**Subcutaneous Panniculitic T-cell Lymphoma**

**Patient:** A 5-year-old boy

**Duration:** Few days

**Distribution:** Trunk, arms, and thighs

**History:** Case of immunodeficiency and hypothyroidism with recurrent infections and recent evidence of Epstein-Barr virus (EBV) infection with generalized lymphadenopathy and hepatosplenomegaly.

**Physical Exam:** Slightly tender, erythematous infiltrated 2-3 cm nodules.

**Histopathology:** A dense nodular infiltrate in the reticular dermis and to a much greater extent in the subcutaneous tissue, composed of pleomorphic and polymorphic inflammatory cells, many of which are atypical and have hyperchromatic large nuclei. Immunoperoxidase studies: Predominance of T-cells within the infiltrate, with focal B-cells.

**Laboratory:**
Positive IgM for EBV
Lymph node biopsy: reactive cells
Bone marrow biopsy: non-revealing

**Discussion:** Subcutaneous T-cell lymphoma is a recently described subtype of cutaneous T-cell lymphoma. Patients generally present with subcutaneous nodules. Fever, fatigue, and other constitutional symptoms may occur. There appears to be two distinct clinical patterns in patients with subcutaneous T-cell lymphoma. One subset of patients has a protracted course (5-10 years) of recurrent, self-healing subcutaneous nodules. Ultimately death from lymphoma occurs. The second group has rapidly progressive disease. Patients in both groups frequently die from complications of a hemophagocytic syndrome, despite chemotherapy. The consistent histologic feature is an infiltrate of atypical lymphoid cells within the lobules of subcutaneous fat. EBV genome has been detected in patients with subcutaneous T-cell lymphoma.

**References:**