

## A RARE CASE OF EXTRA NODAL NON-HODGKIN LYMPHOMA INVOLVING UPPER LIMB: A CASE REPORT

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### INTRODUCTION:

Diffuse large B-cell lymphoma (DLBCL) one of the common types of extra nodal non-Hodgkin lymphoma (NHL) approximately 40% of cases<sup>1</sup>. Involvement of primary skeletal muscle is rare presentation and account about 5%<sup>2</sup>. We report unusual case of primary soft tissue DCBCL which initially presented with chronic non healing ulcer.

### REPORT:

A 87 years old gentleman with underlying hypertension, dyslipidemia, chronic kidney disease and gout presented with chronic non healing ulcer over right forearm for 5 months duration. It started with ruptured gouty tophi, progressively worsening with foul smelling and pus discharges. Swelling and redness from forearm ascending to the above elbow. No constitutional symptoms and malignancy in the family.

Forearm examination noted fungating and ulcerated wound measuring 10x8cm over the distal volar aspect extending to ulnar border with sloughy base exposing muscles and flexor tendons. Noted multiple gouty tophi over the right hand with poor hand function and axillary lymph node swelling.

Blood parameter, hemoglobin 12 g/dL, white blood cells of 15,000/mm<sup>3</sup>, and platelet count 562x10<sup>3</sup> u/L. Radiograph of forearm no bony involvement.

He was treated with antibiotic and multiple debridement performed with initial diagnosis infected chronic non healing ulcer with underlying gouty arthritis. Tissue culture growth *Klebsiella pneumoniae*. HPE result came back as DLBCL.

In view of complicated with ascending infection and poor hand function, he was counselled for trans-humeral amputation. Operation done uneventful and patient discharge well. Hematology team consulted and planned for initiation of chemotherapy only after wound healed. Patient's condition deteriorated and succumbed at home 5 months after discharge.

### CONCLUSION:

Soft tissue lesion may mimic or easily mistaken other primary neoplasm such as sarcoma or infectious diseases. DCBCL is uncommon however it should be included in one of the differential diagnoses.

### REFERENCES:

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