

## LECTURES

### CONCERNING APPEARANCE, BENIGN BEHAVIOUR: THE PSEUDOLYMPHOMA SPECTRUM

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The spectrum of cutaneous pseudolymphomas (reactive lymphoid hyperplasia, lymphocytoma cutis) is very wide and the histologic differential diagnosis is often difficult. In only a proportion of cases, the aetiology of the process can be elucidated and close clinicopathological correlation is essential to reach the diagnosis. Even with adequate clinical information and detailed microscopic examination, in a proportion of cases the diagnosis of lymphoma cannot be entirely ruled out. In this setting, ancillary techniques including molecular biology studies and further biopsy or biopsies may be necessary over time for the diagnosis to be made. Cutaneous pseudolymphomas

can be divided into two categories, T cell and B cell pseudolymphomas. This distinction is artificial, since the infiltrate is frequently composed of both B and T cells. The separation is, therefore, mainly based on the overall pattern of the infiltrate rather than the type of cell that predominates. Infiltrates with a T cell pattern tend to be focal with a predominant perivascular and periadnexal distribution and involvement of the epidermis and/or adnexal structures. Infiltrates with a B cell pattern are more diffuse and nodular and tend to spare the epidermis and adnexal structures. As it will be seen during discussion, this is an oversimplification that mainly serves a didactic process.

### PROBLEMATIC MELANOCYTIC TUMOURS IN CHILDREN

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The diagnosis of melanocytic tumours remains one of the most important challenges to the practicing pathologist. This is largely due to the wide morphological spectrum with often only subtle differentiating features resulting in potential for both over- as well as underdiagnosis of melanoma. Problems arise especially with the diagnosis of unusual variants of melanoma and tumours closely resembling benign naevi (naevoid melanoma). In addition, a subset of melanocytic naevi show features more typically associated with melanoma. In the paediatric patient population, spitzoid tumours in particular pose a diagnostic dilemma, as they are notoriously difficult to classify and their biological potential is not fully understood. Fur-

thermore, mitotic activity and active regression (halo phenomenon) is not infrequently observed in this age group giving cause for concern. Finally, neonatal and congenital naevi may show atypical architectural and cytological features including the formation of proliferative cellular nodules. While the vast majority of melanocytic lesions in the paediatric patient population are benign, distinction from childhood melanoma is essential, as it is associated with significant morbidity and even mortality. The histological spectrum and clinical behaviour of the rare melanomas of childhood and adolescence will be discussed in the context of the relevant differential diagnosis and diagnostic pitfalls to increase awareness of this difficult topic.