Case 2

A 56-year-old Thai woman from Sakaew

Chief complaint: Multiple erythematous to brownish patches and indurated plaques on face trunk and extremities for 6 months

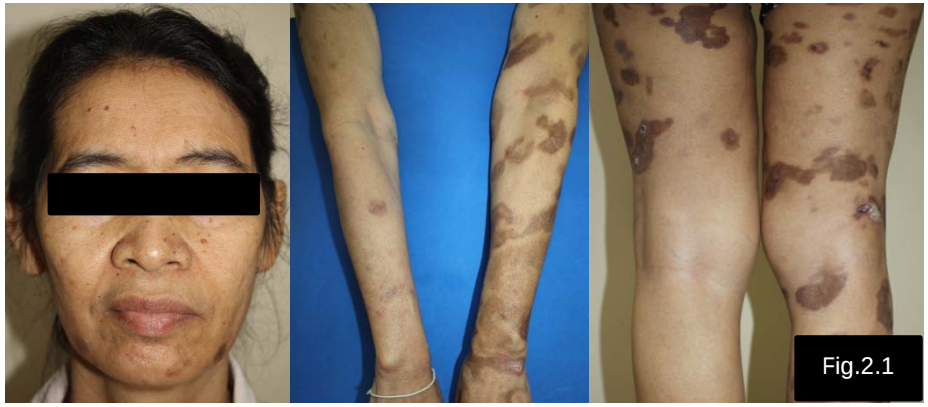
Fig.2.1

Present illness:

She has gradually develop multiple erythematous patches and some scaly erythematous plaques with mild tenderness on face, trunk, both forearms and legs for 6 months. Consequently, some lesions turned into brownish patches. She had no mucosal lesions, or nasal symptoms. She had 5 kg weight loss within 2 months without fever, night sweating, cough or other organ-specific symptoms.

3 months earlier, initial skin biopsy was performed from a provincial hospital on her left forearm and revealed lobular panniculitis, suggestive of subcutaneous panniculitis like T-cell lymphoma. She noted that new lesions were developed continuously over the time, so she went to Ramathibodi hospital.

Past history:

- No known underlying disease
- No history of drug/food allergy
- No history of smoking or alcohol drinking

Family history: There was no family history of malignancy or autoimmune diseases.

Physical examination:

- Vital sign: BT 37.0 °C, BP 96/65 mmHg, P 95/min, RR 20/min
- GA: A Thai female with normal consciousness
- CVS & RS: Unremarkable
- Abdomen: Soft, no tenderness, no hepatosplenomegaly
- Lymph nodes: No palpable lymph node

Dermatological examination:

- Multiple well-defined brownish patches and indurated plaques with some scaly erythematous plaques on face, trunk, upper and lower extremities (Fig.2.1)
- No nasal, perinasal, or intraoral lesion

Histopathology (S19-15797, Rt. thigh):

- Vacuolar alteration of basal cell layer and sparse lymphocytic infiltrate along dermoepidermal interface of epidermis and hair follicles
- Dense diffuse infiltrate of small-medium atypical lymphocytes within subcutaneous fat lobules
- Perivascular infiltrate of reactive lymphocytes in the reticular dermis
- Reactive lymphocytic admixed with plasma cells, histiocytes in the subcutaneous tissue (Fig.2.2)

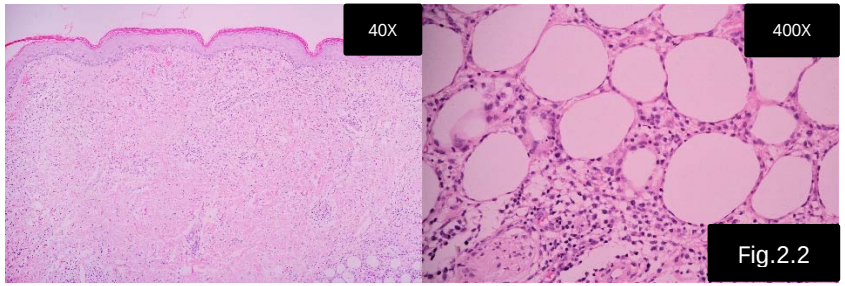

Fig.2.2

Consultant: Asst. Prof. Suthinee Rutnin, MD

Immunohistochemistry:

- Positive: CD3, Granzyme B, Bcl-2 (focally), Ki-67 (60 %)
- Positive: EBV encoded RNA (EBER) in situ hybridization
- Negative: CD4, CD8, CD20, CD30, CD56, beta-F1

T-cell receptor (TCR) clonality assay:

- Presence of monoclonal TCR-γ and TCR-β gene rearrangement

Laboratory investigations:

- CBC: Hb 12.3 g/dL, Hct 38.2%, Plt 271,000 cells/mm^3 ,
  WBC 7,460 cells/mm^3 (N 56%, L 32%, M 11%, E 1%)
- LFT: AST/ALT: 20/15 U/L, ALP/GGT: 83/24 U/L
  TP/Alb: 73.4/31.4 g/L, TB/DB: 0.8/0.3 mg/dL
- LDH: 262 U/L
- Anti-HCV: Negative
- HBsAg: Negative
- Anti-HIV: Negative
- Computed tomographic scan, chest and abdomen:
  No hepatosplenomegaly, enlarged lymph nodes or visceral infiltration of lymphoma
- Bone marrow biopsy: Hypercellular marrow (90% cellularity) showing increased multilineage hematopoiesis, increased eosinophils and their precursors
- Bone marrow flow cytometry for NHL: Negative

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