Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
of the right leg. HIV, EBV, HTLV-1 were negative. However, after 8 weeks the lesion spontaneously resolved (Photo 1). Currently at clinical follow-up without local or distant relapse. Case 2: A 70-year-old male patient with background of HIV 20 years ago, controlled with neviparin and lamivudine, consulted for a papule in the right malar region with rapidly progressive growth, without B symptoms. Physical examination revealed an ulcerated violaceous tumor. Pathology reports large atypical cells, with immunohistochemistry positive for CD20+, BCL-6 and MUM1, with KI67 of 90% diagnosing post germinal PCDLBCL. Images without systemic involvement. EBV, HTLV-1 were negative. After 10 weeks the lesion spontaneously resolved (Photo 2). Currently at clinical follow-up without local or distant relapse.

Results: PCDLBCL is a high-grade lymphoma that usually requires systemic and local treatment, however we present 2 cases of patients who had spontaneous resolution in pre-chemotherapy studies, currently under follow-up without local relapse.

Conclusions: Unusual, but there is a small percentage of PCDLBCL that regress spontaneously. Post-biopsy apoptosis or immunological reaction to bacteria and viruses are some of the theories proposed.

Clin-PO-02
On the use of thermography for the follow-up of cutaneous B-cell lymphomas: apropos of a case

J Ortiz Álvarez1, M Morillo-Andújar1, JC Hernández Rodriguez1, JJ Domínguez Cruz1, R Cabrera Pérez2, J Conejo-Mir Sánchez1
1UGC Dermatología Hospital Universitario Virgen del Rocío, 2UGC Anatomía Patológica Hospital Universitario Virgen del Rocío

Introduction: Thermography is based on the capture of infrared radiation emitted by humans. Different clinical uses of this imaging technique have recently been described, such as screening for fever or assessment of vascular lesions. However, it is believed that it may have many more medical applications. We hypothesize that, in the field of oncology, due to changes in the vascularization of the lesions, there could be room for the assessment of lesions at diagnosis and during follow-up.

Fig. 1 (abstract Clin-PO-01). Photo 1 (top) and photo 2 (bottom).

Objectives: The objective of this study is to communicate our experience in the use of thermography to assess the evolution of cutaneous non-T cell lymphomas.

Material and methods: We conducted thermographic measurements using a FLIR ONE thermal imaging camera adaptable to an iOS device and clinical ecography evaluation at the day of the diagnosis, during treatment and after having finished chemotherapy sessions. Temperature values were taken from the center of the lesion, the periphery of the lesion, and surrounding healthy skin. A biopsy was performed on the day of the diagnosis and after treatment completion.

Results: We present a case of primary cutaneous diffuse large B-cell lymphoma (leg type) treated with RCHOP chemotherapy scheme. We observed a difference in temperature between the affected skin and the healthy skin of -1.39°C before starting the treatment and -0.08°C at the end of it. The effects of treatment were also observed in the ecographic images and biopsy specimens.

Conclusions: Active cutaneous lymphoma lesions appear to have lower thermographic uptake compared to healthy skin. Given the ease of use and interpretation of thermography, we believe that it could be used to assess the clinical course of cutaneous lymphomas.

Clin-PO-03
SARSCOV-2 vaccine associated with primary cutaneous peripheral T cell lymphoma

VH Garcia Montoya1, L Gonzalez Cardona1, S Morales1, JA Ospina1, X Rueda1
1Instituto Nacional de Cancerología, Bogotá, Colombia

Introduction: Vaccination against sarscov2 has been associated with adverse effects, mainly autoimmune. Exacerbation of lymphomas of different types after vaccination has been described in the literature. In cutaneous lymphomas, we found two reported cases of mycosis fungoides that were exacerbated after immunization. In this case, we show the association of the appearance and exacerbation of a primary cutaneous peripheral T lymphoma with the inactivated SARSCoV2 viral vaccine.

Objectives: A 79-year-old male patient, with no medical history, who states that one month after the application of the SARS CoV2 vaccine of inactive virus type, he presented the appearance of multiple erythematous-violaceous plaques and some with a hemorrhagic appearance that increased in quantity as the patient received the second dose of inactivated virus vaccine and the third

Fig. 1 (abstract Clin-PO-03).
dose with a recombinant adenovirus mechanism with the appearance in this case of tumors. Given the progression of the lesions, the patient was biopsied, revealing skin with a diffuse infiltrate of neoplastic cells of intermediate to large size with nuclei of loose chromatin, and immunohistochemistry for tumor cells positive for CD45, CD2, decreased CD3, CD4 with loss of Partial CD5 and total CD7 and negative for CD8, CD30, ALK, EMA. Given the rapid and aggressive clinical evolution, together with the histopathological findings, it was considered that the patient had a primary cutaneous T-cell lymphoma NOS.

**Material and methods:** Case report.

**Results:** Case report.

**Conclusions:** Peripheral cutaneous lymphomas associated with vaccination are rare and few have been described in the literature. Little is known about the reactions associated with SARS-CoV2 vaccination given the recent state of the pandemic and the short follow-up time after vaccination, which is why it is vitally important to carry out these reports in order to carry out further investigations that allow elucidating mechanisms associated with these lymphomas.

---

**Clin-PO-04**

Lymphomatoid papulosis associated with rosacea-like primary cutaneous B cell lymphoma, a rare association

VH Garcia Montoya¹, L Gonzalez Cardona¹, S Morales¹, JA Ospina¹,
X Rueda¹

¹Instituto Nacional de Cancerología, Bogotá, Colombia

**Introduction:** Lymphomatoid papulosis is an entity that is associated in 10-60% of cases with various neoplastic conditions, the most frequent being primary cutaneous T-cell lymphomas such as mycosis fungoides, and CD30+ anaplastic primary cutaneous lymphoma. We describe the rare association of type A lymphomatoid papulosis with rosacea-like follicle center B lymphoma.

**Objectives:** Presentation of a case of lymphomatoid papulosis and rosacea-like follicle center B lymphoma.

**Material and methods:** Case report.

**Results:** A 55 year-old female, with initial clinical picture of recurrent papules on the trunk and extremities with pathology finding of lymphomatoid papulosis A, who presented a rosacea-like eruption on the face initially managed by dermatology with multiple schemes thinking of rosacea, however, given the poor response clinical features, a skin biopsy was performed with a finding of follicular center B-cell lymphoma, with positive immunohistochemistry and clonality.

**Conclusions:** Lymphomatoid papulosis is a CD30+ lymphoproliferative disorder that is associated with neoplasms of various kinds, between 10-60% being primary cutaneous T-cell lymphomas, primary anaplastic CD30+ cutaneous lymphoma, or other systemic neoplasms. However, the association with B lymphomas is very rare, up to 2%, being even rarer with primary cutaneous B-cell lymphomas such as follicular center B lymphoma with atypical presentation such as rosacea-like.

---

**Clin-PO-05**

Illness perception of early-stage mycosis fungoides among dermatologists: a multi-center cross-sectional study

A Barzilai¹, O Segal¹, G Goldzweig², I Shapiro Bratt¹, S Baum¹,
A Lyakhovitsky¹

¹Sheba Medical Center, Department of Dermatology, Tel Aviv (Israel), ²School of Behavence, The Academic College of Tel Aviv-Yaffo, Tel Aviv-Yaffo, Israel

**Introduction:** Early-stage mycosis fungoides is characterized by a good prognosis. Data regarding patients’ illness perception of mycosis fungoides are accumulating. However, despite its importance as it shapes the therapeutic relationship and doctor–patient communication studies, studies on dermatologists’ viewpoint are lacking.

**Objectives:** To investigate the aspects of dermatologists’ illness perception towards early-stage mycosis fungoides and the way they present it to patients.

**Material and methods:** Twenty-five dermatology residents and fifty-five attending physicians from all Israeli dermatology departments and the community completed the study’s questionnaires online.

**Results:** Dermatologists viewed mycosis fungoides as a chronic disease, causing a moderate emotional burden. In contrast to previously published data regarding patients’ illness perception, dermatologists demonstrated dominance in the notion that patients were able to control their disease. Most dermatologists thought that patients perceived mycosis fungoides as an indolent lymphoma that causes anxiety. Dermatologists used a high diversity of themes when presenting mycosis fungoides to patients. The differences between the residents’ and attending physicians’ perceptions were minimal.

**Conclusions:** Dermatologists have a kaleidoscope of views regarding the way they perceive mycosis fungoides, way they think patients perceive it, and way they communicate with patients. Maintaining patient-centered communication enables dermatologists to identify these gaps and view mycosis fungoides from their patients’ perspective.

---

**Clin-PO-06**

A case series of three male patients with blastic plasmocytoid dendritic cell neoplasm

A Osmancevic¹, K Wojewoda¹

¹Department of Dermatology, Sahlgrenska University Hospital, Gothenburg, Sweden

**Introduction:** Blastic plasmocytoid dendritic cell neoplasm (BPDCN) is a rare and aggressive hematological malignancy, derived from the precursor of plasmocytoid dendritic cells, where skin lesions are the first manifestations of the disease.

**Objectives:** To present a case series of three male patients diagnosed with BPDCN at our hospital in the last five years.

**Material and methods:** A case series of three male patients, median age 74 years, who presented with plaques and tumors localized at the trunk and upper