FastFacts: Lymphomatoid Papulosis (Lyp)
Patient Education

What is Lymphomatoid Papulosis?
Lymphomatoid Papulosis (LyP) is a disease of the immune system that manifests itself in self-healing papules and nodules (“bumps” and “spots”) that come and go spontaneously. LyP can be persistent with recurrent eruptions or it can disappear for weeks or months at a time before reactivating.

Who gets LyP and how common is it?
LyP is a one in a million disease - the overall incidence rate is estimated at only 1.2 to 1.9 cases per 1,000,000 population. The onset of LyP can happen anytime from early childhood to middle age, it affects both sexes equally however it appears to affect Caucasian individuals more frequently.

What does it look like?
LyP is characterized by red-brown bumps and spots, that may ulcerate and typically heal with scaling and crusting, and in some instances, scarring. Large plaques or nodules may occur but these are rare. Lesions usually heal over 2-3 weeks but may take as long as 8 weeks. The number of lesions can vary from each eruption and can vary in size and severity with each onset. Lesions may be asymptomatic or can be itchy or painful.

Is it contagious or inherited?
LyP is not contagious. There is no supportive research indicating that this is a genetic or hereditary disease.

What causes LyP?
Although there is continuing research, at this time, no single factor has been proven to cause this disease.

What is the progression of the disease?
In up to 90% of cases, LyP is a persistent or self-limited disease with no associations with other immune system diseases and does not affect the overall health of the patient. In up to 10% of LyP cases, there is an association with lymphomas, cutaneous T-cell lymphoma (mycosis fungoides (MF)), anaplastic large cell lymphoma, or Hodgkins lymphoma. In patients with lymphomas, LyP may develop before, after or at the same time the lymphoma is diagnosed. Some experts consider LyP to be a low grade, self-limited form of skin lymphoma.
Is there a cure for LyP?
There is no known cure for LyP, however, there are therapies that are active in treating lesions. Some cases resolve spontaneously.

How is LyP diagnosed?
LyP is diagnosed by a skin biopsy. The interpretation of the skin biopsy can be difficult and is best done by an experienced dermatopathologist. Patients who are diagnosed with LyP may expect additional studies such as skin biopsies, blood tests, X-rays and scans to detect any associated lymphomas.

What are the treatments for LyP?
Treatment depends upon the severity of the disease. In mild cases, with few lesions, a topical steroid cream may be used. Steroid creams do not prevent the development of new lesions but may be helpful in reducing the lesion symptoms. For widespread disease with many lesions, PUVA phototherapy, oral retinoids and low doses of metrotrexate (MTX) can be effective. In patients with LyP-associated lymphomas, treatment of the lymphoma will also clear the LyP in most cases.

Is LyP a CTCL?
CTCL is the acronym for cutaneous T-cell lymphoma. It is a general term for several lymphomas of skin. Most experts classify LyP as pre-CTCL and some classify it as a low-grade form of CTCL. The American Cancer Society does not classify LyP as a form of cancer, but it has been acknowledged as such in Europe. In 1997, the European Organization for Research and Treatment of Cancer (EORTC) formally classified LyP as a form of CTCL.

Where can I go for support?
Cutaneous Lymphoma Foundation:  http://www.clfoundation.org/
LyP online Support Group:  http://health.groups.yahoo.com/group/LyPsupport/

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