

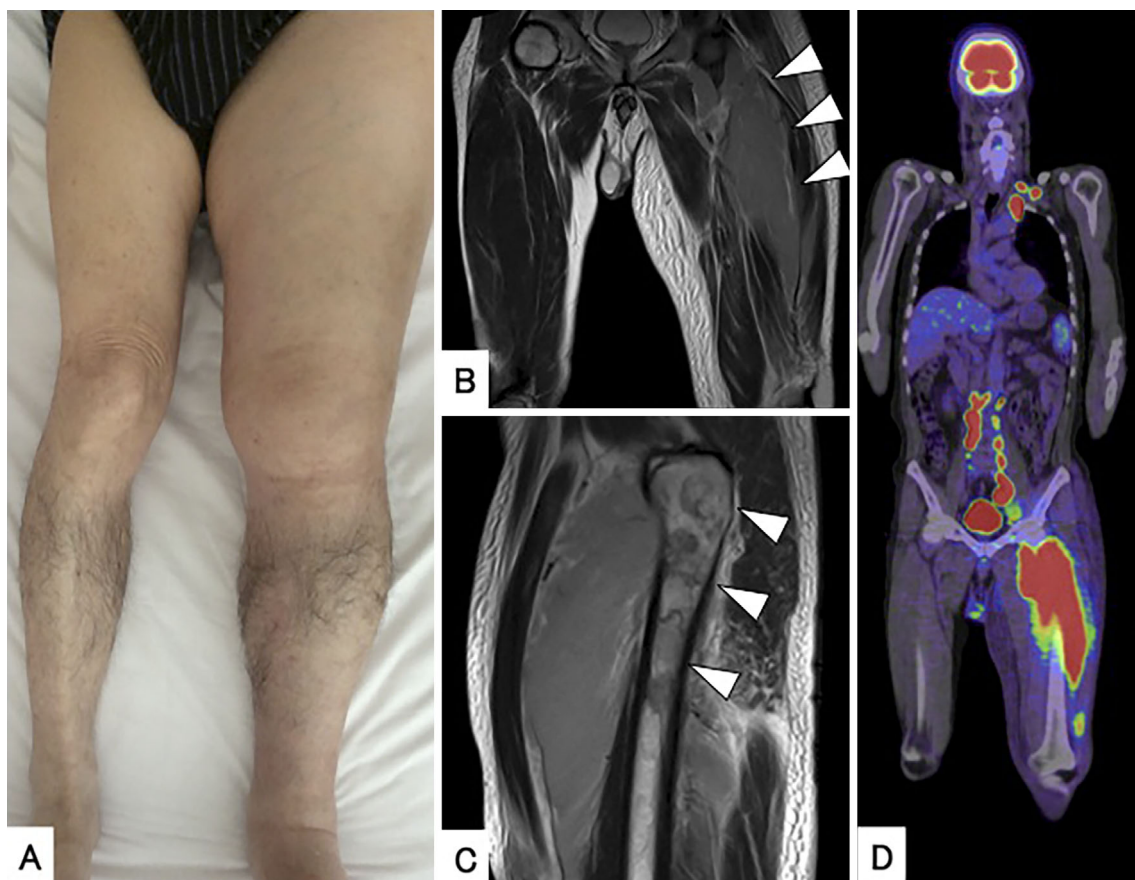
Diffuse Large B-cell Lymphoma Involving the Skeletal Muscle

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Key words: diffuse large B-cell lymphoma, soft tissue mass, unilateral leg swelling

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Picture.

A 65-year-old man was referred to our hospital with extensive swelling of the left leg (Picture A). His serum levels of lactate dehydrogenase and soluble interleukin-2 receptor were elevated to 1,000 IU/L (reference range, 120-240 IU/L) and 3,922 U/mL (reference range, 122-496 U/mL), respectively. Magnetic resonance imaging of the leg showed an enlarged left thigh composed of the quadriceps femoris mus-

cles with a high-intensity area (Picture B, arrows) and the femoral bone, with heterogenous spots on T2 images (Picture C, arrows). Positron emission tomography-computed tomography identified high uptake of ¹⁸F-FDG (SUVmax, 13.25), predominantly in the muscles of his left thigh and also in the supraclavicular, subclavicular, and abdominal lymph nodes (Picture D). Following a biopsy of the left su-

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praclavicular lymph node, a diagnosis of diffuse large B-cell lymphoma was made. Non-Hodgkin's lymphoma involving the skeletal muscles is rare, accounting for 1.4% of all lymphomas (1, 2). It is therefore important to consider the possibility of lymphoma in patients with unilateral leg swelling.

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

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