Diffuse Large B-Cell Lymphoma with Axillary Cutaneous Invasion in a HIV Positive Patient

Linfoma Difuso de Grandes Células B com Invasão Cutânea Axilar num Doente com Infeção VIH

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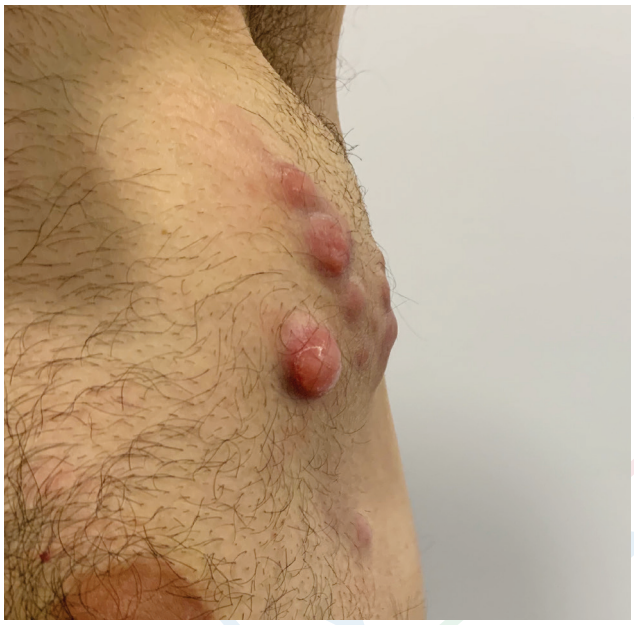

Figure 1 – Axillary cutaneous invasion by diffuse large B-cell lymphoma

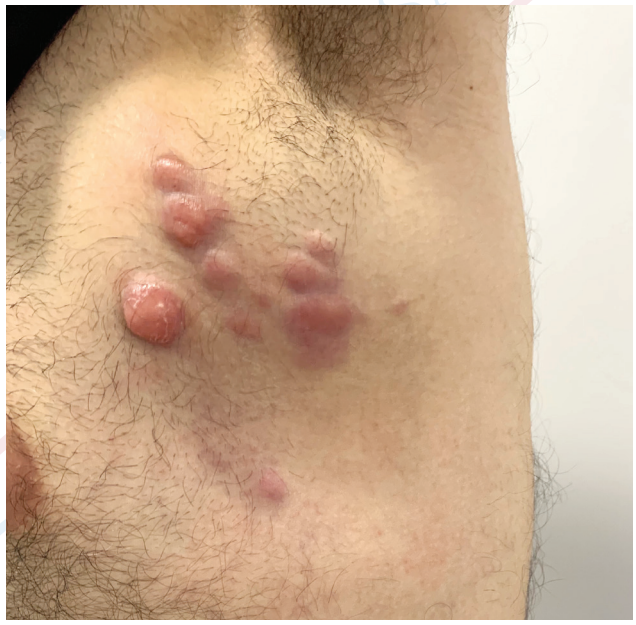

Figure 2 – Axillary cutaneous invasion by diffuse large B-cell lymphoma

A 34-year-old man with untreated HIV-1 infection was admitted due to obstructive jaundice and progressive, non-tender swelling in the left axillary region. The HIV viral load was 412 000 copies/mL and $CD4^+$ T-cell count was 133 cells/mm^3 (11.8%). The computed tomography (CT) scan showed an expansive 3.2 cm lesion in the pancreatic head along with multiple hypodense liver lesions. Both a therapeutic endoscopic retrograde cholangiopancreatography (ERCP) and a liver biopsy were performed, confirming stage IV diffuse large B-cell lymphoma NOS, type CCG, MYC and BCL6 double expression, with a R-IPI score of 3.[1]

The antiretrovirals tenofovir/emtricitabine plus dolutegravir and prophylactic trimethoprim-sulfamethoxazole with acyclovir were started, along with R-CHOP chemoimmunotherapy. The $CD4^+$ T-cell count increased to 371 cells/mm^3 (16.9%).

The PET-CT showed complete metabolic response after six cycles, and the patient remains on follow-up.

The risk of mature B-cell neoplasms is increased in HIV patients.[1,2] Treatment relies on the selection of antiretrovirals[3] and chemotherapy protocols, and prophylaxis against other opportunistic diseases must be ensured, since it leads to better outcomes for HIV patients.[3,4]

AUTHORS CONTRIBUTION

AD: Responsible for the intellectual integrity of the manuscript; evaluation of the patient; draft of the paper.
FS: Evaluation of the patient; critical review of the manuscript.
FM: Critical review of the manuscript.

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PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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