



Primary Cutaneous B-Cell Lymphoma (PCBCL)

What Is PCBCL?

Primary Cutaneous B-Cell Lymphoma (PCBCL) is a rare type of non-Hodgkin lymphoma made up of B-cells (a type of white blood cell) that begins in the skin.

“Primary cutaneous” means:

- It **starts in the skin**, and
- At the time of diagnosis, there is **no evidence** that it began elsewhere in the body.

Many forms of PCBCL are **slow-growing and highly treatable**, especially when diagnosed early.



What Does PCBCL Look Like?

PCBCL often appears as:

- **Firm, smooth bumps or nodules**
- Pink, red, purple, or skin-colored lesions
- Usually **not scaly**

- Often **not very itchy**
- May be **single** or **multiple**

Common locations:

- **Scalp / head and neck**
- **Trunk**
- Sometimes arms or legs (depending on subtype)

Because these bumps can resemble benign growths, **evaluation and biopsy** are essential.

Main Types of PCBCL (Simplified)

Your biopsy helps determine the subtype, which guides treatment and follow-up.

1) Primary Cutaneous Follicle Center Lymphoma

- Often on **scalp/forehead** or **upper trunk**
- Usually **slow-growing** and **very treatable**

2) Primary Cutaneous Marginal Zone Lymphoma

- Can appear as **small bumps or plaques**, sometimes multiple
- Typically **indolent (low-grade)** and **very treatable**

3) Primary Cutaneous Diffuse Large B-Cell Lymphoma (Leg Type)

- Less common but **more aggressive**
 - Often on the **legs**
 - Usually requires **more urgent, multidisciplinary treatment**
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How We Diagnose PCBCL

Diagnosis usually includes:

1) Skin Exam

We assess number of lesions, growth pattern, and lymph nodes.

2) Skin Biopsy (Key Step)

A biopsy confirms:

- It is a lymphoma
- It is **B-cell** type (special stains are used)
- The specific subtype

3) Staging / “Making Sure It’s Primary Cutaneous”

Depending on biopsy results, we may coordinate additional evaluation such as:

- Blood tests
- Imaging (when indicated)
- Referral to hematology/oncology

This helps confirm the lymphoma is **skin-limited** and guides the safest plan.

Treatment Options

Treatment depends on subtype, number of lesions, location, and overall health.

For localized (one or a few) lesions

Common approaches include:

- **Surgical removal** (in selected cases)
- **Radiation therapy** (often very effective for localized disease)

For multiple lesions or recurrent disease

Options may include:

- Targeted treatments directed at B-cells
- Additional skin-directed or systemic therapy when appropriate
- Ongoing monitoring with dermatology ± oncology

Your dermatologist will explain why a particular option fits your situation and what to expect.

Pre-Op Instructions

(For biopsy and/or referral-based treatment planning—no special fasting required unless directed by another team.)

Before Your Visit

- Take photos of the lesion(s) if they change between visits
- Bring a list of:
 - All medications and supplements
 - Any prior biopsies, pathology reports, or cancer history
- Tell us if you have:
 - Fevers, night sweats, unexplained weight loss
 - New enlarged lymph nodes
 - Rapid growth of a lesion

If a Biopsy Is Planned

- Tell us if you:
 - Take **blood thinners** or bruise easily
 - Have allergies to adhesives, antiseptics, or numbing medicine
- ⚠ Do not stop prescribed blood thinners** unless your prescribing clinician instructs you.
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Post-Op Instructions

After a Skin Biopsy

- Keep the bandage on and dry for **24 hours** (unless instructed otherwise)
- After 24 hours, daily:
 1. Clean gently with mild soap and water
 2. Pat dry
 3. Apply a thin layer of ointment if instructed
 4. Cover with a clean bandage
- Avoid soaking (pools/hot tubs/baths) until healed
- Call if you notice increasing redness, warmth, swelling, pus, fever, or bleeding that won't stop with pressure

After Treatment (General Guidance)

(Your treating team will provide detailed instructions specific to your plan.)

- After **surgery**: follow wound care and activity restrictions provided
 - After **radiation**: mild redness, dryness, or irritation can occur—use gentle skin care and sun protection as instructed
 - Keep follow-up visits so we can monitor for response and recurrence
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When to Contact Us Promptly

Call our office if you have:

- Rapid enlargement of a lesion
- New lumps in the neck, armpits, or groin
- Persistent fevers, night sweats, or unexplained weight loss
- Signs of skin infection at a biopsy or treatment site (worsening pain, pus, spreading redness)

Seek urgent care for severe symptoms such as difficulty breathing or severe weakness.

PCBCL FAQ

Is PCBCL the same as melanoma or “typical” skin cancer?

No. PCBCL is a **lymphoma (cancer of immune cells)** that involves the skin. It is different from melanoma, basal cell carcinoma, or squamous cell carcinoma.

Is PCBCL contagious?

No. PCBCL is **not contagious**.

Is it serious?

It depends on the subtype. Many PCBCL subtypes are **slow-growing and highly treatable**, especially when limited to the skin. Some subtypes are more aggressive and need prompt multidisciplinary care.

Why do I need a biopsy?

PCBCL can look like benign bumps or other skin conditions. A biopsy is the only way to confirm the diagnosis and determine the subtype.

Will I need imaging or blood tests?

Sometimes. Additional evaluation helps confirm the lymphoma is **primary cutaneous** (skin-limited) and guides treatment decisions.

Will I need an oncologist?

Often, yes—especially for staging or certain subtypes. Many patients are cared for by a team that may include **dermatology + hematology/oncology**.

Can PCBCL come back?

Some types can recur in the skin. That's why regular follow-up skin exams are important even after successful treatment.

What is the outlook?

Many patients—especially with common indolent subtypes—do very well with appropriate treatment and follow-up. Your team will discuss prognosis based on your specific subtype and staging results.