73-year-old male who presents red/purple blotches, some raised, only affecting the trunk and upper arms, front side more than the back. It is completely asymptomatic

Contributed by Dr. Qinghong Yang
Left upper arm, punch biopsy (H&E, x20)

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Left upper arm, punch biopsy (H&E, x100)

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Left upper arm, punch biopsy (H&E, x400)

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Left upper arm, punch biopsy (IHC, x100)

CD3

CD20

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Left upper arm, punch biopsy (IHC, x100)

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Left upper arm, punch biopsy (IHC, x100)

Cyclin D1

BCL2

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Left upper arm, punch biopsy (IHC, x100)
Left upper arm, punch biopsy (IHC, x100)
Left dorsal hand, punch biopsy (H&E, x20)

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Left dorsal hand, punch biopsy (H&E, x100)

Contributed by Dr. Qinghong Yang
Left dorsal hand, punch biopsy (H&E, x400)
Final Diagnosis

1. SKIN, LEFT UPPER ARM, PUNCH BIOPSY:
   - CUTANEOUS INVOLVEMENT BY LYMPHOPLASMACYTIC LYMPHOMA

2. SKIN, LEFT DORSAL HAND, SHAVE BIOPSY:
   - BASAL CELL CARCINOMA, NODULAR TYPE, TRANSECTED

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Discussion

• The left upper arm histology shows portions of skin with dense nodular infiltrate of lymphocytes and plasma cells throughout the dermis. The lymphocytes are small to medium-in size, many of which are plasmacytoid with nuclear features similar to plasma cells.

• Immunohistochemical studies show that the lymphocytes are composed predominantly of CD20+/PAX5+/BCL2+ B cells with a minor component of intermixed CD3+/CD5+/CD43+ T cells. The B cells are negative for CD5, CD10, CD43, BCL-1 (cyclin D1), and BCL6. CD138 highlights scattered plasma cells which appear to be kappa-restricted by Kappa and Lambda IHC as well as in-situ stains. Ki-67 demonstrates low proliferation index among the lymphoplasmacytic infiltrate.

• In a patient with a history of IgM Kappa lymphoplasmacytic lymphoma (LPL/Waldenstrom macroglobulinemia), the findings are consistent with cutaneous involvement by the patient’s Lymphoplasmacytic Lymphoma.

• The left dorsal hand shows Basal Cell Carcinoma, nodular type.

Contributed by Dr. Qinghong Yang