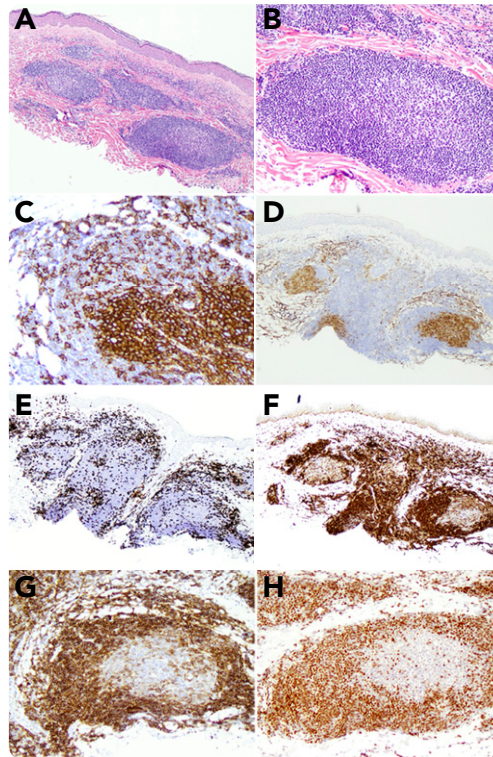


Cutaneous composite small lymphocytic lymphoma and primary cutaneous follicle center lymphoma

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A 79-year-old woman with a 2-decade history of “treated” chronic lymphocytic leukemia presented with an 8-mm erythematous plaque with telangiectasia on the right breast. Histopathologic examination of shave biopsy showed nodular lymphoid aggregates containing atypical secondary lymphoid follicles surrounded by small mature lymphoid cells with round nuclear contours at the periphery in the superficial dermis (panels A-B; hematoxylin and eosin stain, original magnification $\times 40$ [A] and $\times 100$ [B]). Although CD20 and CD10 highlight secondary germinal center (GC) B cells (panels C-D, respectively; original magnification $\times 200$ [C] and $\times 40$ [D]), the small cells from the perifollicular region are partially and dimly positive for CD20 (panel C) but negative for CD10 (panel D). In comparison with CD3 (panel E; original magnification $\times 40$), the perifollicular lymphocytes are strongly positive for B-cell lymphoma 2 (BCL2) (panel F; original magnification $\times 40$), but the GC B cells are

dimly and partially positive for BCL2 (panel F). Interestingly, the perifollicular cells are positive for CD5 (panel G; original magnification $\times 100$) and lymphoid enhancer binding factor 1 (LEF1) (panel H; original magnification $\times 100$). Polymerase chain reaction showed monoclonal rearrangements of both immunoglobulin H (*IgH*) and *IgK* with 2 peaks in *IgH* framework 1, 2, *IgK*, and the κ -deleting element (*KDE*) (data not shown). The overall findings support composite small lymphocytic lymphoma (SLL) and primary cutaneous follicle center lymphoma (PCFCL).

Composite lymphoma (CL) is a very rare type of lymphoma. To our best knowledge, this is the second published case of cutaneous composite SLL and PCFCL, but the first CL in which the SLL component occupies the perifollicular region exhibiting a mantle zone-like growth pattern.