Multimodality Imaging of Subcutaneous Panniculitis-like T-cell Lymphoma

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Picture 1.

A 17-year-old man admitted for trachelophyma was diagnosed with subcutaneous panniculitis-like T-cell lymphoma (SPTCL) (1). Computed tomography showed increased density of buccal subcutaneous fat tissue. Magnetic resonance imaging showed low intensity on fat-suppressed T1-weighted imaging and high intensity on short tau inversion recovery (STIR) imaging. The lesion was enhanced with gadolinium on fat-suppressed T1-weighted imaging (Picture 1, arrows). The skin biopsy specimen showed infiltration of subcutaneous fatty tissue by various sized atypical lymphocytes, which is typical for SPTCL. The infiltrating cells had the CD3⁺, CD4⁺, CD8⁺, CD56⁺ phenotype and expressed cytotoxic molecules [e.g., granzyme B, T-cell intracellular antigen (TIA-1)] and β F1. In situ hybridization yielded negative results for Epstein Barr virus-encoded RNA.

An accurate diagnosis of SPTCL is difficult because it is usually confused with benign panniculitis. Multiple enhancing nodules are sometimes observed in SPTCL (2); multimodality imaging facilitates the evaluation of subcutaneous nodules and diagnosis of SPTCL in such cases.

The authors state that they have no Conflict of Interest (COI).

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