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Subcutaneous Panniculitis Like T Cell Lymphoma Initially Misdiagnosed as Behcet's Disease

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A 24-year-old woman with recurrent oral ulcers presented with a 4-month history of multiple painful nodular subcutaneous skin lesions on the lower limbs, back, and buttock (Figure 1A). Pathergy test was negative and there was no genital ulcer. The skin lesion that was similar in appearance to erythema nodosum and the presence of recurrent oral ulcers had raised a suggestion of Behcet's disease. She was treated with systemic steroids and dapsone. During the short period of follow up, the nodular lesions became more prominent and the patient's general condition deteriorated with fever, anorexia, and weakness. Skin biopsy from a nodular lesion was performed. At low power, the infiltration of tumor cells confined to the subcutaneous tissue without involvement of the overlying dermis and epidermis was observed (×20, Figure 1B). The tumor cells surrounded fat cells and were admixed with other inflammatory cells (×400, Figure 1C). The tumor

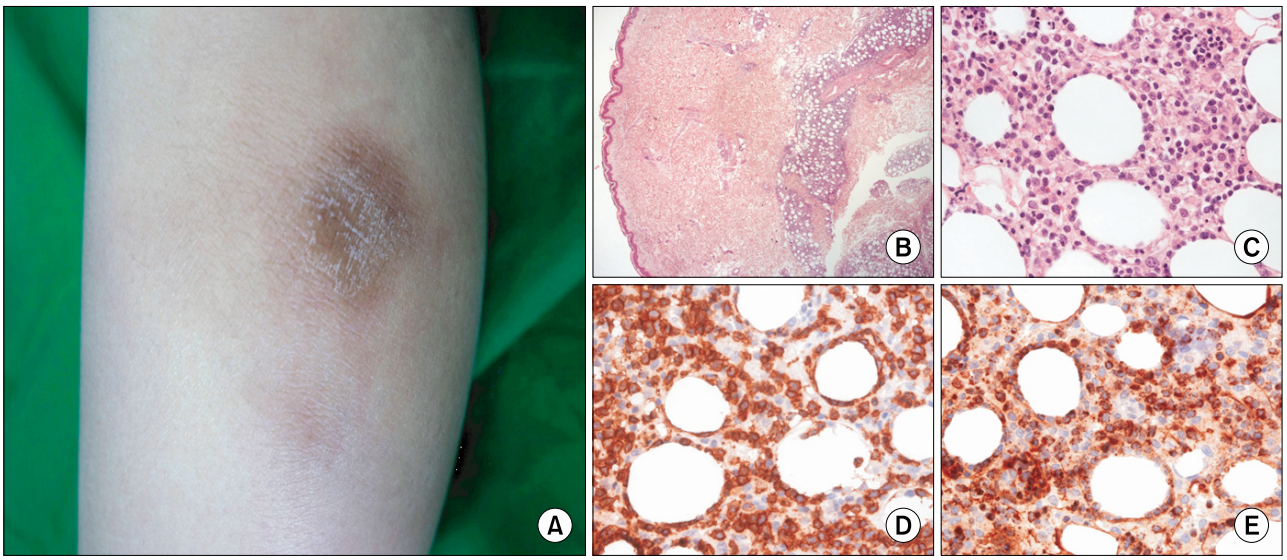

Figure 1. A 24-year-old woman presented nodular subcutaneous skin lesions on the lower limbs (A). Infiltration of tumor cells confined to the subcutaneous tissue without involvement of the overlying dermis and epidermis was observed (×20, B). The tumor cells surrounded fat cells and were admixed with other inflammatory cells (×400, C). The tumor cells were positive for CD8 (D) and granzyme B (×400, E).

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cells were positive for CD8 (Figure 1D) and granzyme B (×400, Figure 1E). A final diagnosis of subcutaneous panniculitits-like T-cell lymphoma was established.

Subcutaneous panniculitis-like T-cell lymphoma is a rare form of skin lymphoma that is localized primarily to the subcutaneous adipose tissue without palpable involvement of the lymph nodes (1). Clinical manifestation is variable with multiple, painless, subcutaneous nodules on the extremities, and includes fever, chills, and weight loss. These symptoms can mimic other conditions such as benign panniculitis, eczema, dermatitis, psoriasis, cellulites, and other skin and soft tissue infections (2). Diagnosis can be difficult, especially in the early stages, because of nonspecific clinical features shared by many types of panniculitis (3). Therefore, a clinical suspicion should be raised for subcutaneous panniculitits-like T-cell lymphoma in cases of corticosteroid-refractory panniculitis and a careful follow-up is required.

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