

Cutaneous Presentation of Diffuse Large B-Cell Lymphoma

Diffüz Büyük B-Hücreli Lenfomanın Kutanöz Prezantasyonu

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A 37-year-old male presented with a 2-month-old skin lesion over his chest, which had been increasing in size. He also complained of fatigue and intermittent low-grade fever for the past 3 weeks. He exhibited no other constitutional or systemic symptoms but had pallor and palpable cervical and axillary lymph nodes. His vitals and systemic examination results were normal. He had a hard, non-tender, erythematous, infiltrated plaque (4×5 cm) on the left anterior chest, with local rise in temperature (Figure 1). His blood investigations showed anemia (Hb 8.5 g%). Serum protein electrophoresis showed negative results. Contrast-enhanced CT of the neck, thorax, and abdomen revealed an enlarged thymus, moderate hepatosplenomegaly, and multiple significantly enlarged lymph nodes (mediastinal, cervical, axillary, inguinal and intra-abdominal). Focal lytic osseous lesions were seen in the right iliac bone. Brain MRI showed a few nodular deposits in the occipital region. Skin and bone marrow biopsies were suggestive of stage IV Non-Hodgkin's lymphoma (NHL) [diffuse large B-cell lymphoma (DLBCL)]. Following the first cycle of chemotherapy [CHOP with rituximab (R-CHOP) regimen], his skin lesion disappeared. Patient is currently on regular follow-up and chemotherapy, and his condition is well.

Diffuse large B-cell lymphoma is the most common and aggressive form of NHL. It is uncommon among children. It can present either as a primary lymph node disease or at extranodal sites, such as the gastrointestinal tract and bone marrow [1]. The skin lesions can be primary or secondary and are commonly seen on the legs, followed by the scalp, back, abdomen, face, and arms. They may present as tumors, subcutaneous nodules, popular lesions, or indurated plaques [2]. The initial investigations include blood tests, such as complete blood count, liver function test, uric acid test, calcium test, and serum protein electrophoresis. Imaging modalities, such as CT scans, are helpful. Bone marrow biopsies show bone marrow involvement. R-CHOP is the most common chemotherapeutic regimen used. Patients with stage II, III, or IV disease require six to eight cycles of R-CHOP. The role of radiation therapy is unclear [1].



Figure 1. Hard, non-tender, erythematous, infiltrated plaque on the left anterior chest.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Baby Memorial Hospital (Decision Date: 09.04.2017).

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

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