INTRODUCTION

- Cutaneous gamma-delta T-cell lymphoma (CGD-TCL) is a rare primary cutaneous lymphoma.
- Poor prognosis with a 5-year survival rate of 11%.
- Lupus erythematosus panniculitis (LEP) shares clinical and histopathologic features with CGD-TCL.
  - Violaceous nodules +/- ulceration, interface changes, adipocyte rimming, fat hyalinization or necrosis, and lymphocyte atypia

CASE REPORT

- 57-year-old female presented with 3 year history of intermittent, painful, ulcerating nodules on her legs.
- ROS: Unremarkable.
- Past Medical History:
  - Chronic leg ulcers of unknown etiology dating back to 1997
  - Parapsoriasis diagnosed in 1980 unsuccessfully treated with phototherapy
  - Essential thrombocytopenia
- Physical Exam:
  - Multiple 3-cm red, warm subcutaneous nodules on left leg
  - Ill-defined red, atrophic patches on lower abdomen and buttocks
- 6 Month follow up:
  - Worsening of leg ulcerations and new onset night sweats
  - Dramatic healing of ulcers and resolution of nodules within several weeks of initiating systemic steroids

DISCUSSION

- Not all cases of CGD-TCL will uniformly experience an aggressive clinical course.
- A literature review revealed 7 other similar cases, all of which were female, average age of 43 years, with subcutaneous involvement of atypical lymphocytes that stained with TIA-1 and/or gamma-delta.
- Indolent cases can be very difficult to distinguish from LEP, but a predominantly gamma-delta T-cell infiltrate is concerning for lymphoma
  - LEP has 5% or less of the infiltrate as gamma-delta T cells

CONCLUSION

- Localized disease, slow progression, and absence of persistent fevers or weight loss should alert provider to an indolent course.
- Widespread involvement, rapid progression, and poor performance status should herald aggressive disease.
- Recognition of CGD-TCL with an indolent course would enable avoidance of unnecessary multi-agent chemotherapy or stem cells.
- Indolent cases still require close clinical monitoring for progression and development of hemophagocytic lymphohistiocytosis.