

## FDG-PET in mantle cell lymphoma involving skin

### *Deri tutulumlu mantle hücreli lenfomada FDG-PET*

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A 61-year-old female patient presents to the hospital with fatigue and weakness. Physical examination was unremarkable except for pallor. White blood cell count (WBC) was 40.500/ $\mu$ L with 62% blast. Hemoglobin (Hgb) level was 7.4g/dl and platelet (Plt) count was 146.000/ $\mu$ L. Bone marrow examination revealed hypercellular marrow and infiltration with blast cells (Figure 1). Blastic cells expressed CD45, CD79a, CD19, CD20, CD5, and cyclin D1 with no expression of CD23. Other laboratory investigations including urea, electrolytes and liver function tests were all in normal limits. No abnormality was detected by computed tomography (CT) scans of neck, thorax, abdomen, and pelvis except splenomegaly (150 mm). Based on the findings, the diagnosis of blastoid variant of mantle cell lymphoma (MCL) was established. She received the CHOP chemotherapy regimen (Cylophosphamide-Doxorubicin-Prednisone-Vincristine) combined with rituximab and achieved complete remission. Ten months later, under routine follow-up, multiple reddish nodules on the back and upper extremities, and trunk were observed (Figure 2). Laboratory parameters, bone marrow examination, and CT scans were normal. Skin lesion biopsy revealed MCL (Figure 3).

Fluorodeoxyglucose-positron emission tomography (FDG-PET) scan, which was performed to determine the stage of the skin involvement, showed multiple areas of abnormal uptake in skin (Figure 4).

MCL commonly involves extranodal sites. Skin involvement occurs in only 2%-6% of all cases of MCL but is seen in 17% of stage IV patients. The blastoid types MCL are more aggressive than MCL and associ-

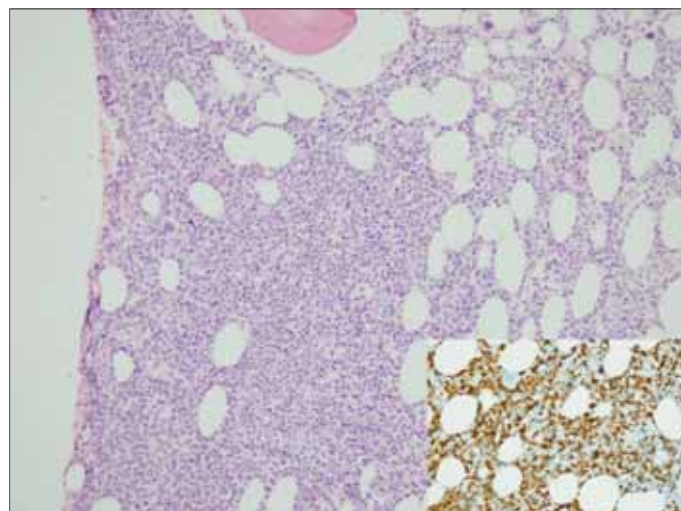


Figure 1. Atypical blastic cell infiltration in the bone marrow biopsy (inset; cyclin D1 positivity)



Figure 2. Appearance of reddish nodules on upper extremity

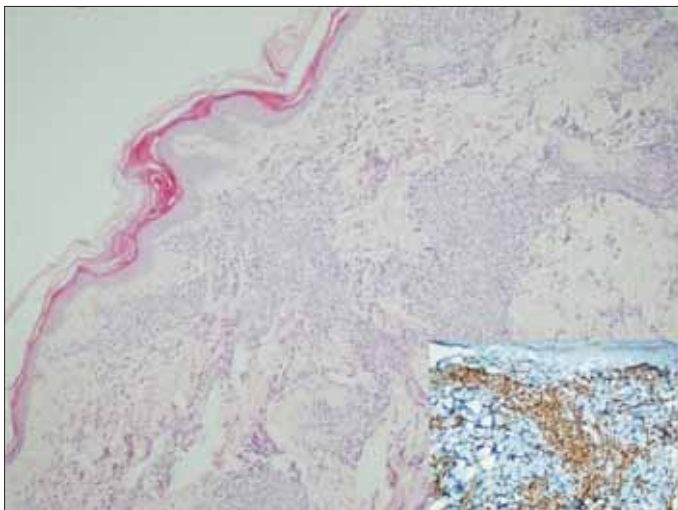


Figure 3. Histopathological appearance of mantle cell lymphoma in the skin biopsy (inset; cyclin D1 positivity)

ated with a worse clinical outcome. Only a few cases with blastoid variant MCL and skin involvement have been described in English literature. In MCL, FDG-PET detects more disease sites, nodal as well as extranodal, than conventional imaging methods, resulting in a higher sensitivity [1-3].

Written informed consent was obtained from the patient.

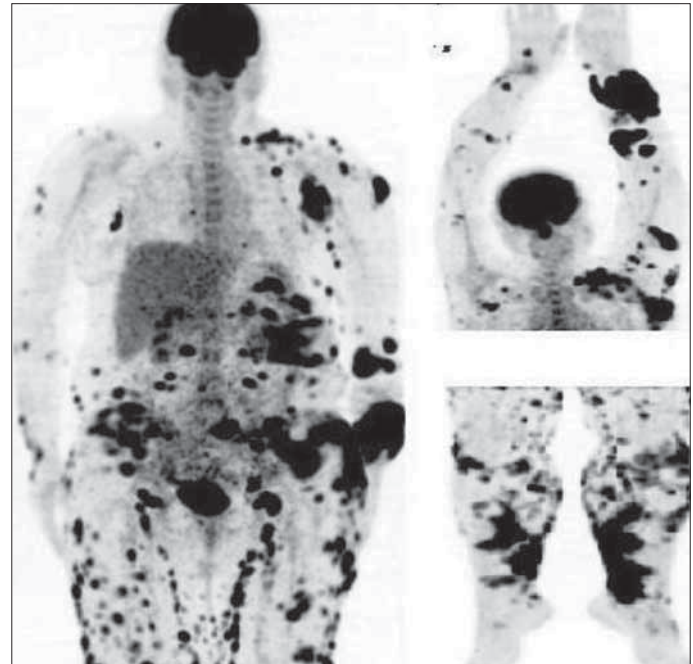


Figure 4. Appearance of multiple abnormal uptake on FDG-PET

**Conflict of Interest**

No author of this paper has a conflict of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included in this manuscript.

**References**

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