## **Primary Cutaneous Marginal Zone Lymphoma**

The Editor,

Sir,

A 64-year-old male was referred to the haematology outpatient clinic with multiple irregular plaques with central necrosis ranging from 0.5 to 5 cm on the medial surface of both legs. Lesions appeared gradually and progressed over 2 months (Figure). He also complained of fatigue; but his history of presenting complaint was otherwise unremarkable. He had a past medical history of type 2 diabetes mellitus, hypertension, coronary artery disease, chronic obstructive pulmonary disease and hyperlipidaemia. He was taking an angiotensin-converting enzyme inhibitor and thiazide diuretic combination, a statin, 300 mg acetylsalicylate daily, 2 g of metformin and acarbose with meals. Physical examination revealed moderate pretibial oedema apart from plaques. He had no hepatosplenomegaly or lymphadenopathy. Routine blood tests were normal. Peripheral blood smear was negative for atypical cells.



Figure: Patient's leg shows multiple irregular plaques with central necrosis ranging from 0.5 to 5 cm on the medial surface.

A punch biopsy of the lesion showed CD20, CD79a and Pax-5 positive atypical B-cells producing kappa light chains; findings were consistent with marginal zone lymphoma. Ki-67 index was 40%. A full-body CT scan did not reveal any pathological lymph nodes or splenomegaly. Bone marrow biopsy was negative for lymphoma infiltration; bone marrow aspiration, flow cytometric analysis, conventional cytogenetic and FISH analysis were negative as well. Both serum and urine immunofixation electrophoresis revealed no monoclonal bands. The patient was diagnosed as primary cutaneous marginal zone lymphoma and is being followed up for therapy.

Primary cutaneous B-cell lymphoma is a rare lymphoproliferative disorder manifested by cutaneous infiltration of monoclonal B cells without evidence of extracutaneous involvement. The aetiology and pathogenesis of primary cutaneous B-cell lymphoma remains poorly understood.

Primary cutaneous lymphoma presents in the skin with no evidence of extracutaneous disease at the time of diagnosis. Among the various types of lymphomas, primary cutaneous marginal zone lymphoma is an indolent lymphoma composed of small B cells. They must be distinguished from systemic lymphomas, which may involve the skin secondarily and have a completely different clinical behaviour and prognosis. Therapeutic mainstays for primary cutaneous marginal zone lymphoma have primarily included radiotherapy and surgery.

**Keywords:** Cutaneous lymphoma, marginal zone lymphoma, Turkey.

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