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Surgical treatment for cutaneous B-cell lymphoma

Buffo, TH, MD; Stelini, RF, MD; Massuda-Serrano, JY, MD; Secamilli, EN, MD.

CONTACT: thaisbuffo@gmail.com

Unicamp – Campinas, São Paulo State, Brazil

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FOCUS AREA: Therapeutics/Preclinical Studies

Introduction

Cutaneous primary B lymphomas (CPBLs) are B-cell non-Hodgkin's lymphomas, exclusively affecting the skin, with no evidence of systemic involvement.

There are no randomized studies for the treatment of indolent primary cutaneous B lymphomas (IPCBLs), marginal zone and centrofollicular lymphomas. When localized, low-dose radiotherapy, surgery, intralesional corticosteroids or rituximab are chosen. Multi-field radiotherapy or rituximab may be indicated in patients with multiple lesions.

We report two cases of patients with marginal zone CPBL without evidence of systemic involvement, who were successfully submitted to surgical treatment.

Case 1

A 57-year-old woman with marginal zone CPBL on her left arm. With a single lesion, **surgical excision with a margin of 5 mm** and primary closure was chosen. Final anatomopathological examination showed free margins with **no recurrence after 5 years**. (Fig. 1).

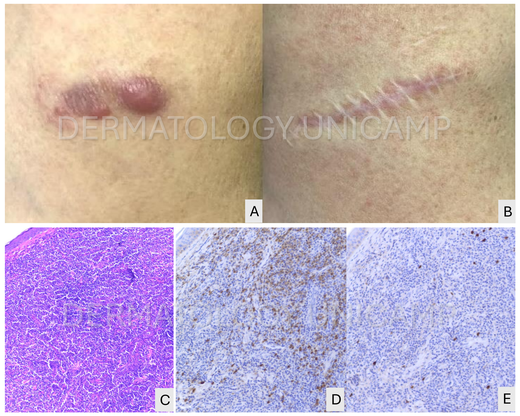

Fig. 1:A: Nodule on left arm. B. Post-operative C. H&E, nodular lymphocytic infiltration in the dermis (60% of B lymphocytes, which expressed CD20 and BCL2, absence of CD10 and BCL6 expression and presence of lymphoplasmacytoid cells in the periphery of some of the lymphoid aggregates, with a predominance of Kappa (D) expression over Lambda (E) (>10:1).

Case 2

A 60-year-old woman was followed up for marginal area CPBL with papulonodular lesions on the face, unresponsive with methotrexate and doxycycline cycles. She underwent superficial radiotherapy with good response. The patient presented an erythematous, moist, infiltrated plaque measuring 3 x 2 cm in the right temporal region, which was also refractory to topical and infiltrative corticosteroid therapy. **Excision with a 5-mm margin** and reconstruction with an advancement flap were chosen (Figure 1).

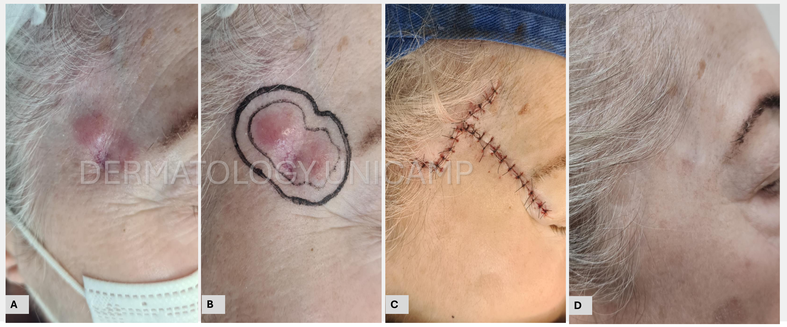

Fig. 2: (A) Nodule with 3x2 cm on the right temporal region, compatible with cutaneous marginal zone B-cell lymphoma. (B) Surgical marking with a 5 millimeters margin. (C) Reconstruction with an advancement flap. (D) Late post-operative period of 2 years.

Anatomopathological exam: dermal-hypodermic nodular lymphocytic infiltration with an epicenter in the reticular dermis (Figure 3). Immunohistochemistry showed positive CD20 and PAX-5 lymphocytes, with inconclusive BCL2 and BCL6. Free surgical margins with **no recurrence after 30 months**.

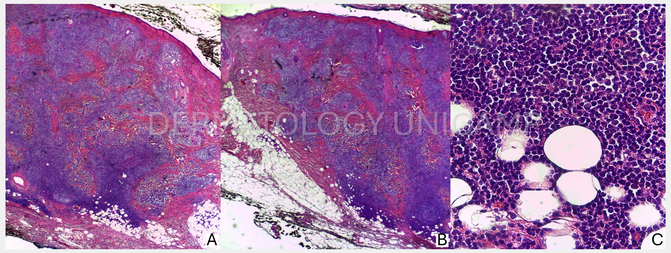

Fig. 3 (H&E): A. dermal-hypodermic nodular lymphocytic infiltration with an epicenter in the reticular dermis. B. **Lateral and deep free surgical margins**. C. Lymphocytes of predominantly small to medium volume and frequent lymphoplasmacytoid cells.

Discussion

Due to the rarity of the disease, there is a lack of randomized clinical studies between the therapeutic modalities. The recommendations are based on a series of cases and consensus, with little information on surgical margins, ideal margin size and recurrence.

In a study conducted by Servitje et al., with patients with marginal zone CPBL, there was no difference in the rate of relapse or disease-free survival between groups treated with surgery, radiotherapy, or surgery and radiotherapy. Parbhakar and Cin retrospectively analyzed 25 patients with indolent LBPC: 16 treated with low-dose radiotherapy (30-40 Gy) and nine treated with surgical excision with a 5 mm safety margin. Acute radiodermatitis and chronic ulcer at the irradiated site were reported complications.

Surgical treatment is a valid option in patients with single, indolent lesions, with lower cost and fewer side effects. Based on the previous studies described, the authors used the 5 mm safety margin. Long-term follow-up of these patients is recommended.

References: 1. Hamilton SN et al. *Int J Radiat Oncol Biol Phys*, 2013. 2. Ohtsuka M et al. *J Dermatol*, 2021. 3. Krenitsky A et al. *Am J Clin Dermatol*, 2022. 4. Parbhakar S et al. *Can J Plast Surg*, 2011. 5. Senff NJ et al. *Blood*, 2008. 6. Lang CCV et al. *Front Oncol*, 2020. 7. Servitje O et al. J Am Acad Dermatol, 2013