

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.

Keywords: *Langerhans Histiocytosis*, *H. Pylori* infection, Cutaneous Follicular B cell Lymphoma.

Biography:

Adil H H Bashir has his expertise as researcher mainly in Cutaneous manifestations of internal diseases specially Diabetes Mellitus and *Helicobacter Pylori* infection. His open and contextual results based on correlation between skin as marker to the internal diseases for improving methods of diagnosis and to make new entrance for treatment. He has built these results after years of experience in research, evaluation, teaching and administration both in hospital and education institutions.