

**Title:** Dermoscopy of primary cutaneous lymphomas

**Coordinators:** Enzo Errichetti ([enzoerri@yahoo.it](mailto:enzoerri@yahoo.it)); Zoe Apalla; Giuseppe Stinco; Aimilios Lallas.

### **Background:**

Primary cutaneous lymphomas (PCLs) are a heterogeneous group of T-cell and B-cell lymphoproliferative disorders occurring in the skin without any evidence of extracutaneous involvement at the diagnosis.

Clinical recognition of PLCs may often pose some difficulties as they usually manifest as poorly specific lesions (e.g. single or multiple reddish-purple papules, nodules and plaques with or without ulceration) potentially mimicking several non-lymphomatous neoplastic/inflammatory conditions (e.g. basal-cell carcinoma, amelanotic melanoma, metastasis, sarcoidosis, granuloma faciale, arthropod bites or pityriasis lichenoides chronica).

A significant body of evidence supports the usefulness of dermoscopic examination in assisting the recognition and differential diagnosis of early stages mycosis fungoides, while data on dermoscopy of other forms of lymphomas are sparse and based on studies with a low level of evidence (case reports and case series).

### **Objective of the study:**

To investigate dermoscopic features of PCLs *versus* those of other skin conditions that commonly enter into the differential diagnosis in order to find possible features which may be of aid in the recognition of PCLs and assess their accuracy (sensitivity and specificity).

### **Methods:**

Members of the IDS are invited to submit any case of histologically and immunohistochemically confirmed PCL (both B-cell and T-cell), excluding early stage (patch stage) mycosis fungoides and deeply located (panniculitis-like) variants.

High quality clinical and dermoscopic pictures of the lesions are required to participate in this study. Histological pictures are optional and will be used to evaluate dermoscopic-pathologic correlations.

Dermoscopic images of lesions will be retrospectively evaluated for the presence of predefined morphologic criteria and accuracy parameters will be calculated.

The following information should also be provided:

- Lymphoma subtype specification
- Lesion size, localization and duration
- Patient's age and gender are also required.
- Type of dermatoscope (polarised vs non-polarised)

In order to enable comparison with the main dermatological entities that enter into the differential diagnosis of PCLs, participants are also requested to send clinical and dermoscopic images of clinically similar conditions (histologically confirmed or confirmed by the physical course) that will be used as a control:

- for PCL presenting as single papule/nodule (BCC, amelanotic melanoma, skin metastasis, etc.)
- for PCL presenting as multiple nodules (sarcoidosis, granuloma faciale, multiple metastasis, etc.)
- for PCL presenting as multiple papules (insect bites, pityriasis lichenoides, etc.)

### **Relevant points:**

- 1) Please send images to Dr Enzo Errichetti ([enzoerri@yahoo.it](mailto:enzoerri@yahoo.it))
- 2) Any images used in the study will remain at the property of the participant who has submitted these images. They will be used only for the purposes of this study. Any use of images will be first discussed with the investigator.
- 3) **Data collection will be closed on the 31st of October 2018.**
- 4) Contributors are requested to submit their PCL cases even if they do not have control cases to submit.

### **Manuscript for publication:**

Each participant sending at least one case will be listed as co-author in a possible manuscript; if the number of contributors is too high for the

journal, the maximum of colleagues according to the number of included cases will be named and the remaining colleagues will be included into the “Group of IDS”, which refers to the list of all participating colleagues into the manuscript.

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### **References:**

- 1) Rubio-Gonzalez B, Zain J, Rosen ST, Querfeld C. Clinical and pathogenesis of cutaneous lymphomas: current status and future directions. *Br J Haematol* 2017; 176: 16-36.
- 2) Lallas A, Apalla Z, Lefaki I, et al. Dermoscopy of early stage mycosis fungoides. *J Eur Acad Dermatol Venereol* 2013; 27: 617-21.