SKIN CANCER (OTHER THAN MELANOMA)

T-CELL/HISTIOCYTE-RICH LARGE B-CELL LYMPHOMA

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Background: T-cell/histiocyte-rich large B-cell lymphoma (THRLBCL) is an uncommon morphologic variant of large B-cell lymphoma, which involves very rarely the skin. We report inaugural cutaneous localizations of a THRLBCL.

Observation: A 41-year old with no medical history, presented with multifocal nodular infiltrated lesions that rapidly increased in size for the last 5 months. The patient only reported a recent history of low back pain. Examination revealed multifocal subcutaneous nodular infitrated tumors with erythematous and purple surface located on the thigh, the leg, the flank and the back of the left side. He had no hepatosplenomegaly or lymphadenopathy. Histology revealed an abundant reactive small T-cells that were positive for CD3, CD4 and/or CD8 and histiocytes associated with large tumoral centroblastic cells, which marked positively for CD20 and CD79a. Radiologic investigation revealed multifocal condensation foci, without spleen, liver or lymphadenopathy invasion. The patient was treated with CHOP chemotherapy and the anti-CD20 monoclonal antibody rituximab.

Key message: THRLBCL is a variant of diffuse large B-cell lymphomas notable for its clinical and histopathological features, accounting for 1 to 2% of malignant non-Hodgkin's lymphomas. The defining characteristic of this entity is a robust host inflammatory response that is seemingly ineffective in providing efficient immune surveillance and may even be a factor in promoting tumor growth. Cutaneous and bone localizations are very rare. The main differential diagnosis of this entity is nodular Hodgkin's lymphoma. Like other diffuse large B-cell lymphomas, THRLBCLs follow an agressive clinical course.