We present a unique case of EBV positive mucocutaneous ulcer presenting in an 89 year old man. The patient presented with multiple scalp lesions and a large lower lip lesion which had been rapidly enlarging over the course of several months, causing dysphagia and a 10 pound weight loss. Prior tissue biopsy of the lesions were suspicious for squamous cell carcinoma, so the patient underwent resection (EBV) positive mucocutaneous ulcer is a form of EBV associated lymphoproliferative disorder which is rarely reported in western literature. It is associated with different sources of immune suppression including drug-induced immune suppression and age-related immunosenescence. The novelty of this case is in the fact that this diagnosis needs inclusion in the differential of a lip mass alongside the common diagnosis of squamous cell carcinoma (SCC). This is due to the benign nature of an EBV associated B-cell lymphoproliferative disorder and the difference in surgical dissection in the treatment relative to SCC.

EBV is known to be associated with development of lymphomas in immunocompromised patients. Recently, age-related immune impairment has been recognized as a predisposing factor in the development of EBV-positive lymphoproliferative disorders in patients without known immunodeficiency. This new entity has been difficult to define within the cutaneous B-Cell lymphoproliferative disorders. Although more common in Asia, especially Japan, very few cases has been described in the Western world. The significance of determining how to distinguish this disease from others, especially between this and Squamous Cell Carcinoma or other malignant conditions, is important due to difference in prognosis. This is due to the fact that some other disease processes require aggressive treatment with surgery alongside chemotherapy and radiation yet this Epstein-Barr Virus (EBV) positive mucocutaneous ulcer is indolent, and generally responds to conservative treatment with spontaneous remission.

![Figure 1](image1.png)

**Figure 1:** A&B: Gross presentation of the mucocutaneous ulcerated masses at presentation. C: Histopathology demonstrating dense, diffuse polymorphic cells (Hematoxylin & eosin stain, magnification 10x)

In this article we present the case of an EBV positive mucocutaneous ulcer. All margins and lymph nodes were found to be negative.

![Figure 2](image2.png)

**Figure 2:** A) Histopathology demonstrating diffuse polymorphic cells. Brown segments identify CD30+ staining B) Lymphocytes, large, pleomorphic cells with Reed-Sternberg appearance (Hematoxylin & eosin stain, magnification 20x)

![Figure 3](image3.png)

**Figure 3:** Patient was taken for surgical dissection of all lesions, including lesion of lower lip, alongside right and left, levels I-IV, lymph node dissection with radial forearm free flap reconstruction. Patient was discharged, doing well, and instructed to follow-up with his dermatologist outpatient.

**References**

