

**Abstract N°: 6035****Primary cutaneous large B-cell lymphomas of the “leg type”, a dorsal localisation**

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**Introduction :**

Primary cutaneous large B-cell lymphomas of the “leg type”, are rare but high-grade aggressive forms of LCBP according to the EORTC/WHO classification, mainly affecting the lower limbs of elderly subjects, we report the case of a Primary cutaneous B-cell lymphoma of the leg type of unusual location.

**Case report:**

A 68-year-old patient presented with a back mass that had been evolving for a year and had rapidly increased in size, on clinical examination the mass measured 17 cm on the long axis, it was hard on palpation, erythematous, traversed by telangiectasis with a weeping central ulceration. The lymph node areas were free and the rest of the clinical examination was without abnormalities.

On the balance sheet: Complete blood count: leukocytes 8660, lymphocytes 790, Platelets 417000, hemoglobin 13.1 LDH: 306.

The skin biopsy had objectified the presence of an undifferentiated tumor proliferation infiltrating the skin tissues, with immunohistochemistry:

Ac anti CD 20 and anti CD 10: positive

Ac anti Bcl6 (clone LN22) and Ac anti MUM1 (clone BC5): positive

Ac anti Bcl2: negative

Ac anti Ki67 (SP6 clone): Marking estimated at 90%

The results were in favor of a cutaneous localization of a malignant non-Hodgkinin lymphoma type B with diffuse large cells of the leg type.

A cervico-thoraco-abdomino-pelvic CT scan was performed, returned without abnormalities, a PET-scan was performed with no evidence of lymph node involvement

R-CHOP polychemotherapy treatment was instituted with excellent progress

**Discussion:**

Cutaneous large B cell lymphomas leg type are defined as diffuse proliferations, consisting of sheets of large B cells with rounded nuclei, immunoblasts and/or centroblasts. They were initially individualized in their most frequent clinical form which affects the lower limbs. The rarer occurrence of identical tumors in other anatomical sites (cephalic extremity or trunk in particular) justifies the extended terminology of BCL leg type, retained in the WHO-EORTC classification

Cutaneous diffuse large cell B-cell “leg-type” lymphoma is defined by histological, phenotypic and gene expression criteria rather than by the anatomical location of the skin lesions

Immunohistochemically, our case fits into a cutaneous large B-cell lymphoma of the lower limb type defined by the following immunohistochemical criteria: a B profile (CD20+) of the “activated” type, bcl2, Mum-1/IRF4+ and FoxP1 positive and a high proliferation rate. The absence of expression of bcl2 and Mum-1 is however observed in 10% of cases. Bcl6 is expressed in 50-68% of cases but CD10 expression is exceptional (0-2%)

**Conclusion:**

The clinical descriptions of diffuse large cutaneous B-cell lymphomas of the lower limb type are fairly stereotyped, but our case illustrates the sometimes atypical manifestations in terms of presentation and location. Despite the differences with nodal B lymphoma at the nosological level, the therapy remains the same.

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