Image of the Month

Bulky mass tumor in right foot

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Figure 1.

Figure 2.

Figure 3.
A 68-year-old man without personal clinical history presented with pain in the right foot which he had for 6 months. Treatment with anti-inflammatory drugs was begun but there was no clinical improvement. Three months after the pain onset, he was seen associated with a tumor in that area, which gradually increased in size. Physical examination revealed a prominent tumor of 10 cm with edema from the foot to the knee. Ultrasound, magnetic resonance imaging (Fig. 1) and biopsy were performed with suspicion of soft tissue sarcoma. However, histopathological examination revealed a primary diffuse large B-cell lymphoma (Fig. 2A) of the tarsus right foot (bulky mass) with a Ki 67 proliferation index of 80% (Fig. 2B). The images of immunochemistry showed the phenotype B (Fig. 2C) and isolated T-cell lymphocytes (Fig. 2D). The staging was established according to the Ann Arbor system (Stage IV-A) and the International Prognostic Index was found to be 4 (>60 years, high serum low-density lipoprotein level, tumor Stage IV, performance status 2). The patient received R-CHOP 14 chemotherapy (consisting of rituximab, cyclophosphamide, doxorubicin, vincristine, prednisolone) and radiotherapy. Four years after the diagnosis, he remains in remission with no evidence of tumor recurrence (Fig. 3).

Primary lymphoma of the bone is extremely rare (3–7% of all malignant bone tumors). The femur, tibia and pelvis have the largest incidence, with an infrequent presentation on the small bones of the hands and feet. Moreover, in retrospective studies, 70.3% of primary bone lymphomas are diffuse large B-cell lymphoma.

Owing to the uncommonness of this disease, non-randomized trials for treatment have been completed. The therapy most frequently used was multiagent chemotherapy with anthracyclines with or without localized radiotherapy. The outcomes are more promising in patients with monostotic disease and those who received a combination therapy.