



SKIN MANIFESTATIONS OF INTERNAL DISEASE

AN ATYPICAL CUTANEOUS PRESENTATION REVEALING A FATAL HEPATOSPLENIC T CELL LYMPHOMA

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Background: Hepatosplenic T-cell Lymphoma (HSTL) is a rare but very aggressive peripheral T cell lymphoma whose initial silent clinical presentation unfortunately delays the diagnosis and worsens the prognosis of patient survival. Efforts should be aimed at early recognition and treatment. We report a case of LTHS revealed by a follicular rash of the back.

Observation: 18-year-old young man presented with an asymptomatic cutaneous eruption of the back extending to the limbs that had appeared 2 weeks earlier. He did not report any infectious symptoms in the past weeks. The physical examination revealed an erythematous-papular, follicular and purpuric rash of the back and the limbs. The diagnosis of folliculitis was initially mentioned. Few days later, the patient reported fever and night sweats. Systemic examination revealed hepatosplenomegaly and no lymphadenopathy. The biological assessment revealed a biological inflammatory syndrome, bi-cytopenia, hyper-leucocytosis, hepatic cytolysis and very high lactate dehydrogenases. At the blood smear, there was 20% of suspicious cells. A skin biopsy was performed and revealed an aspect of non-specific chronic inflammation with perivascular lymphocyte infiltration. The immunohistochemistry analysis of skin specimen was negative. A bone marrow biopsy showed medullary invasion by a CD3 + T lymphocyte expressing the gamma delta T-cell receptor. The diagnosis of LTHS was retained. The evolution was marked by the death of the patient 2 months later.

Key message: HSTL is a very aggressive disease that mainly affects young men. It is characterized by infiltration of the spleen, liver and bone marrow, without ganglionic involvement. The morphological, immune-phenotypic and evolutionary characteristics of our patient's lymphoma were typical, however, the presentation was very unusual. To our knowledge, this is the first report of a follicular rash as the inaugural symptom of HSTL. It emphasizes the privileged position of the dermatologist for early recognition of potentially lethal HSTL.

