

# Images in clinical medicine



## Giant cutaneous pseudolymphoma



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A 53-year-old male without significant medical history, presented to our department with a giant tumor mass of the left interscapular region measuring 25x13cm. Physical exam had found a multilobulated mass fixed to the deep plane, with cutaneous infiltration and bluish aspect of the skin covering the mass (A). CT scan of the interscapular region showed a mass of 25cm long axis without evidence of invasion of the muscular plane. A skin biopsy with histopathological and immunohistochemical study have established the diagnosis of a cutaneous pseudolymphoma. An extension workup allowed to rule out the presence of other lesions. A thorough etiological investigation was conducted, including viral serologies (HIV, hepatitis, herpes), a serology of lyme

borreliosis and search for a drug-taking antecedent or skin tattoos in the affected area. All the explorations proved to be negative. We opted for an infiltration of the mass by steroids. The patient received two infiltrations with methylprednisolone acetate at 160mg each, with an interval of 3 weeks. We noted a complete disappearance of the mass 6 weeks after the first infiltration. The skin has recovered a normal color (B). Cutaneous pseudolymphoma is a benign entity. It occurs most often in the form of localized nodule with modification of the color of the skin. The diagnosis may be clinically suspected, but can only be confirmed through a biopsy with histopathological and immunohistochemistry. Therapeutic options vary between topical steroids or infiltrations, surgical resection or radiotherapy in some cases.



**Figure 1:** (A) giant cutaneous pseudolymphoma; (B) good clinical response after steroids infiltrations