SKIN MANIFESTATIONS OF INTERNAL DISEASE

SKIN TUMORS REVEALING HAEMATOLOGICAL MALIGNANCY

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Background: Diffuse large B-cell lymphoma is a rare aggressive systemic non-Hodgkin's B lymphoma characterized by C-MYC gene rearrangements. The epidemiological context distinguishes 3 variants, a pediatric endemic form of equatorial Africa, a rare sporadic form in the West and a form of immunocompromised. We report a particular case of large cell lymphoma B by skin revelation.

Observation: A 72-year-old patient who presented painful erythematous lesions in a context of asthenia and uncosted weight loss 3 months before her consultation. The clinical examination found erythematous infiltrated plaques sitting at the level of the trunk and thighs, ring disposition for some. The dermoscopy had objectified a milky red background, irregular linear vessels and spermatozoid like. Axillary and inguinal lymph nodes with hepatomegaly and splenomegaly.
The cutaneous biopsy was in favor of a cutaneous localization of non-centrogerminatf diffuse large non-Hodgkin B-cell lymphoma, probably secondary. Abdominopelvic ultrasound showed nodular renal parenchymal lesions with hepatomegaly. Ultrasonography of ganglion areas at the bilateral inguinal level, lymph nodes. The patient was put on palliative chemotherapy. The decline is 4 months with stability of the disease.

Key message: Clinically, the lesions evoked cutaneous lymphoma, metastasis or angiosarcoma. Histology allowed the diagnosis of large cell L-cell lymphoma in a sporadic form. Histologically, there are 2 variants: classical B lymphoma and atypical B lymphoma. In our case, the histology was that of a classical B lymphoma but of unusual clinical presentation. Cutaneous involvement is indeed very rare. It is usually secondary to the spread of the disease but can sometimes reveal it as in our observation.