中文摘要

背景：瀰漫性大 B 細胞淋巴瘤 (diffuse large B-cell lymphoma, DLBCL) 是最常見的非何杰金氏淋巴瘤，且也是一個由多種疾病所組成的一群疾病。

案例描述：在此，我們報告一位罹患「原發性 CD5 陽性瀰漫性大 B 細胞淋巴瘤」(*de novo* CD5-positive DLBCL) 的病人，以右側髂骨附近、右側鼠蹊部附近、右側股骨附近、後腹腔、及食道附近之淋巴結腫大來表現。其初期臨床特徵是以五個月內逐漸惡化的右側大腿水腫為臨床表現。我們使用流式細胞儀，並合併組織病理學特殊染色來診斷原發性 CD5 陽性瀰漫性大 B 細胞淋巴瘤。病人在接受三回合免疫化學治療 (immunochemotherpay of rituximab plus CEOP) 後達到完全緩解。然而，在完成六次免疫化學治療四個月後，病人疾病復發並以大量右側胸水表現。同時，我們針對原發性 CD5 陽性瀰漫性大 B 細胞淋巴瘤的臨床表現及治療作文獻回顧和探討，並顯示它與其他瀰漫性大 B 細胞淋巴瘤有著相當程度的差異，並針對此疾病發展一適合治療策略。

結語：總而言之，原發性 CD5 陽性瀰漫性大 B 細胞淋巴瘤是一群相當特殊的淋巴瘤，且臨床病程較為侵犯性，預後較差。

關鍵字: 瀰漫性大 B 細胞淋巴瘤、CD5 陽性、莫須瘤

INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL), presenting in lymph nodes or in extranodal sites, is the most common non-Hodgkin's lymphoma [1]. By gene expression profiling, at least 2 molecular subtypes of DLBCL can be distinguished: germinal center B-cell-like (GCB) DLBCL, and activated B-cell-like (ABC) DLBCL [2-4]. Clinically, patients with GCB-DLBCL have better overall survival rates than those with ABC-DLBCL [5]. In addition to the molecular subclassifications of GCB or ABC of DLBCL, several recent studies demonstrate that *de novo* CD5-positive DLBCL is another disease entity [6-10]. In the fourth edition of the World Health Organization (WHO) classification, *de novo* CD5-positive DLBCL has been included as an immunohistochemical subgroup of DLBCL, not otherwise specified (NOS) [1]. When compared to patients with CD5-negative DLBCL, patients with *de novo* CD5-positive DLBCL are older, and have a higher international prognosis index (IPI), poor performance status, and more extranodal involvement [6-10]. The molecular signature of *de novo* CD5-positive DLBCL is also different from other DLBCL [11,12].

Given that patients with *de novo* CD5-positive DLBCL are frequently found in Asian populations, when compared with the reported series of DLBCL in Western populations, the clinical suspicion of whether or not a patient belongs to *de novo* CD5-positive DLBCL is very important, especially for patients with presentation of unusual extranodal sites and highly aggressive clinical behaviors. Here, we present a case of *de novo* CD5-positive DLBCL, who initially presented with right leg edema and lymphadenopathies at the right iliac, inguinal, and thigh, with growth along the femoral vessels, which subsequently achieved complete remission after immunochemotherapy. Relapse with massive right side pleural effusion developed four months after six cycles of immunochemotherapy were completed.

CASE REPORT

A 77-year-old woman presented with a complaint of progressive right leg edema from December 2010 to May 2011. A vascular duplex test revealed that the

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