**Lymphomatoid Papulosis**

**Patient:** A 55-year-old man

**Duration:** Two years

**Distribution:** Trunk, neck and proximal extremities

**History:** Itchy lesions occurring in crops.

**Physical Exam:** Erythematous, infiltrated, indurated papulo-nodules, some surmounted by hemorrhagic crust.

**Histopathology:**
Two histological sections:
1. Dense lichenoid infiltrate underlying an epidermis with focal exocytosis of atypical lymphoid infiltrate. The dermal infiltrate is composed of large pleomorphic lymphoid cells with moderate to severe hyperchromasia, irregular chromatin pattern and mitosis. The infiltrate extends to the lower dermis where it is predominantly perivascular.

2. The epidermis is ulcerated. In the epidermis and extending to the subcutaneous tissue, there is a severely atypical nodular aggregate of highly pleomorphic lymphoid cells with cytological details similar to those observed in the first biopsy. The appendages are effaced.

**Discussion:**
- The overall prevalence rate of lymphomatoid papulosis (LyP) is estimated at 1.2 to 1.9 cases per one million.
- The clinical morphology of skin lesions in LyP varies between patients, they occur in crops that usually resolve within weeks. Lesions may be pruritic.
- A recent study of patients found that the risk for development of a malignant lymphoma (Hodgkin’s lymphoma and CTCL) was substantially higher than 20%.
- Treatment must be individualized.

**References:**