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CASE PRESENTATION

===== A 20-year-old male presented with a 3-month history of a lesion in the right breast. The lesion was initially asymptomatic, but it had enlarged over time and was mildly tender. There was no history of trauma or previous medical problems. The patient was a nonsmoker and denied any drug use. Physical examination revealed a soft, nontender, mobile lesion with an indurated ulcerated base involving 10 cm in diameter ([Image 1](#f1-dp0504a16){ref-type="fig"}).

QUESTIONS =====

****Question 1:**** What is the diagnosis?

****Question 2:**** What is the most likely pathophysiologic mechanism?

****Question 3:**** When would the diagnosis of *Kaposi's* sarcoma be ruled out?

****Question 4:**** What should one

consider in the differential diagnosis?

Question 5: When would you suspect primary cutaneous lymphoma or lymphomatoid granulomatosis?

Question 6: What should one consider in the differential diagnosis?

Question 7: What are the diagnostic criteria for primary cutaneous large B-cell lymphoma?

Question 8: What should one consider in the differential diagnosis?

Question 9: Which is the likely treatment of primary cutaneous small cleaved cell lymphoma?

Question 10: Which is the most likely histological subtype of primary cutaneous follicular lymphoma?

Question 11: Which can be used to distinguish primary cutaneous follicular lymphoma from secondary cutaneous follicular lymphoma?

Question 12: Which is the likely treatment of primary cutaneous follicular lymphoma?

Question 13: Which is the likely treatment of primary cutaneous follicular lymphoma?

Question 14: What should one consider

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