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Lymphoma itchy skin

Advertisement Advertisement Advertisement Lymphoma is a cancer that starts in cells that are part of the body's immune system. Rare lymphomas that start in the skin are called skin lymphomas (or cutaneous lymphomas). If you have a skin lymphoma or are close to someone who does, knowing what to expect can help you cope. Here you can find out all about skin lymphomas, including risk factors, symptoms, how they are found, and how they are treated. There are many types of skin lymphomas. Classifying them can be confusing (even for many doctors) because many of them are not very common. The main system used to classify skin lymphoma is from the World Health Organization (WHO), which was last updated in 2016. It is based mainly on: Whether the lymphoma starts in T lymphocytes (T cells) or B lymphocytes (B cells) How the lymphoma looks under the microscope Whether certain proteins are on the lymphoma cells (based on lab tests) T-cell skin lymphomas Most skin lymphomas are T-cell lymphomas. These are sometimes called cutaneous T-cell lymphomas (CTCLs). Mycosis fungoides: Nearly half of all skin lymphomas are mycosis fungoides (MF). MF can occur in people of any age, but most who get it are in their 50s or 60s. Men are almost twice as likely as women to develop this lymphoma. The first sign of this disease is one or more patchy, scaly, red lesions (abnormal areas) on the skin. MF lesions can be very itchy. Often these lesions are the only symptom of MF. But in some people the disease can progress to more solid, raised tumors on the skin (called plaques). Because MF can be confused with other skin problems, it can be hard to diagnose at first. Several biopsies of the lesions might be needed before the diagnosis is confirmed. Over time, MF can spread across the skin or invade lymph nodes and organs like the liver. In many people this disease grows slowly, but it can sometimes grow more quickly, especially in older people. Some people with MF go on to develop Sezary syndrome. Rare variants of MF include folliculotropic MF, pagetoid reticulosis, and granulomatous slack skin. Sezary syndrome (SS): This is often thought of as an advanced form of mycosis fungoides, but these are actually different diseases. In SS, most or all of the skin is affected, instead of just patches of skin. People with SS typically have a very itchy, scaly red rash that can look like a severe sunburn. This is called generalized erythroderma. The skin is often thickened. Lymphoma cells, called Sezary cells, can be found in the blood (as well as in the lymph nodes). Whereas MF is usually slow growing, SS tends to grow and spread faster, and is harder to treat. People with SS also often have further weakened immune systems, which increases their risk of serious infections. Adult T cell leukemia-lymphoma (ATLL): This rare type of T-cell lymphoma is more likely to start in other parts of the body, but it can sometimes be confined to the skin. It is linked to infection with the HTLV-1 virus (although most people infected with this virus do not get lymphoma). It is much more common in Japan and the Caribbean islands than other parts of the world. This lymphoma often grows quickly, but in some cases it advances slowly, or even shrinks on its own for a time. Primary cutaneous anaplastic large cell lymphoma (C-ALCL): This lymphoma usually starts as one or a few tumors on the skin, which can vary in size. Some of these may break open (ulcerate). Most people with this disease are in their 50s or 60s, but it can also occur in children. It is found at least twice as often in men as in women. In most cases it does not spread beyond the skin, and the prognosis (outlook) is very good. Lymphomatoid papulosis: This is a benign, slow-growing disease that often comes and goes on its own, even without treatment. In fact, some doctors think of it not as a lymphoma, but rather as an inflammatory disease that might progress to a lymphoma. But under a microscope, it has features that look like primary cutaneous ALCL. Lymphomatoid papulosis often begins as several large pimple-like lesions that may break open in the middle. This disorder is seen in younger people more often than other T-cell skin lymphomas, with an average age of around 45. Men get this disease more often than women. This disease often goes away without treatment, but it can take anywhere from a few months to many years to go away completely. Lymphomatoid papulosis doesn't spread to internal organs and is not fatal. Rarely, some people with this skin disorder develop another, more serious type of lymphoma. Subcutaneous panniculitis-like T-cell lymphoma: This rare lymphoma invades the deepest layers of the skin, where it causes nodules (lumps) to form. Most often these are on the legs, but they can occur anywhere on the body. This lymphoma affects all ages and both sexes equally. It usually grows slowly and tends to have a good outlook. Extranodal NK/T-cell lymphoma, nasal type: This rare type of lymphoma can start in T-cells or in other lymphocytes known as natural killer (NK) cells. It typically starts in the nose or sinuses, but sometimes it can start in the skin. This lymphoma has been linked to infection with the Epstein-Barr virus (EBV), and is more common in Asia and Central and South America. It tends to grow quickly. Primary cutaneous peripheral T-cell lymphoma, rare subtypes: This is a group of rare skin lymphomas that don't fit into any of the above categories. There are several types. Primary cutaneous gamma/delta T-cell lymphoma develops as thickened plaques (raised lesions) or actual tumors, mainly on skin of the arms and legs, but sometimes in the intestines or lining of the nose. This type of lymphoma tends to grow and spread quickly. Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma develops as widespread patches, nodules and tumors that often break open in the middle. This type of lymphoma can sometimes look like mycosis fungoides, but a biopsy can tell them apart. This lymphoma tends to grow and spread quickly. Primary cutaneous acral CD8+ T-cell lymphoma is very rare, and typically starts as a nodule on the ear, although it can also start on other parts of the body, such as the nose, hand, or foot. It tends to grow slowly and can often be cured with treatment. Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder often starts as a single area of thickening of the skin or a tumor on the head, neck, or upper body. This disease tends to grow slowly and can often be cured with treatment. B-cell skin lymphomas These lymphomas are sometimes referred to as cutaneous B-cell lymphomas (CBCLs). Primary cutaneous marginal zone B-cell lymphoma: This is a very slow-growing lymphoma that is usually curable. In Europe (but not in the United States), it is sometimes linked to an infection with Borrelia, the germ that causes Lyme disease. This lymphoma can occur at any age, although it tends to occur more often in older adults. It appears as skin lesions that are red to purplish large pimples, plaques (raised or lowered, flat lesions), or nodules (bumps) on the arms or upper body. There may be only a single lesion, but there can sometimes be a few. Primary cutaneous follicle center lymphoma: This is the most common B-cell lymphoma of the skin. It tends to grow slowly. The early lesions are groups of red pimples, nodules, or plaques that form on the scalp, forehead, or upper body. Less often they are found on the legs. Sometimes the pimples grow into nodules. This type of lymphoma is typically found in middle-aged adults. It tends to respond well to radiation therapy, and most patients have an excellent outlook. Primary cutaneous diffuse large B-cell lymphoma, leg type: This is a fast-growing lymphoma that begins as large nodules, mainly on the lower legs. It occurs most often in older people, and is more common in women than men. In some people, this lymphoma spreads to lymph nodes and internal organs, causing serious problems. These lymphomas often require more intensive treatment. The outlook is better if there is only one lesion at the time of diagnosis. Give In Honor & Memorial Sign Up For Email Cancer A-Z Stay Healthy Treatment & Support News Our Research Get Involved Our Partners About Us Search Credit: GARO/PHANIE/Getty Images Find out what's causing your constant urge to scratch so you can figure out how to treat it. Around 10% of people experience notable itching, officially called pruritus. You can have itchy skin due to simple dryness, poison ivy, chickenpox, bug bites, or more serious conditions like psoriasis and eczema. Sometimes itching plaques your whole body, other times just one place. Itchy skin can last for weeks or more. Sometimes itchiness comes with redness, rashes, bumps, or cracked skin, and sometimes it doesn't.If you have itchy skin, you're going to want to get to know what's causing it so you can figure out how to stop it. Most of the time it's no big deal and may be as simple as following Grandma's instructions: Don't scratch!Here are a few common itchy skin causes to look out for—and how to stop that itch.RELATED: 13 Reasons You Have Scaly Skin-and How to Get Rid of It Advertisement Advertisement Credit: Guido Mieth/Getty Images This is one of the most common causes of itchy skin, and one that usually doesn't come with a rash. Dry skin is especially common in older folks or people who smoke, spend too much time in the sun, or overuse skin products. It's also prevalent in the winter and in dry environments.Dry skin feels rough and flakes, but you shouldn't see any red bumps or welts, which are usually a sign of something else. Dry skin often itches, but not always.Your first strategy against dry skin is to moisturize three to four times a day. Limit the time you spend in the bath or shower, as this can further dry your skin.A common next step is 1% hydrocortisone skin cream, available over the counter. If that doesn't help after about a week, see your doctor; she may prescribe a stronger steroid cream or an antihistamine pill.RELATED: 5 Foods That Fight Dry Skin From the Inside Out Atopic dermatitis is the most common form of eczema. It can appear as dry, red, irritated skin. If it becomes infected, you may also have small, fluid-filled bumps, which can break and crust over.“The mainstay of eczema therapy is moisturize, moisturize, moisturize,” says Nishit Patel, MD, assistant professor of dermatology at the University of South Florida Morsani College of Medicine in Tampa. “In mild cases, that may be enough.”Choose your skincare products like soap carefully and avoid fragrances, he advises. Dry sheets, scratchy fabrics, and hot showers can also aggravate the condition. Topical steroids may help.“What's important are newer medications that are available for patients with atopic dermatitis,” says Luz Fonacier, MD, a spokesperson for the American College of Allergy, Asthma, and Immunology and professor of medicine at SUNY Stony Brook. “Before, there was nothing you could do [except] give topical steroids, moisturizers, and antihistamines.”RELATED: 13 Things That May Make Atopic Dermatitis Worse Advertisement Credit: Blossom Peaches/Getty Images This type of itchy rash usually shows up where you came into contact with something you're allergic or sensitive to, be it a chemical, paint, wool, or a fragrance. You may also have swelling or blisters that pop and leak fluid.“Very commonly, [allergic contact dermatitis] looks just like eczema, but the distribution suggests there's more of an external trigger,” says Dr. Patel.Contact dermatitis can also be hard to identify because it can show up 72 hours or more after the exposure. In some cases, it may even turn up unexpectedly, even if you've been using the same product-like your favorite shampoo—for years.“We don't fully understand why, [but] the immune system is not stagnant over time,” says Dr. Patel.Treat mild reactions with moisturizer and an over-the-counter topical corticosteroid and antihistamine. Talk to a doctor if you have a more severe case with a larger rash or swelling. Do your best to determine what you reacted to—so you can avoid it in the future.RELATED: 31 Everyday Things You Didn't Know You Could Be Allergic To Is it a poison ivy rash? Watch the video to learn how to tell—and how to treat it. The skin condition most commonly affects knees, elbows, and the lower back, but yes, it is possible to have psoriasis on your face too. Advertisement Advertisement Credit: Getty Images Itching can be a side effect of many medications. The symptom can also come with rashes or eczema-like dry skin. “Medication allergies generally present as rash and itching,” explains Dr. Patel.Some of the culprits are painkillers (both over-the-counter and prescription), antibiotics like penicillin or sulfa drugs, and certain psychiatric and anti-seizure medications.Talk to your doctor if you take any of these meds and experience itchy skin. You may be able to find a substitute or change the dose—but never stop or adjust prescribed medications on your own.If you have to stay on the medication, OTC antihistamines and ointments may help.RELATED: 9 Potential Side Effects of Opioid Medications Although the kidneys may feel unrelated to your skin, chronic kidney disease can cause itching. This type of itchiness often affects large areas and is worse at night. “The kidneys are tasked with clearing toxins from the system,” says Dr. Patel. “When you don't have those working optimally, you can have a buildup of metabolites that can collect in the skin and become triggers.”In fact, as many as 40% of people with end-stage renal disease may have itchy skin, which can severely affect quality of life.Again, moisturizing is key. So is making sure you're getting the best treatment for your kidney disease.RELATED: 7 Signs You Could Have Kidney Stones-and When to See a Doctor Credit: fotostorm/Getty Images Like the kidneys, the liver is also involved in clearing toxins from your body. That means problems with the liver can also cause buildups that lead to itchy skin. The itching can be mild or severe, widespread or limited to certain areas (like the palms of the hands or soles of the feet). It can also come and go.Itching related to liver disease tends to be worse before your period, when you're under stress, and at night.Moisturizers and warm baths may help mild itchiness, while more severe itching calls for medication.RELATED: 5 Surprising Facts About Your Liver Advertisement Numbness, tingling, and pins and needles are all symptoms of diabetic neuropathy, a common complication of diabetes.Itching involves another process: People with diabetes tend to have dry skin, which is prone to fungal infections like jock itch and athlete's foot, which in turn can cause itching in certain areas. This itching, says Dr. Fonacier, tends to occur in specific spots and not across the entire body.Using mild soap and other skincare products along with not luxuriating too long in the bath or shower can help. Be sure to moisturize, moisturize, moisturize-and if problems get worse, talk to your doctor.RELATED: The 7 Most Common Diabetes-Related Medical Emergencies Credit: Getty Images Shingles is the vicious, blistery rash that can strike people who've had chickenpox earlier in life.Chickenpox itself is a considerable source of itchy misery, but the itching associated with shingles usually comes after the hallmark blisters are gone.“The skin has healed but there is residual itching in the area because the nerve is irritated,” explains Dr. Fonacier.The varicella-zoster virus causes both chickenpox and shingles, and there's no cure. The pain of shingles can be relieved by some medications, but easing the itch is a little trickier.Topical solutions may help, but never put creams on lesions that are still active, says Dr. Fonacier. Talk to your doctor about other remedies.RELATED: 5 Home Remedies for Shingles Even experts are stumped by multiple sclerosis (MS), the tricky autoimmune disease that affects women two to three times more often than men. To add to the confusion, there's no diagnostic test for the disease, and one patient can experience wildly different symptoms from another.What experts do know? MS occurs when the body starts to attack its own central nervous system, and certain factors can raise one's risk of developing the disease.Watch the video to learn about the five traits that might raise your risk of MS. Advertisement Credit: GARO/PHANIE/Getty Images In rare cases, itching can be a sign of cancer, usually a blood cancer.One example is polycythemia vera, which affects the bone marrow. People with this disease might experience itchiness after a warm bath or shower along with other symptoms like headaches, dizziness, and fatigue.Sézary syndrome, a type of lymphoma, can come with rashes, scaly skin, and itching as well.People with pancreatic cancer may also itch—not from the cancer itself, but from a tumor blocking the bile duct.Talk to your doctor about your symptoms—including if you have itchy skin while being treated for cancer, as some cancer treatments themselves can cause itching. lymphoma itchy skin reddit. lymphoma itchy skin pictures. lymphoma itchy skin no rash. lymphoma itchy skin at night. lymphoma itchy skin location. lymphoma itchy skin rash. lymphoma itchy skin symptom. hodgkin's lymphoma itchy skin

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