

Reply to “Pseudolymphoma on Tattoos”

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I read the commentary regarding our article, “Tattoo ink-related cutaneous pseudolymphoma: a rare but significant complication. Case report and review of literature” [1], written by the authors of the article, “Cutaneous lymphoid hyperplasia (pseudolymphoma) in tattoos: a case series of seven patients [2].

First, we used the term of “cutaneous pseudolymphoma” (CPL) to describe skin lesions that bear a clinical or histopathologic resemblance to lymphoma. This group has two categories: (1) mixed B and T cells (cutaneous lymphoid hyperplasia, Kimura’s disease, angiolymphoid hyperplasia with eosinophilia, Castleman disease) and (2) T cell (pseudomycosis fungoides, lymphomatoid contact dermatitis, Jessner’s lymphocytic infiltration of the skin). The term “CPL” is used frequently in textbooks of dermatology, and we like it. The term “cutaneous lymphoid hyperplasia” has been suggested to describe the pathologic appearance of the more common cutaneous pseudolymphomas including Spiegler–Fendt sarcoid, lymphocytoma cutis, lymphadenosis benigna cutis, and cutaneous lymphoplasia.

Second, we reviewed the literature on this topic in PubMed using the keywords “pseudolymphoma” and “tattoo.” We are very sorry about what has happened. The

article by Kluger et al. regarding seven cases of cutaneous lymphoid hyperplasia (pseudolymphoma) in tattoos is really interesting but incredibly did not appear in our research.

Regarding the diagnosis, we have written the following: “CPL can be clinically distinguished from pathologic scarring or granulomatous reactions. However, diagnosis of CPL is based on histologic features, ...” and not “CPL must be clinically ...” In our experience, a pathologic scarring or a granulomatous reaction often has the appearance of vague and irregular limits. Regardless, we know that a skin biopsy is mandatory because the discovery of a sarcoidal reaction will prompt the clinician to look for systemic sarcoidosis or a lichenoid pattern of lichen planus.

Finally, in our article, we did not put a lot of emphasis on the case reported by Sanguenza et al., which is certainly atypical compared with all the other reported cases of CPL in tattoos.

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

References

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