

## Advanced Cutaneous Peripheral T-cell Lymphoma-Not Otherwise Specified with Extensive Ulceronecrotic Dyschromic Plaques and Poor Outcome

İlerlemiş Kutanöz Periferik T-hücre Lenfoma-Başka Türü Belirtilmeyen, Yaygın Ülseronekrotik Diskromik Plaklar ve Kötü Sonuçlar

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Figure 1. Extensive ulceronecrotic dyschromic plaques in a patient with cutaneous peripheral T-cell lymphoma-not otherwise specified.



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We present the case of a 42-year-old male patient with a known history of cutaneous peripheral T-cell lymphoma-not otherwise specified. The patient had received two cycles of cyclophosphamide, doxorubicin, vincristine, etoposide, and prednisone (CHOEP regimen) but discontinued treatment abruptly [1]. After a 6-month interval, the patient presented to our tertiary care center with a significantly deteriorated general condition, marked weight loss, and persistent fever. A large ulceronecrotic dyschromic plaque measuring 12x6 cm was observed, involving the entire left cheek, nose, and lower eyelid. The surface of the lesion exhibited oozing and crusted areas, with additional ulcerative lesions present on the left upper eyelid and adjacent temple. Similar ulceronecrotic dyschromic plaques were also identified on the chin, right upper lip, and right lower eyelid (Figure 1). A biopsy of the lesion confirmed the earlier diagnosis of cutaneous peripheral T-cell lymphoma-not otherwise specified without bone marrow and peripheral blood involvement.

The patient's chemotherapy treatment was resumed considering the recurrence of the lymphoma; however, due to the extensive nature of the lesion, debridement was not deemed appropriate. Unfortunately, the patient presented to us in an extremely debilitated condition with advanced disease progression and succumbed to neutropenic sepsis within 2 months of restarting chemotherapy.

**Keywords:** Lymphoma, T-cell neoplasms, Ulceronecrotic dyschromic plaques, Acquired neutropenia

**Anahtar Sözcükler:** Lenfoma, T-hücreli neoplazmlar, Ülseronekrotik diskromik plaklar, Kazanılmış nötrojeni

### **Ethics**

**Informed Consent:** Informed consent was received from the patient.

### **Authorship Contributions**

Surgical and Medical Practices: V.S.; Concept: V.S.; Design: V.B.; Data Collection or Processing: V.B.; Analysis or Interpretation: V.S.; Literature Search: V.B.; Writing: V.S., V.B.

**Conflict of Interest:** No conflict of interest was declared by the authors.

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### **Reference**

1. Hristov AC, Tejasvi T, Wilcox RA. Cutaneous T-cell lymphomas: 2021 update on diagnosis, risk stratification, and management. *Am J Hematol* 2021;96:1313-1328.