

Leg Type Primary Cutaneous Diffuse Large B-Cell Lymphoma

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A 78-year old woman presented with a 3-months history of gradually and rapidly expanding slightly tender, erythematous, focally indurated plaques with irregular borders on the posterior aspect of her right lower leg (Fig. 1). No palpable enlarged lymph node was also found.

A dense infiltrate of large atypical lymphoid cells within the dermis and subcutaneous fat, without capillary involvement, was showed by skin biopsy (Fig. 2a). Most cells were large non-cleaved centroblasts and



Fig. 1 Three violaceous nodules on the right lower leg

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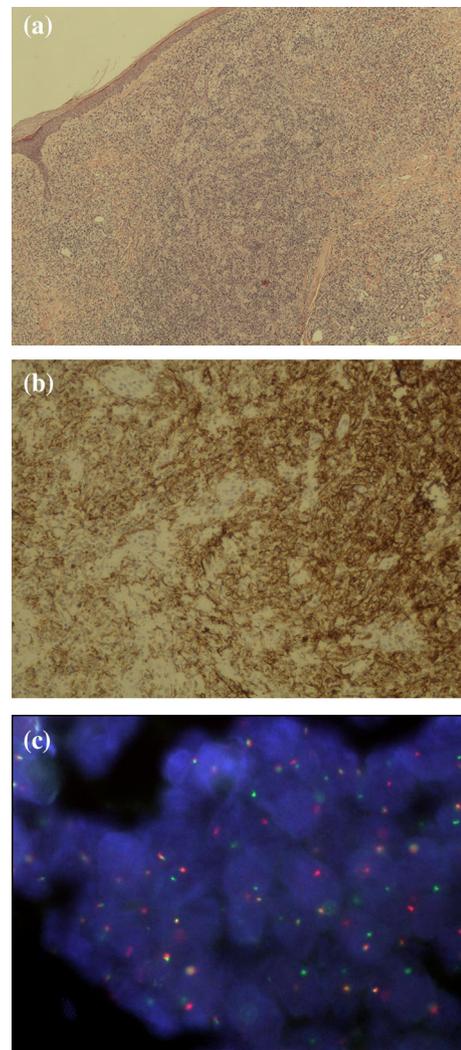


Fig. 2 **a** Dense infiltrate of large atypical lymphoid cells within the dermis and subcutaneous fat (H&E stain, $\times 4$). **b** Dense infiltrate, strongly positive for CD20 (CD20, $\times 10$). **c** MYC rearrangement (8q24), detected by fluorescence in situ hybridization (FISH)

immunoblasts with oval to round nuclei and prominent nucleoli. Proliferative index (Ki67) was 90%. Infiltrating cells were found strongly positive for CD20 (Fig. 2b), CD79a, and bcl-2, confirming the B-cell phenotype. MUM-1 and bcl-6 were found focally positive, while CD30, CD68, cyclin D1, myeloperoxidase, TdT, CD23, CD138, CD43, CD10, and CD21 were negative. MYC rearrangement (8q24) (Fig. 2c), but not bcl-2 rearrangement (18q21), was also detected by FISH. All these data were consistent with the diagnosis of primary cutaneous diffuse large B-cell lymphoma, leg type (PCDLBCL-LT), a rare cutaneous B-cell lymphoma of intermediate grade, mostly affecting elderly patients [1, 2]. Usually, PCDLBCL-LT is treated as a systemic diffuse large B-cell lymphoma. In this case, rituximab, gemcitabine and oxaliplatin based regimen was given and a complete and durable remission obtained.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from the patient.

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