SKIN CANCER (OTHER THAN MELANOMA)

DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT.

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Background: Cutaneous B-cell lymphomas (CBCL) represent 20% of all cutaneous lymphomas, and are classified in three main groups: primary cutaneous marginal zone B-cell lymphoma, primary cutaneous follicle centre lymphoma and primary cutaneous diffuse large B-cell lymphoma (DLBCL) leg type. The later represents 20% of all CBCL.

Observation: A 91-year-old woman presented a 4x5 cm hot erythematous tumour lesion on her left cheek, which was hard and fixed to deep tissues. It evolved into a violet red lump in a month's time, with ulcerations and haemorrhagic scabs on its surface, infiltrating the left nasal wing, lower eyelid and upper lip, displacing the midline and eyeball and conditioning loss of vision. The CT scan revealed invasion of the maxillary bone, without swollen lymph nodes or any other sign of systemic affection. The skin biopsy diagnosed DLBCL, positive for CD20, CD79a, Bcl-2, MUM-1 and c-Myc. She was treated with a cycle of cyclophosphamide, vincristine and prednisone, achieving a fast clinical disappearance, and subsequent radiotherapy, which wasn´t completed following the patient's wishes. She finally died three months later at home, from natural causes.

Key Message: We present the case of a DLBCL expressing Bcl-2, c-Myc and MUM-1, immunophenotypic features corresponding to the leg type DLBCL, according to the 2016 revision of the World Health Organization classification of lymphoid neoplasms. This kind of lymphomas, which usually appear on the lower extremities of elderly women, present an aggressive course and carry a poor prognosis. Treatment is based on a cycle of chemotherapy and local adjuvant radiotherapy. The interest of this case relies on the rare location of an atypical cutaneous lymphoma.