

THERAPEUTICAL APPROACH IN PATIENTS WITH CUTANEOUS PSEUDOLYMPHOMAS

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SUMMARY

Cutaneous pseudolymphomas are reactive lymphocytic proliferations that appear in the skin and resemble a malignant lymphoma. Most of the pseudolymphomas are caused by infections with *B. Burgdorferi*, others include tattoo reactions, immunizations or allergens desensibilization injections and infection with herpes simplex and zoster. The most common clinical manifestations include a single large nodule or solitary and multiple lesions. They are sharply bordered, soft, reddish, dome-shaped and covered by thinned skin. The sites of predilection include the ear lobes, nape, nipple and areola, axillae, scrotum and the dorsum of the foot.

Key words: Cutaneous Pseudolymphomas

The cutaneous pseudolymphomas present a heterogeneous group of benign reactive lymphoproliferative processes of different etiology which stimulate clinically and histologically the malignant cutaneous lymphomas. The great variety in the clinical picture of the cutaneous pseudolymphomas manifested most commonly by erythemic and infiltrating plaques, tumor lesions, papular and nodular alterations, etc., create serious differential diagnostic difficulties (1,2,3).

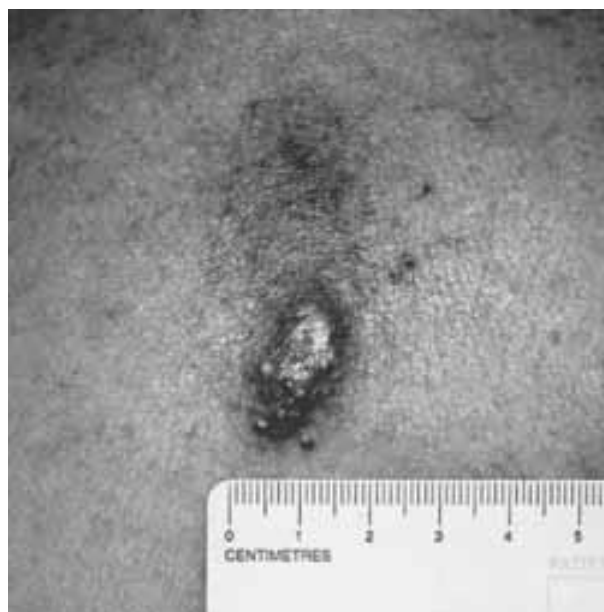
Local medication and, in some clinical forms, general medication, too, is used for the treatment of cutaneous pseudolymphomas. The therapeutical approach is determined according to the predicted etiological factor.

A possible choice for the local treatment of the pseudolymphomas consists in the potent corticosteroid unguents such as Clobetazol propionate (Clobederm, Dermovete), Betametason dipropionate or valerate (Diprosone, Betnovate) and Flucinolon acetoniid (Abricort, Flucinar).

In patients with nodular or plaque lesions accompanied with intensive itching (mainly post-scabious and post-insect pseudolymphomas) and an unsatisfactory therapeutical result from the local corticosteroid therapy, intralesion injection of corticosteroids (Flosteron, Diprophos), is administered, diluted with Lidocaine 1% in a ratio 1:1 - one, two or three applications altogether, in an interval 2 - 4 weeks, yielding a very good therapeutical result.

In Lyme's borreliosis, doxycyclin (Vibramycin, Doxat, Dotur) is used twice daily x 100 mg p. o. for a period of two

weeks. In case of gastrointestinal tract intolerance Amoxycillin or another antibiotic is recommended (3,4).

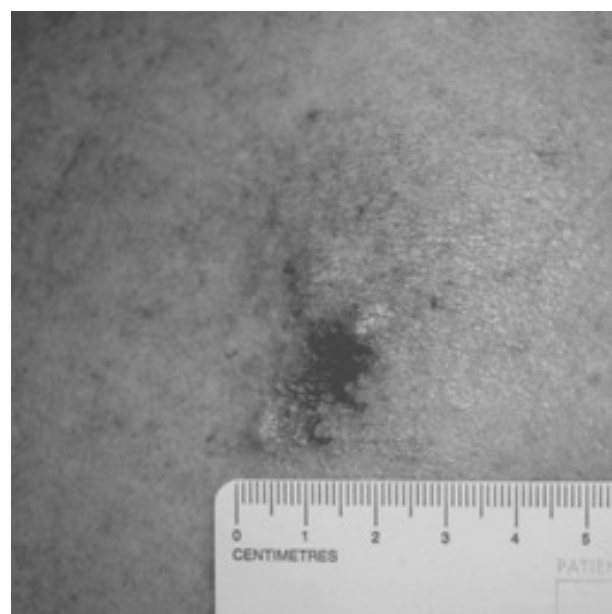
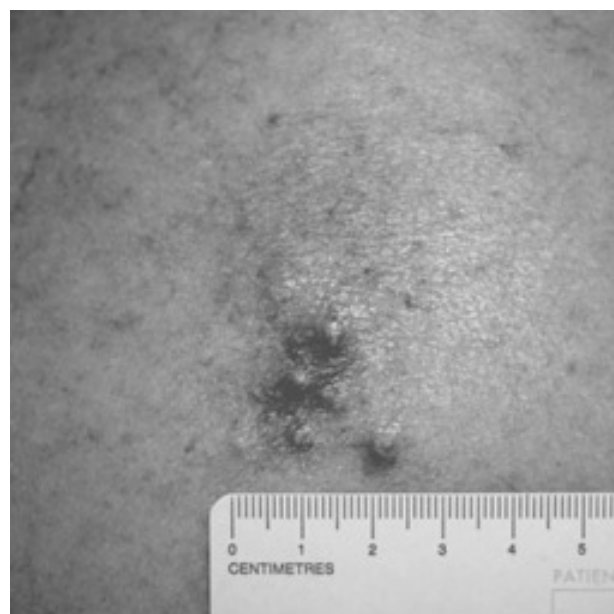
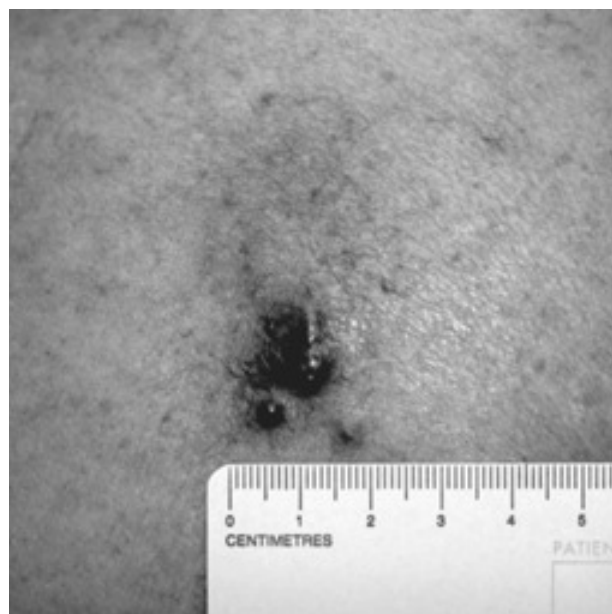
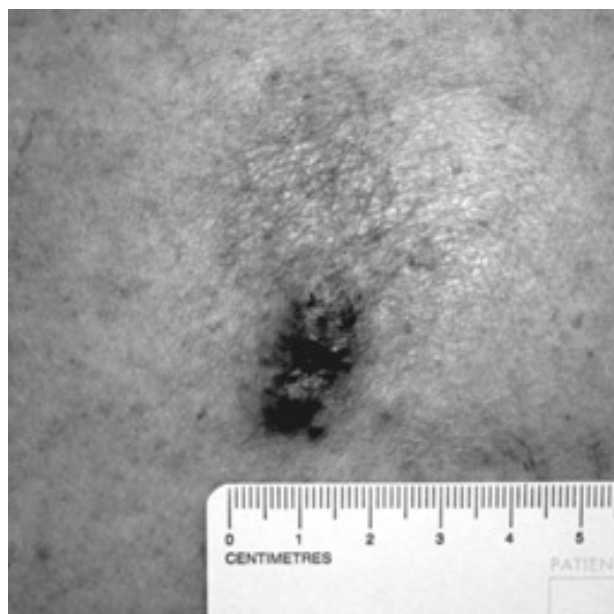


In scabies, an anti-scabies therapy is applied (based mostly on benzyl benzoate) and subsequently a local corticosteroid therapy is administered and, possibly, intralesion injection of corticosteroids.

In cutaneous pseudolymphomas resulting from insect bites, stinging by wasps, bees or others, anti-pruritic, anti-inflammatory and anti-allergic drugs are prescribed (local corticosteroids, general anti-histamine treatment) (5,6).

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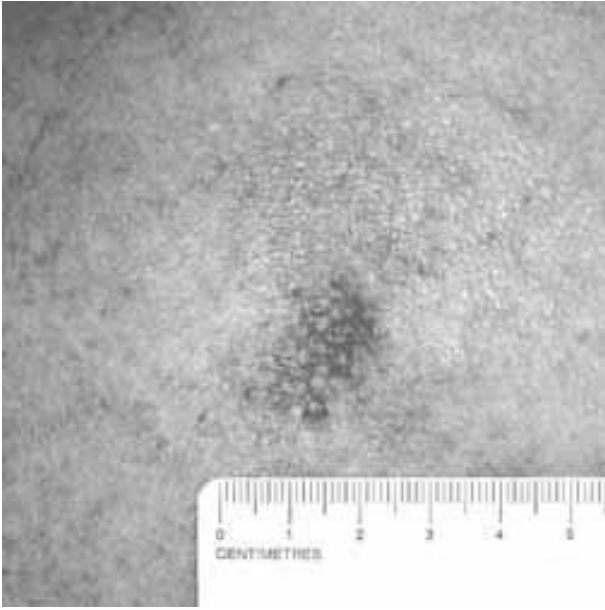


In actinic reticuloid, a possible choice of treatment is presented by local photo protection means with high SPF and corticosteroids. In general, Resochin twice daily x 1 tablet for a period of 10 days, followed by 1 tablet daily for a period of at least another 20 days. In case when there is no improvement, systemic corticosteroids are administered together with non-steroid anti-inflammatory drugs (5). The patients are instructed to avoid exposure to sunlight. In idiopathic cutaneous pseudolymphomas, only patients with subjective complaints are treated, starting with local corticosteroids and in cases when there is no improvement, their intra-lesion application is undertaken.

DISCUSSION

1. The choice of therapeutical approach should be made following clarification of the etiological factor.
2. In the diagnosis of cutaneous pseudolymphoma, the first drugs of choice should include the local corticosteroids and photo protectors.
3. In cases of cutaneous pseudolymphomas resistant to local corticosteroid therapy, a combination with parenteral and intra-lesion corticosteroids should be considered.
4. A parenteral antibiotic can also be included if necessary and if indicated, for a period of 1 -2 weeks according to the etiological agent.
5. Patients with cutaneous pseudolymphomas which are resistant to the applied local and parenteral therapy

should be clinically monitored because of the risk of evolution toward malignant lymphoma.



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