SKIN CANCER (OTHER THAN MELANOMA)

DIFFUSE LARGE B-CELL LYMPHOMA-LEG TYPE IN MIDDLE-AGED PATIENT WITH ATYPICAL LOCALIZATION AND UNCOMMON IMMUNOHISTOCHEMICAL FEATURES

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Background: Diffuse Large B-cell Lymphoma, leg type (DLBCL-LT) is a rare and moderately-aggressive skin neoplasm that predominantly affects the lower leg(s) in elderly women (male to female ratio is 1:3–1:4; median age is in eight decade). DLBCL-LT often spreads to extracutaneous sites, most commonly to the lymph nodes, the bone marrow, and the central nervous system.

Observation: We report a case of a 46-year-old female patient with histologically confirmed DLBCL-LT. Her family history was negative for tumors. Skin lesions appeared 8 months before first medical examination in a local hospital. The patient had two infiltrated red plaques in the interscapular area on her back, with excessive subjective itching sensation. Her general health was good. She was treated with systemic and topical antibiotics without clinical response. The first examination in our clinic revealed two nodes on her back, one with central ulceration. Biopsy was performed and histopathological analysis showed diffuse interstitial infiltrate of large lymphoid cells of centroblastic and immunoblastic type. Beside regular immunohistochemical features (CD20+, CD3-, CD10-, TdT-) atypical finding was Ki67 immunpositivity in almost 100% of cells, which is a rare finding in this tumor.

Key Message: Our case shows unusual clinical and pathological presentation of DLBCL-LT in younger patient with atypical localization and high Ki67 immunopositivity in almost 100% of cells, which represents rare and extremely aggressive form of this tumor. Standard treatment includes chemotherapy (CHOP), but also radiotherapy or targeted therapy (anti-CD20 antibodies) in some cases. Although this type of clinical and immunochistocemical presentation is uncommon, early recognition is crucial due to introduction of appropriate

therapy. The prognosis is poor in this particular case.