



Unusual Clinical Manifestation of Non-Hodgkin Lymphoma

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Clinical image description

A 41-year-old man, 21 pack/year smoker, weaned two years ago, immunocompetent, presented an ulcerative, hemorrhagic and necrotic tumor, 25 cm in diameter of the right axillary region (Figure 1).

The tumour is accompanied by homolateral, white, painful, bucket-grasping edema of the right upper limb, with difficulty in mobilizing the fingers, without sensory deficit. This mass had been evolving for one year from a nodule in the right axillary region which was gradually increasing to become secondarily fistulized. The cervico-thoraco-abdominal scanner showed a tissue mass of 131 mm, poorly limited, a central liquid hypodense zone associated with satellite adenopathie of 37 mm. The other lymph node areas were clear. Histologic examination revealed

mixed diffuse non-Hodgkin lymphoma. A favorable course was observed with cyclophosphamide, doxorubicin, oncovin and prednisone every 21 days, marked by a reduction in tumor volume of more than 50% from the first cycle. After three cycles of chemotherapy the tumour volume continues to decrease and the tumour lesion is in the process of healing (Figure 2).

Our case illustrates an atypical clinical presentation of nodular lymphoma. The budding and highly progressive aspect was more suggestive of a sarcoma. This strengthens the fundamental role of the anatomopathological examination, which allowed a precise diagnosis to be made and to direct an effective specific treatment.



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Figure 1: Large tumor in right axillary region before chemotherapy.



Figure 2: Tumor reduction after three cycles of chemotherapy.