CLINICAL PRACTICE

*Clinical Images***Primary Cutaneous Diffuse Large B Cell Lymphoma, Leg Type (PCDLBCL-LT) in the Setting of Prior Radiation Therapy**Aadel A. Chaudhuri, MD PHD¹ and Marin F. Xavier, MD²¹Department of Internal Medicine, Scripps Mercy Hospital, San Diego, CA, USA; ²Department of Hematology and Oncology, Scripps Mercy Hospital, San Diego, CA, USA.**KEY WORDS:** PCDLBCL-LT; cutaneous lymphoma; radiation therapy.

J Gen Intern Med 30(3):371–2

DOI: 10.1007/s11606-014-3047-y

© Society of General Internal Medicine 2014

Figure 1. Large erythematous maculopapular partially ulcerated lesion in the left lower extremity, as visualized on physical exam.

An 83-year-old man with a history of left lower extremity pleomorphic sarcoma diagnosed and surgically resected in 1998 with neoadjuvant radiotherapy (55–60 Gy), presented with a large and partially ulcerated cutaneous lesion in the region of prior radiation and surgical treatment (Fig. 1). Six months earlier, the lesion appeared as a small ~1 cm erythematous maculopapule that progressively enlarged. PET-CT revealed hypermetabolic foci localized to the cutaneous and subcutaneous tissues of the left calf corresponding to the location of the lesion (Fig. 2). Biopsy showed primary cutaneous diffuse large B cell lymphoma, leg-type (PCDLBCL-

Figure 2. PET-CT scan reveals hypometabolic activity in the cutaneous and subcutaneous tissues of the distal left lower extremity.

LT). The patient was treated with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP), and achieved a complete tumor response.

PCDLBCL-LT is rare, with a much worse prognosis than other forms of cutaneous B cell lymphoma.¹ In contrast to this case, PCDLBCL-LT typically presents with red to bluish nodules or tumors on one or both legs.¹ The five-year survival rate is ~50 %, due to dissemination to extracutaneous sites.^{1,2} PCDLBCL-LT development in the region of prior radiation

Received March 5, 2014

Revised May 27, 2014

Accepted September 18, 2014

Published online October 18, 2014

therapy has not been previously reported. This case highlights that development of secondary cutaneous malignancies should be considered after the administration of high dose radiation therapy.

Acknowledgements: We would like to thank Dr. Stanley Amundson, Program Director in Graduate Medical Education at Scripps Mercy Hospital, for valuable discussion.

Conflict of Interest: All authors declare no conflicts of interest, financial or otherwise.

Corresponding Author: Marin F. Xavier, MD; Department of Hematology and Oncology Scripps Mercy Hospital, 4077 5th Avenue, San Diego, CA 92103, USA (e-mail: xavier.marin@scrippshealth.org).

REFERENCES

1. Suarez AL, Pulitzer M, Horwitz S, Moskowitz A, Querfeld C, Myskowski PL. Primary cutaneous B-cell lymphomas: part I. Clinical features, diagnosis, and classification. *J Am Acad Dermatol.* 2013;69(3):329.e1–13. doi:[10.1016/j.jaad.2013.06.012](https://doi.org/10.1016/j.jaad.2013.06.012). quiz 41–2.
2. Grange F, Beylot-Barry M, Courville P, Maubec E, Bagot M, Vergier B, et al. Primary cutaneous diffuse large B-cell lymphoma, leg type: clinicopathologic features and prognostic analysis in 60 cases. *Arch Dermatol.* 2007;143(9):1144–50. doi:[10.1001/archderm.143.9.1144](https://doi.org/10.1001/archderm.143.9.1144).