

Atypical leg ulcer by T-cell lymphoma γ/δ : a difficult diagnosis

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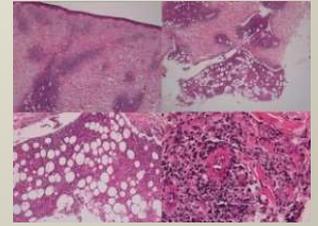
INTRODUCTION

- Atypical wounds are characterized by inflammation and necrosis.
- Causes can include several diseases: autoimmune disorders, infectious, vascular, metabolic, hematological, etc. but, diagnosis can often be a difficult task.
- We present a case about an atypical leg ulcer caused by cutaneous γ/δ T-cell lymphoma, its evolution and its difficult diagnosis.



JANUARY 2012 (MONTH:7) A 28 years old woman consulted with painless subcutaneous nodules distributed on her left leg, about 7months of evolution. **Tests:**

- Chest x-ray, Mantoux and Booster:normal
- Blood tests: normal
- Biopsy 1:lobular panniculitis



Treatment: topical steroids, anti-inflammatory drugs, venous compression

JULY 2012 (MONTH:13) Nodules evolved to leg ulcer and patient developed oral and genital aphthae ulcers and fever. Tests:

- Computed tomography scan: mild splenomegaly
- Colonoscopy and intestinal biopsy: normal
- Blood tests:mild anemia, HLA-B51(+),LDH:908
- Review of biopsy: lobular panniculitis



Treatment: oral steroids, anti-inflammatory drugs

SEPTEMBER 2012 (MONTH: 15)

Leg ulcer growing, fever.

Patient developed pain of the joints, pancytopenia, splenomegaly and hepatomegaly. **Tests:**

- CTS (total body): mild hepatosplenomegaly
- Blood test:pancytopenia, ANA 1/160, HLA -B51(+)
- Colonoscopy and intestinal and bone marrow biopsy: normal
- Biopsy 2:lobular panniculitis compatible with a pyoderma gangrenosum in the context of a Behçet'disease



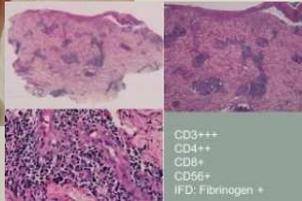
Treatment:oral steroids, cyclosporine, anti inflammatory drugs and care ulcer.

DECEMBER 2012 (MONTH:17) No improvement, high fever.



Tests:

- Leg Ecography: venous stasis
- Bacteriological tests: E. Coli and Pseudomonas, treated with Cephalosporins
- Blood test: Increased anemia, ANCA negative
- Biopsy 3: lobular panniculitis



Treatment: oral steroids, mycofenalate, anti inflammatory drugs and care ulcer.

FEBRUARY 2013 (MONTH:19)



Treatment:

We added Infliximab

APRIL 2013 (MONTH:21)

Peaks of fever and pain. Not improvement of the injuries.



Tests:

- Bacteriological :Proteus mirabilis and Pseudomonas, treated with levofloxacin and cefuroxime
- Blood : Anemia,GOT/GPT:107/75,LDH:760

MAY 2013(MONTH:22)

Not response to treatments.

Patient develop 3 nodules on the left leg, we realize biopsies of all injuries.

NODULES



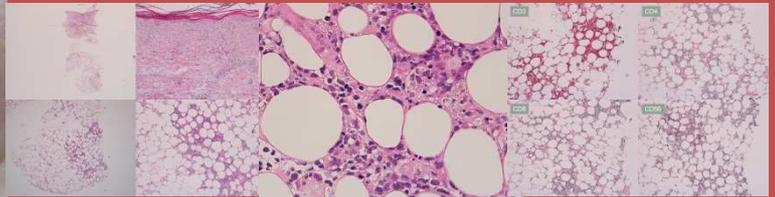
Tests:

Biopsy 4 (3):lobular panniculitis compatible with a pyoderma gangrenosum

JULY 2013 (MONTH:24) The fever, the absence of response to treatments, the torpid evolution with coalescence of both leg ulcers conducted us to realize a new biopsy in order to reach a diagnosis.



Biopsy 5:



Cutaneous γ/δ T-cell lymphoma.
Clonal rearrangement for TCRT γ/δ
CRb-EBV-CD30-CD20: negatives

Treatment was initiated with **radiotherapy and chemotherapy** (CHOP and GEMOX)

News nodules and plaques evolved to ulcers

AUGUST 2013 (MONTH:25)



SEPTEMBER 2013 (MONTH:26)



OCTOBER 2013 (MONTH:27)



The patient suffered a transfusion related acute lung injury (TRALI) with progressive hepatic failure and finally, she died, after about 27 months evolution of the disease

CONCLUSION

- **Primary cutaneous γ/δ T cell lymphoma** is sometimes **misdiagnosed** as inflammatory disease but we would stress the complexity of the relationship between inflammatory and neoplastic phenomena in skin disease and we hope **that future investigation will help to asses «grey zone»** cases like ours.
- Patients with **atypical ulcers** who fail to respond as expected, **should be followed closely** and investigated for occult malignancy **with repeated biopsies** to establish the **final diagnosis** in order to **restore suitable treatments as early as possible**.