

TYPE D LYMPHOMATOID PAPULOSIS: AN UNCOMMON VARIANT. A CASE REPORT AND REVIEW OF THE LITERATURE

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comment:

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The interesting article touches the unfamiliar for most of doctors problem: the existence of skin lymphoproliferative disease which is malignant in histopathology but mild in course: lymphomatoid papulosis (LyP) It presents with papules in the skin of the trunk and the extremities. Those papules can appear scaly and typically develop superficial, central necrosis. They also tend to heal spontaneously (most often in 3-12 weeks). LyP mainly affects adults (the median age at diagnosis is 45 years), with a slight predominance of males but children are also affected [1]. Histologically, what was mentioned by Paguaga et al., LyP is generally divided into the following 4 subtypes:

- type A is characterized by large CD30+ atypical cells intermingled with a prominent inflammatory infiltrate consisting of histiocytes, small lymphocytes, granulocytes and eosinophiles;
- type B is characterized epidermotropism and infiltration with smaller atypical cells with hyperchromatic cerebriform nuclei resembling the atypical lymphocytes in Mycosis fungoides (MF), and of antigen composition of C-ALCL;
- type C is characterized by sheets of CD30+ anaplastic large lymphocytes;
- type D is characterised by infiltrates similar to those in CD8+ aggressive epidermotropic lymphoma or/and resembling pagetoid reticulosis (CD8+ CD30+, sometimes CD4+, CD56+).

The malignant histopathological features do not correlate with chronic / mild course. That is why the diagnose can not be determined only on the base of them. The clinical symptoms analysis is necessary to avoid the overtreatment because the diagnose of Hodgkin disease, MF or aggressive epidermotropic lymphoma instead LyP. That is why the every case of unusual or rare type of LyP is worth of publication – to remind the dermatologists, oncologists, haematologists and pediatricians that this dermatose exist. The problem is even more difficult because other histopathological subtypes of LyP, not mentioned in the publication of Paguaga et al., were described so far ex. granulomatous and eccrinotropic [2-4]. Those two subtypes can be discussed as subtypes of typ B LyP – analogously to MF and ex. pilotropic, syringotropic subtype. Type D of LyP can even

imitate the pagetoid reticulosis type of MF (before known as Woringer-Kolopp type). There is also possibility that, as in Mycosis fungoides – where 31 clinical subtypes were described, there are also other subtypes of LyP, not only those four named A-D [5]. The authors mentioned also other important problem - LyP have an increased risk for developing a nonlymphoid tumour or, more commonly, a lymphoma (10-20%). It can be primary cutaneous lymphoma [6]. That is why there are cases of coexistence of LyP and CD30+ cutaneous or systemic T-cell lymphoma with secondary cutaneous involvement, which should be not misdiagnosed [7]. The authors rightly noted that there are no clinical or pathological features predicting increased risk for developing malignancy. That is why the observation of LyP patients should be very vigilant.

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