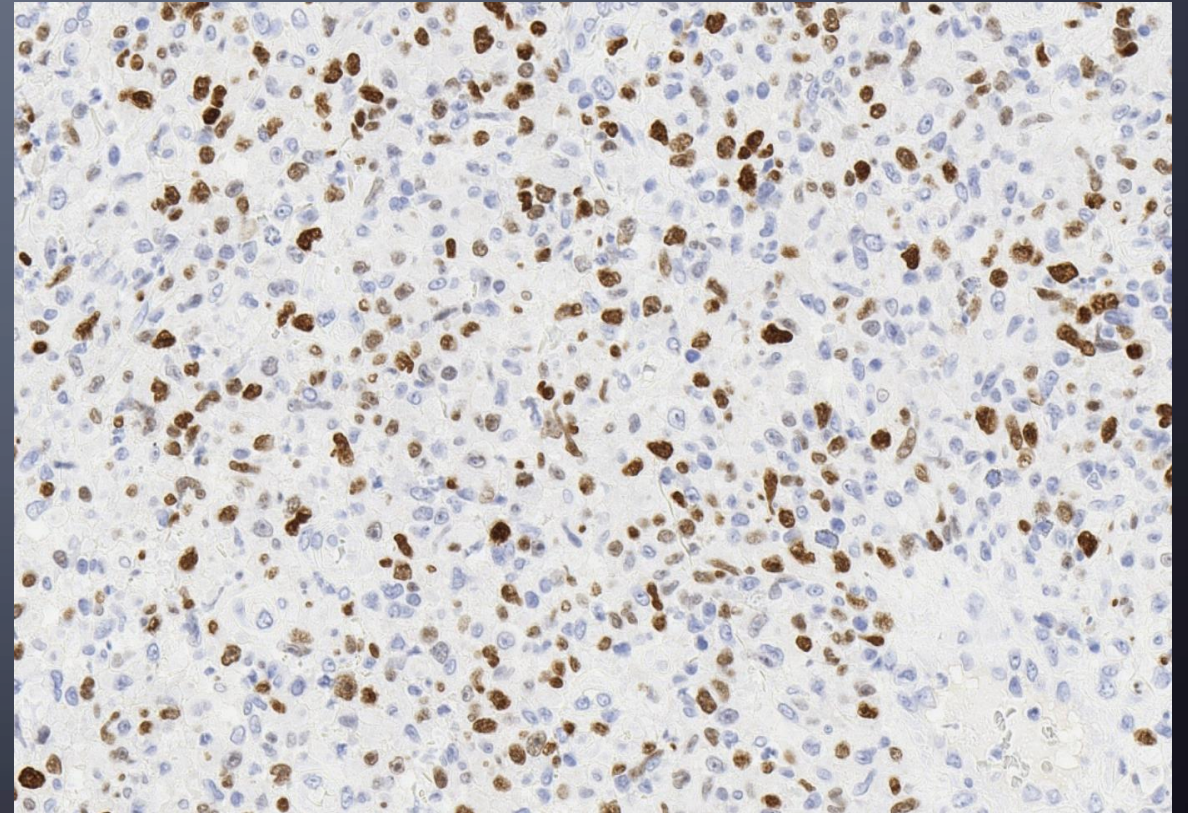
PRIMARY CUTANEOUS ANAPLASTIC LARGE CELL LYMPHOMA

Phenotype: CD30+ IRF4+ ALK- variable CD3, CD2, CD4, CD8, CD7



CD30 +

Variable combination/loss of pan T-markers



IRF4/MUM1 +, ALK-1 (-)

STUDY?
I THINK NOT.

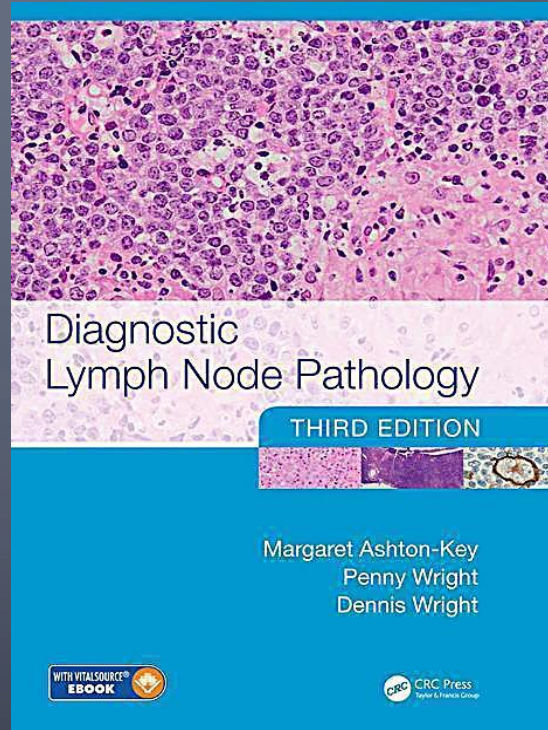


Natasha Rekhman
Marina Baine
Justin A. Bishop

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