

Logic, Paul — PL2004-0009

Patient Logic, Paul	Date of Birth 10/4/1966	Gender Male
-------------------------------	-----------------------------------	-----------------------

Physician Test, Physician 123 Test Court Sacramento, CA 95628 (916) 965-1234 voice (916) 965-1235 fax	Facility Doctor's Office	Copies
---	------------------------------------	--------

Finalized
09/10/2004

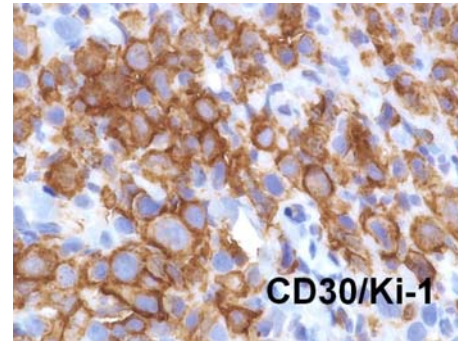
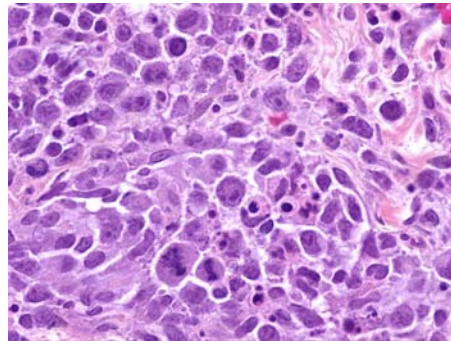
Received
09/08/2004

Collected
09/07/2004

Diagnosis

**Skin Biopsy, Left Flexor Forearm:
Lymphomatoid Papulosis, See Comments**

Click on any image to view it full size



Comments

There is a superficial and deep mixed infiltrate of lymphocytes, neutrophils and eosinophils. There are aggregates of transformed, sometimes Reed-Sternberg-like, lymphocytes that exhibit prominent mitotic activity and decorate strongly with CD30/Ki-1 immunostaining. A PAS stain is negative for fungal elements. The clinical history of diffusely scattered ulcerating lesions that eventually regress is a highly supportive aspect of the diagnosis (whereas anaplastic large cell lymphoma lesions tend to be few and localized). This disease has been reported to have the possibility of malignant transforming into a lymphoma (although of low likelihood) and consequently close clinical surveillance is recommended. A recent reference with abstract is provided:

[Drews R, Samel A, Kadin ME. Lymphomatoid papulosis and anaplastic large cell lymphomas of the skin. Semin Cutan Med Surg. 2000 Jun;19\(2\):109-17.](#)

It is now generally accepted that primary CD30+ cutaneous lymphomas comprise a clinical and morphologic spectrum in which a clear distinction between lymphomatoid papulosis (LyP) and lymphoma cannot always be made. Management varies from observation in patients who have relatively asymptomatic, spontaneously remitting disease (as in LyP) to multiagent chemotherapy regimens with or without autologous stem cell transplantation in patients whose disease has spread to involve extracutaneous sites other than regional lymph nodes (as in disseminated CD30+ lymphoma). Choosing an appropriate management strategy requires correlation of the patient's clinical history (including symptoms) with physical exam and pathologic findings. The importance of clinicopathologic correlation cannot be overemphasized, because lesions with clinically 'benign' behavior may appear 'malignant' by pathology, and failure to interpret pathologic findings in accordance with the patient's clinical history and physical exam can result in unnecessary, overly aggressive, and potentially harmful treatments. This review highlights integration of clinical and pathologic features of these primary cutaneous CD30+ lymphoproliferative disorders.

eMedicine.com provides this interesting information regarding lymphomatoid papulosis:

Lymphomatoid papulosis (LyP; Macaulay disease) is a chronic lymphoproliferative disease of the skin characterized by recurrent crops of pruritic papules that may ulcerate. The papules heal spontaneously over a period of 1-2 months, usually leaving slightly depressed oval scars. The term lymphomatoid papulosis originally was used by Macaulay in 1968 to describe 'a self-healing rhythmical paradoxical eruption, histologically malignant but clinically benign.' In 1997, the European Organization for Research and Treatment of Cancer published a classification of cutaneous T-cell lymphomas that included LyP as a low-grade cutaneous T-cell lymphoma; however, no international consensus has been formed as to whether to classify this chronic skin disease as a true malignancy. LyP is part of a spectrum of CD30 (Ki-1) positive lymphoproliferative diseases, including primary cutaneous anaplastic large cell lymphoma (ALCL), node-based systemic ALCL, and Hodgkin disease (HD). A proliferation of atypical T cells characterizes LyP, and a clonal T-cell population has been found in most cases.

Medical/Legal Pitfalls: Failure to inform patients of their small increased risk for developing malignancy and failure to monitor patients with LyP periodically

Special Concerns: Patients require long-term follow-up, preferably twice yearly, to monitor the disease and to evaluate for the development of an associated lymphoma.

Clinical Information

Recurrent pustules scattered diffusely: last approximately one month then heal. Repeat cultures negative and oral antibiotics no benefit. (ICD9 : 238.2)

Gross Description

Logic, Paul

PL2004-0009

Received in formalin, labeled with the patient's name, is a 5x5 mm punch biopsy of skin. Inked, bisected and submitted in a single cassette.

Signature

T Doctor

Test Doctor, MD

Patient
Logic, Paul
PL2004-0009

PATHLOGIC
125 N LINCOLN ST, STE I
DIXON, CA 95620 www.PathLogic.com

Peter C. Kolbeck, M.D.
Medical Director
(916)863-1496