examination reveals pseudoepitheliomatous features. Differentiation from squamous cell carcinoma may pose difficult problems.

This balanitis is regarded as benign, although some investigators believe it to be a verrucous carcinoma, i.e. a low-grade malignancy.[3,4]

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Cutaneous T-cell lymphoma after successful treatment of follicular B-cell lymphoma

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History. In May 1983 a malignant follicular centrocytic-centroblastic non-Hodgkin lymphoma (NHL) was diagnosed in a 46-year-old male patient. Monoclonal IgA-K^+ B cells were detected in a resected lymph node. Using chemotherapy with prednisone a complete remission was achieved in December 1983. Regular 6-monthly follow-up revealed no relapses.

Since autumn 1986, sharply circumscribed, superficially scaly red patches appeared and later in the summer of 1988, multiple ulcerating tumours were observed.

Examination. A sharply defined papular erythematous eruption with superficial scaling was present over the entire body surface. Slight lichenification with excoriations were also noted. A generalized dry scaling of the skin was present. The facial skin showed a diffuse erythema with superficial scaling. The lymph nodes were not enlarged.

Histology and immunofluorescence studies. The dermis was diffusely infiltrated by mainly lymphocytic cells. In the epidermis there were small focal collections of mononuclear cells indicating epidermotropism and the formation of Pautrier microabscesses.

Using immunofluorescence most dermal cells were $CD3^+$. A lymph-node biopsy in 1983 showed features consistent with malignant follicular centrocytic-centroblastic non-Hodgkin lymphoma.

Additional investigations. Analysis of T-cell receptor β-chain (TcR-β) genes and also immunoglobulin heavy-chain (IgH) genes was performed. TcR-β gene analysis showed a monoclonal T-cell population in the skin biopsy of 1988, but not in the lymph-node biopsy of

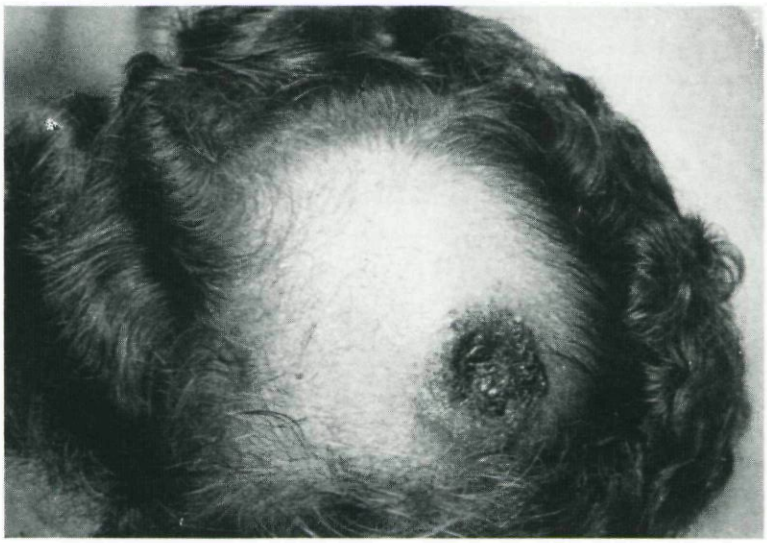

FIGURE 1. Cutaneous T-cell lymphoma after successful treatment of follicular B-cell lymphoma.

1983. IgH gene analysis showed a monoclonal B-cell population in the lymph-node biopsy of 1983 but not in the 1988 skin biopsy.

Comment. The disorder was diagnosed as a cutaneous T-cell lymphoma and developed in a patient who was successfully treated for a follicular B-cell lymphoma. The occurrence of two malignancies in one patient can be explained by a high susceptibility for lymphoma, or the development of a second lymphoma may have been due to previous treatment with cytostatic drugs.

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Diffuse cutaneous mastocytosis

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History. A few hours after birth the patient was referred to the Sophia Children's Hospital in view of extensive skin lesions present since birth. Pregnancy and delivery had been uneventful. The first child in this family was healthy. There was no family history of hereditary or congenital diseases.