Lymphomatoid Papulosis

What Is Lymphomatoid Papulosis?

Lymphomatoid papulosis is a disorder of the immune system cells that causes red-brown bumps on the skin that come and go. Lymphocytes are a group of cells that fight infection and regulate the immune system. T cells are one group of lymphocytes. Lymphomatoid papulosis occurs when there is an overgrowth of a group of T cells that express a protein called CD30. When those cells collect in the skin, they appear as red-brown bumps or papules. The bumps resolve on their own or self-heal, sometimes with scarring. Lymphomatoid papulosis is rare, affecting 1.5 people in a million. It most commonly occurs in adults in their 40s but can develop in all age groups. This condition does not run in families and is not contagious. Treatment can decrease the frequency of new bumps, but there is no cure.

Signs and Symptoms

Lymphomatoid papulosis usually causes small, raised bumps on the skin. They often grow to about the size of a pea and then may form an ulcer and bleed. They typically become crusty or scaly before going away. Without treatment, individual bumps will heal in approximately 6 weeks. While healing, the bumps can be painful or itchy. Lymphomatoid papulosis may come and go for months or many years. Although it is a harmless disease of the skin, patients with this condition are at higher risk for types of cancers called lymphomas. Therefore, it is important for patients to undergo regular follow-up with their primary care physician and dermatologist.

Diagnosis

A dermatologist should perform a thorough skin examination and ask questions about any symptoms the patient may be experiencing. A skin biopsy will help confirm the diagnosis and make sure that it is not another condition. It is important to rule out a type of cancer called cutaneous T-cell lymphoma, in which there are abnormal T cells in the skin. Other tests, such as blood work and body scans, may be performed.

Treatment

Treatment depends on the number and frequency of bumps or the severity of the condition. For people with a few bumps, treatment may not be necessary. Additionally, topical steroid creams may reduce the symptoms associated with the bumps. If more bumps are present or if they are bothersome, the dermatologist may try other treatments. Phototherapy, in which the skin is exposed to light in a controlled setting, is one option. Other patients need medication to control the bumps, including methotrexate and bexarotene. The right choice of medication is made from discussion between the patient and physician.

FOR MORE INFORMATION

Cutaneous Lymphoma Foundation
www.clfoundation.org

Lymphoma Research Foundation
www.lymphoma.org

Leukemia and Lymphoma Society
www.lls.org

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