Skin cancer

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Dermatological therapies are enlarging vastly in this era. The art of combining modalities and using ingenuity to accomplish one's therapeutic goals are challenging and interesting. Nothing is simple. The practitioner must use his/her ingenuity to achieve the best result and therapies must be tailored to individual patients more than ever. Three cases shall be discussed to illustrate this idea. Basal cell carcinoma patient treated with combinations of oral and surgical procedures, intractable psoriasis vulgaris patient treated in the new age era of biologic therapies, and field therapy for actinic keratosis. These give the audience an overview of the scope of dermatology and how therapies have advanced.

Primary cutaneous follicular lymphoma associated with Helicobacter pylori infection

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A 66 year old male with a long standing uncontrolled gastric H. pylori infection and Crohn's disease presented with nodular lesions in the back. These were removed surgically. Pathologically the lesion consisted of lymphocytes, giant cells with vacuolated cytoplasm and histiocytes. By immunohistochemistry there were stem cells, B cells and CD1a Langerhans cells. The diagnosis of Langerhans histiocytosis was made. The giant cells were positive for both CD 20 B cell marker and the macrophage marker CD 68 indicating that they were derived from B cells. They were strongly positive for H. pylori antigen. A year later the patient reported with non-itching nodular lesions in the right flank. There was no lymphadenopathy or splenomegaly. A biopsy of the lesion showed a follicular center B cell lymphoma. The tumor cells were positive for H. pylori antigen. He was treated for H. pylori infection. He completely recovered and was in good health a year later.

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