



SKIN CANCER (OTHER THAN MELANOMA)

A CASE REPORT OF CUTANEOUS EXTRANODAL NATURAL KILLER/T-CELL LYMPHOMA

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Background: Cutaneous extranodal natural killer/T-cell lymphoma (ENKTCL) is a rare disease. The diagnosis of ENKTCL is usually made at the late stage due to the lack of specific symptoms in the early stage.

Observation: A 40-year-old female patient initially presented with the subcutaneous nodules on her right shoulder for 7 months. 2 months ago, she suffered from mouth ulcer, facial swelling along with the sense of obstruction in pharynx. 10 days ago, the patient presented irregular fever and haematemesis. Laboratory examination revealed marked declined count of leukocyte, red blood cell and platelet, and considerably elevated serum lactate dehydrogenase, ferritin and triglyceride. The cutaneous biopsy taken from the mouth ulcer indicated a large number of small to medium-sized lymphocytes infiltrated around the gland and blood vessels, showed many mitotic phases and local tissue flaky necrosis. Immunohistochemical indicated the cells were positive for CD3, CD56, EBER and negative for CD4, CD8, CD20. Analysis of bone marrow aspirate showed hemophagocytosis. The patient was diagnosed with ENKTCL and hemophagocytic syndrome, and was then treated with etoposide and dexamethasone (EP regimen), but without improvement. 20 days later, the patient succumbed to the disease.

Key message: ENKTCLs often present with cutaneous nodules or plaques with systemic symptoms including fever, malaise, weight loss and hemophagocytic syndrome. This patient initially presented subcutaneous nodules and swelling, suffer from hemophagocytic syndrome at the same time, and indicate a poor outcome.

