Lymphoma is a cancer that starts in cells called lymphocytes, which are part of the body’s immune system. In most lymphomas and leukemias, cutaneous involvement occurs through hematogenous dissemination. One can see several eponyms in cutaneous lymphomas. However, some of them are no longer used in the current nomenclature. For example, In the World Health Organization (WHO) and European Organization for Research and Treatment of Cancer (EORTC) classification of cutaneous lymphomas, Woringer-Kolopp disease (WKD) is classified as a relatively indolent variant of mycosis fungoides (MF), whereas Ketron-Goodman disease (KGD), which is not classified yet, is generally considered an aggressive lymphoma with bad prognosis similar to the aggressive CD8-positive cutaneous T-cell lymphoma, the cutaneous γ/δ-positive T-cell lymphoma and the tumor stage of MF [1].

In Table I [1-24], we listed selected eponyms in dermatology literature linked to cutaneous lymphomas.

### Eponyms in the literature of cutaneous lymphomas

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<td>Burkitt’s lymphoma [1,2]</td>
<td>Burkitt lymphoma is an aggressive non-Hodgkin lymphoma which can be classified into endemic, sporadic, and immunodeficiency variants. Although each variant frequently involves extranodal sites, cutaneous involvement with Burkitt lymphoma is very rare. This lymphoma is named after, Denis Parsons Burkitt (Fig. 1), British surgeon (1911-1993), who first described the disease in 1956 while working in equatorial Africa.</td>
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**Figure 1. Denis Parsons Burkitt (1911-1993).** A courtesy of National library of Medicine.

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<td>Crosti lymphoma [3,4]</td>
<td>In 1951, Crosti reported on seven patients with ‘reticulo-histiocytoma of the back’ who presented with figurate erythematous plaques and nodules on the back or lateral trunk. Reticulo-histiocytoma of the back was later classified as a primary cutaneous follicle center lymphoma (PCFCL). It is named after, Agostino Crosti, (1896-1988), an Italian dermatologist, and Professor of Dermatology in Milan. Crosti’s syndrome and Gianotti-Crosti syndrome are named after him.</td>
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<td>Dutcher bodies [5-9]</td>
<td>Dutcher bodies are PAS-positive, diastase-resistant nuclear pseudoinclusions of eosinophilic cytoplasm found in plasma cells described by Dutcher and Fahey in Waldenstrom macroglobulinemia. Dutcher bodies are a feature of clinically indolent, mucosa-associated lymphoid tissue (MALT) lymphomas. There are no essential differences between Dutcher bodies, single or multiple Russell bodies, and the inclusions of Mott cells. They are all aspects of the same phenomenon, representing spherical cytoplasmic inclusions that are either clearly within the cytoplasm or are overlying the nucleus or invaginated into it. Russell bodies, is named after William Russell (1852-1940) (Fig. 2), Scottish pathologist and physician. Mott cell is named after Mott, who described it in 1905. Dutcher bodies may rarely occur in a benign reactive condition, such as synovitis. While Dutcher bodies may be a clue to the presence of low-grade lymphoma, they are not a definitive feature, particularly in unusual contexts.</td>
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<tr>
<td>Hodgkin lymphoma [10-15]</td>
<td>Cutaneous Hodgkin’s disease is a rare condition that usually occurs late in the course of Hodgkin’s lymphoma. Hodgkin lymphoma was named after Thomas Hodgkin, who first described abnormalities in the lymph system in 1832. Thomas Hodgkin (1798-1866) (Fig. 3), was an English physician and pathologist. The multinucleated Reed–Sternberg cells (RS cells) are the characteristic histopathologic finding of this disease. This type of cells are named after Dorothy Reed (1874-1964) (Fig. 4), an American pathologist, and Carl Sternberg (1872-1935), an Austrian pathologist.</td>
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<td>Ketron-Goodman disease [16-18]</td>
<td>Pagetoid reticulosis (PR) is a rare form of cutaneous T-cell lymphoma. Two variants of the disease are described: the localized type Woringer-Kolopp disease (WKD) and the disseminated type Ketron-Goodman disease (KGD). KGD is named after Lloyd W. Ketron and M.H. Goodman. The term PR has been introduced by Braun-Falco et al. in 1973 to identify this clinical entity [5], first described by Woringer and Kolopp in 1939, for the resemblance of infiltrating cells characterizing this condition with Paget’s cells present in the epidermotropic infiltrate of mammary Paget’s disease. Pierre Kolopp was French physician and Frederic Woringer (1903-1964) (Fig. 5), was one of Pautrier’s students, who had been in charge of the Laboratoire d’Histopathologie Cutanée in Strasbourg from 1930 until his death.</td>
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Table I. Selected Eponyms in the literature of cutaneous lymphomas (continued)
Lennert lymphoma [19,20]

Lennert lymphoma (LL), or the lymphoepithelioid variant of peripheral T-cell lymphoma, is an uncommon entity with rarely seen or reported presentations in the skin. It was first characterized in 1952 by Karl Lennert (1921-2012) (Fig. 6), who was an eminent German physician and pathologist.

Pautrier microabscesses [21]

An intraepidermal collections of malignant lymphocytes, seen in cutaneous cell lymphoma. It is named after Lucien-Marie Pautrier, although he did not first describe them. Lucien-Marie Pautrier (1876-1959) (Fig. 7), was a French dermatologist, who headed a leading department at the medical school of Strasbourg.

Richter syndrome [22]

Richter syndrome (RS) is large-cell transformation of chronic lymphocytic leukemia (CLL). It commonly involves lymph nodes and bone marrow, but may rarely manifest in skin. Certain triggering factors, such as Epstein-Barr virus infection and p53 overexpression, have been implicated in the pathogenesis of RS. It is named for the American pathologist Maurice Nathaniel Richter (Fig. 8), born in 1897.

Sézary syndrome or Sézary disease [23]

In a series of papers from 1938 to 1949, Albert Sézary (1880-1956) (Fig. 9), a French dermatologist and syphilologist, described erythroderma with cellules monstrueuses (monster cells) in the skin and blood, which is now known as Sézary syndrome or Sézary disease.

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