

[PICTURES IN CLINICAL MEDICINE]

Primary Cutaneous Diffuse Large B-cell Lymphoma, Leg Type

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Picture 1.



Picture 2.

A 58-year-old man with a history of diabetes mellitus and systemic lupus erythematosus was hospitalized because of multiple rapidly enlarging skin tumors on both legs that were necrotic and foul-smelling (Picture 1). Laboratory studies revealed anemia, hypoalbuminemia, a strong inflammatory response, and a high soluble interleukin-2 receptor concentration [8,400 IU/mL (normal range, 150-520)]. Computed tomography of the chest, abdomen, and pelvis did not reveal any enlarged lymph nodes. Biopsy of a tumor on the left leg revealed diffuse large B-cell lymphoma (DLBCL). Thus, a clinical diagnosis of primary cutaneous DLBCL, leg type, was made. Combination chemotherapy (rituximab, etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin, cytarabine, and methotrexate) administered after

the failure of first-line therapy resulted in regression of the tumors on both legs at 7 months after the initiation of this second-line chemotherapy (Picture 2). However, at 17 months after the diagnosis, the patient died of respiratory failure due to a massive hemorrhagic pleural effusion with tumor recurrence.

The authors state that they have no Conflict of Interest (COI).

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