

## **P7. PRIMARY CUTANEOUS LARGE B-CELL LYMPHOMA, LEG TYPE- CASE PRESENTATION.**

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**Introduction:** Primary cutaneous large B-cell lymphoma, leg type represents a rare and aggressive type of large B-cell Non-Hodgkin lymphomas. It affects especially old women and its characteristic traits are elevated, red or bluish red lesions on the skin, localized on the lower half of the lower limbs.

**Clinical case:** We present the case of an 85 years old patient, aged 10 months attending the Department of Surgery of the Oncological Institute "Ion Chiricuța" Cluj-Napoca, due to the occurrence of an elevated, bleeding lesion on the right calf, associated with increased intensity pain during walking. The radiological examination of the right calf showed a fracture zone on the tibia, an opacity with several lobes, 7,7/6,2 cm in the adjacent soft parts and other opacities with the same features in the lower right leg. The biopsy of the bigger lesion was performed and the histopathological and the Immunohistochemistry examination established the diagnosis- primary cutaneous large B-cell lymphoma, leg type. Later, the patient is hospitalized in the Hematology Clinic for specialized treatment, for chemotherapy. At the presentation, on the right calf were localized several elevated lesions, between 1,5 and 5 cm diameter and one larger, bleeding, suppurative lesion, with deposits of fibrin, of 6 cm diameter. Biological examination revealed anemia, normal leukocytes and platelets count; elevated LDH level. It was administered chemotherapy- CEOP (Etoposide instead of Doxorubicin, due to the rising age), every 3 weeks, with good clinical tolerance and favorable evolution. After 4 sessions of chemotherapy, the lesions disappear. To the chemotherapy it was associated a monoclonal antibody-Rituximab and it were administered 2 sessions R-CEOP and 1 R. After the last one with R, the lesions on the right calf reappear, up to 2-3 cm, construed as relapse, with the decision of a second-line of treatment- R-COP sessions with good clinical tolerance. So far have been administered 3 sessions R-COP, the patient presenting relaps on the lower right leg, reason why has been initiated a new line of therapy.

**Conclusions:** This case highlights typical features of the primary cutaneous large B-cell lymphoma, leg type: the old age, feminine sex, the aggressive nature of the disease and the tendency to relapse, the necessity of multiple lines of chemotherapy.