Systemic follicular lymphoma with cutaneous involvement

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INTRODUCTION

Systemic follicular lymphoma constitutes a heterogeneous group of clinical presentations and their cutaneous manifestation is rare with less than 4% of patients developing skin involvement. Herein we report a case of Systemic follicular lymphoma with cutaneous involvement.

CASE REPORT

A 65-year-old woman, presented with a one-year history of pruriginous erythematous lesions on her scalp, the trunk, and limbs. Dermatological examination revealed erythematous to violaceous, indurated, well-demarcated, smooth surface, plaques, nodules, and tumors on her scalp, trunk, neck, limbs (Fig. 1a and 1b). She had multiple lenticular axillars and cervical lymphatic nodes without hepatosplenomegaly. A skin biopsy revealed a nodular and diffuse dermal infiltrate of centroblasts with the positivity of the large lymphoid cells for CD20, Bcl-2, CD10, and CD30. CD15 was expressed by a few tumoral. Excision of the axillary lymphatic node showed effacement of normal lymph node architecture. Diagnosis of high-grade B cell lymphoma unclassifiable between Cutaneous Diffuse Large B-Cell Lymphoma and Hodgkin disease was made. The patient was referred to the department of oncology and treated with RCHOP regimen.

ABSTRACT

A 65-year-old woman was referred to our department with a one-year history of pruriginous erythematous lesions on her scalp, the trunk, and limbs. Dermatological examination revealed erythematous to violaceous, indurated, well-demarcated, smooth surface, plaques, nodules, and tumors on her scalp, trunk, neck, limbs. She had multiple lenticular axillars and cervical lymphatic nodes without hepatosplenomegaly. A skin biopsy revealed a nodular and diffuse dermal infiltrate of centroblasts with the positivity of the large lymphoid cells for CD20, Bcl-2, CD10, and CD30. CD15 was expressed by a few tumoral. Excision of the axillary lymphatic node showed effacement of normal lymph node architecture. Diagnosis of high-grade B cell lymphoma unclassifiable between Cutaneous Diffuse Large B-Cell Lymphoma and Hodgkin disease was made. The patient was referred to the department of oncology and treated with RCHOP regimen.

Key words: Systemic follicular lymphoma; Cutaneous involvement; Chimiotherapy

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effacement of normal lymph node architecture. The neoplastic cells comprise a mixture of large cells, few Reed-Sternberg-like cells, small lymphocytes, and eosinophils with an expression of CD20, CD30, CD10, and CD15 (Fig. 5 and 6).

The patient was referred back to the department of oncology, where she was treated with RCHOP (Rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) regimen. The follow-up is in progress.

DISCUSSION

Primary cutaneous BCLs (PCBCLs) is a type of non-Hodgkin lymphoma (NHL) are defined as malignant B-cell proliferation presenting with cutaneous involvement alone, without evidence of extracutaneous manifestations when complete staging has been performed [1].

However, when the disease presents with the lymph node and extranodal involvement, lymph node biopsy should be preferred [2]. In all cases, a surgical biopsy seems preferable because of the cellular and architectural heterogeneity possible within the same ganglion and as well as the possibility of detecting the areas of large cells that could make suspect a histological transformation [3].

It is important to rule out systemic BCL as a cause of skin lesions because, compared to PCBCL, it often displays a more aggressive clinical behavior, thereby requiring a different therapeutic approach. In fact, because of the rarity of PCBCL, skin lesions should be considered as secondarily spread from a systemic lymphoma until proven otherwise [4]. An appropriate laboratory workup to exclude systemic disease includes computed tomographic scans of the chest, abdomen, and pelvis, a complete blood cell count, blood chemistries, lactate dehydrogenase, and bone marrow aspirate with gene rearrangement studies [5].

While the cutaneous involvement of PCBCL is well documented, there are only a few publications of the systemic involvement of BCL [6,7]. In our case, they were patches, plaques, nodules, and tumors with extensive involvement of the scalp, trunk, and limbs.
CONCLUSION

To the best of our knowledge, this is the first description of the cutaneous involvement of Systemic BCL unclassifiable between Cutaneous Diffuse Large B-Cell Lymphoma and Hodgkin disease. Through our observation, we want to highlight the importance of exclusion of a systemic BCL especially if cutaneous involvement includes extensive tumors, plaques, and nodules.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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