Primary cutaneous large B-cell lymphoma of the leg with bad evolution

A 77-year old man was referred for a 3-month history of three nodules on his right lower leg (Figure 1). Histopathologic examinations revealed a lymphoid infiltrate throughout the dermis, non-epidermotropic, with predominance of large cells (Figure 2), expression of CD20 (Figure 3) and strong reaction for bcl-2. The diagnosis of a primary cutaneous large B-cell lymphoma (PCLBCL) of the legs was made. There were no signs of systemic involvement (physical examination, computed tomography of thorax and abdomen at diagnosis and six months later, and bone marrow biopsy). The patient was treated with local radiotherapy and responded favorably but nine months later he presented with nodal spread of disease not responding to the CHOP protocol. PCLBCL of the legs is considered in the EORTC classification of B-cell cutaneous lymphomas as an entity with an intermediate clinical behavior[1] although some authors do not share this view.[2]

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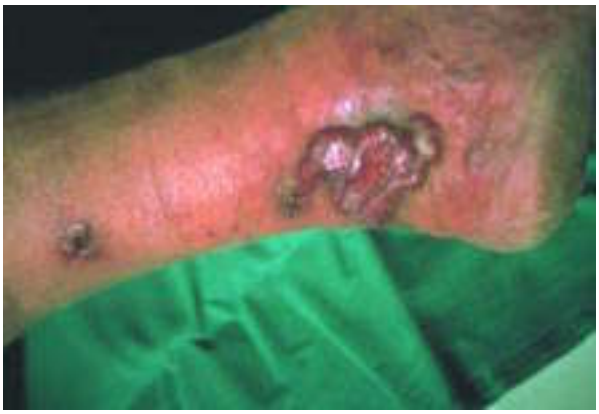

Figure 1. Reddish tumors, the largest with necrotic center, on the right leg.

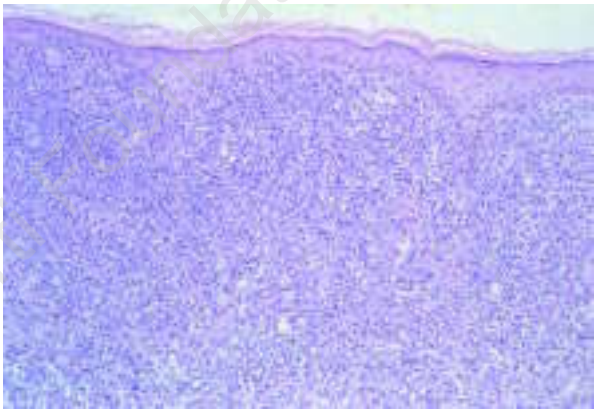

Figure 2. Primary cutaneous large B-cell lymphoma. Mixture of centrocytic and centroblastic infiltrates, extending to the dermis. (Hematoxylin-eosin, × 100).

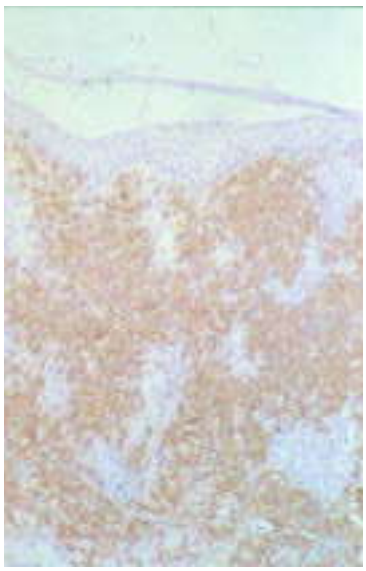

Figure 3. Immunohistochemistry. Strong reaction to CD20.

References

1. Willemze R, Kerl H, Sterry W, et al. EORTC classification for primary cutaneous lymphomas: a proposal from the Cutaneous Lymphoma Study Group of the European Organization for Research and Treatment of Cancer. Blood 1997; 90: 354-71.
2. Fernández-Vazquez A, Rodriguez Peralto JL, Martínez MA, et al. Primary cutaneous large B-cell lymphoma: the relation between morphology, clinical presentation, immunohistochemical markers, and survival. Am J Surg Pathol 2001; 25:307-15.