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INTRODUCTION

Welcome to this issue of Seminars in Cutaneous Medicine and Surgery devoted to cutaneous lymphoma. The field of cutaneous lymphoma has advanced significantly since the first description of cutaneous lymphoma by Dr. Jean Louis Alibert in 1806, who described mycosis fungoides as presenting clinically similar to a mushroom and pathophysiologically possibly due to an infection. A major breakthrough in understanding cutaneous lymphoma came in 1975 when it was discovered that the cell of origin in mycosis fungoides and Sézary syndrome was the T-cell. It was then that the term "cutaneous T-cell lymphoma" was proposed as an umbrella term for all types of cutaneous lymphoma, and mycosis fungoides and Sézary syndrome were conflated to be essentially the same condition, with Sézary syndrome the leukemic form.[1]

Since 1975, many additional types of T-cell lymphoma have been described with their own unique clinical and histopathologic features. Therefore, it is no longer logical to combine all of these conditions into one disease and now we have 12 well-described forms of cutaneous T-cell lymphoma. While 75%-80% of cutaneous lymphomas are of T-cell origin, forms of cutaneous B-cell lymphoma have been described as well, with clinical and histopathologic features distinct from node-based equivalent lymphomas.[2] A consensus statement between the EORTC and the WHO regarding the classification of cutaneous lymphomas was published in 2005 and it served as the basis of the WHO classification of malignant lymphomas published in 2008 and updated in 2016.[3,4] Therefore, the field of cutaneous lymphoma now is quite complex with many different sub-categories of disease. An aim of this issue is to help outline the current landscape of cutaneous lymphoma.

The first 7 articles of this issue serve to describe the different forms of cutaneous lymphoma. The articles include descriptions of the clinical, histopathologic and molecular features, and treatment regimens for both cutaneous T-cell and B-cell lymphomas. The eighth and ninth articles are intended to serve as practical approaches for rendering a specific diagnosis based on a pattern seen microscopically in a skin biopsy. The first of these two articles discusses how to approach an epidermotropic lymphoid infiltrate while the second article discusses how to approach a dermal-based lymphoid infiltrate. The tenth article is a guide for how to interpret pathology reports of cutaneous lymphoid infiltrates in which a specific diagnosis is not rendered but in which a "descriptive diagnosis" is offered. So often, dermatopathology reports are difficult to interpret when descriptive rather than definitive diagnoses are rendered. This article helps to explain to the dermatologist what is meant by such a report, and what diagnostic considerations are possible based on the different patterns that can be seen microscopically. The final article describes molecular advances in cutaneous T-cell lymphoma.

One theme that runs through many of the articles is the advent of targeted therapies. As the community has gained a greater comprehension of the pathogenesis behind many of these diseases, the development of these targeted therapies has become possible. Unfortunately, the balance of toxicity to efficacy has led most of these newer agents to be used only in late-stage disease. Nevertheless, as our understanding of these lymphomas continues to improve, newer targeted therapies with more favorable toxicity profiles will no doubt emerge that can be utilized in earlier stage disease.

It gives me great pleasure to present this issue of *Seminars in Cutaneous Medicine and Surgery* devoted to cutaneous lymphomas. The articles in this issue should provide the reader with a solid foundation in understanding cutaneous lymphomas, tools for how to approach microscopic features of a lymphoid infiltrate, tools for how to analyze descriptive reports of cutaneous lymphoma, and an excitement regarding new advances in understanding of the pathogenesis of cutaneous lymphoma and newer targeted therapies.

References

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