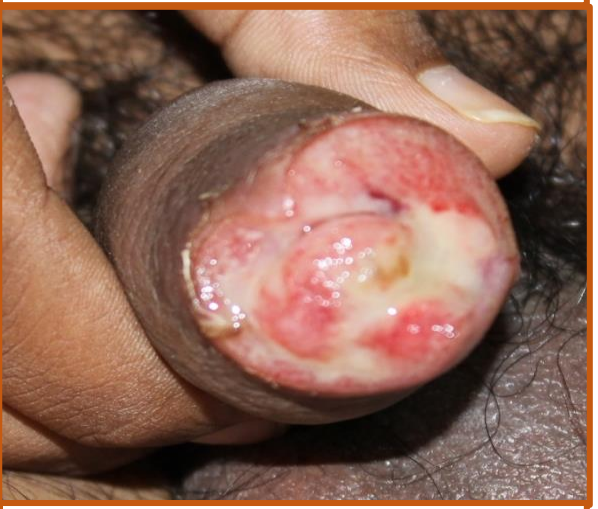
Cutaneous gamma delta T-cell lymphoma-a rare scenario

Case presentation

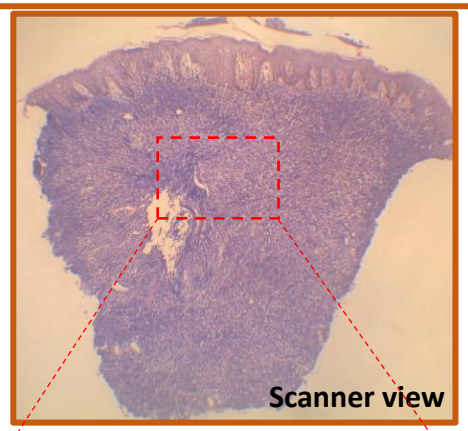
19 year boy complaining of burning micturition with single rapidly enlarging ulcer over glans since 2-3 weeks.

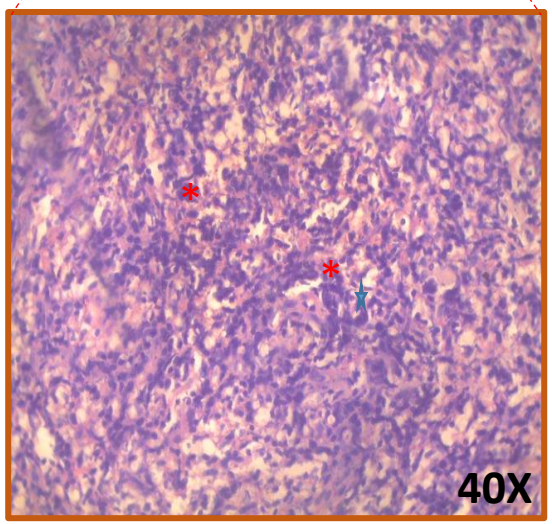


On palpation it was tender with no inguinal lymphadenoathy.
Systemic involvement was ruled out.
Differential diagnosis were phagdenic ulcer, chancroid, LGV, donovanosis, lupus/ scrofuloderma or malignancy.

Histopathology

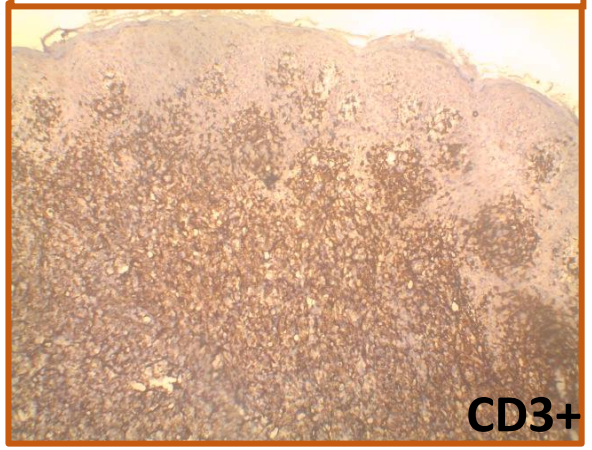
Dermis full of atypical lymphoid cells

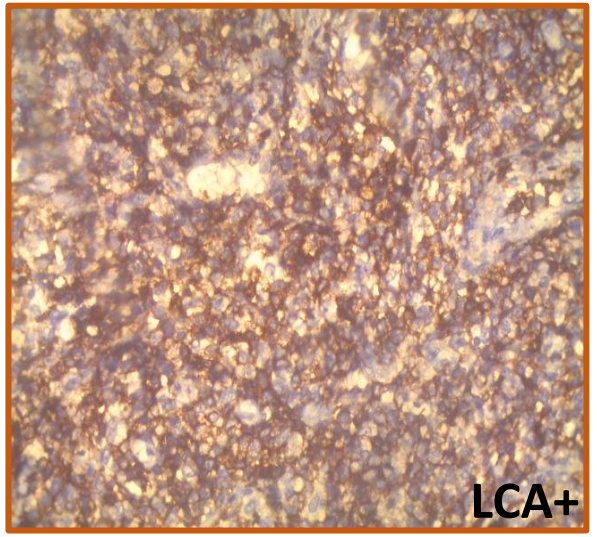




Immunohistochemistry

Immunohistochemistry was negative for CD4, CD8, CD20, CD30, CD79a and beta F1.





Molecular study

PCR amplification demonstrated gamma chain of the T-cell-receptor gene.

Outcome

6 cycles of cyclophosphamide, doxorubicin, vincristine, and prednisolone (CHOP) regimen along with Etoposide given.

Conclusion

Due to the complexity of clinical, pathologic, and immunohistochemical features of Primary cutaneous gamma delta T-cell lymphoma, the physician should have a high index of suspicion.
Early diagnosis, and aggressive treatment, improves outcome.

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