

[PICTURES IN CLINICAL MEDICINE]

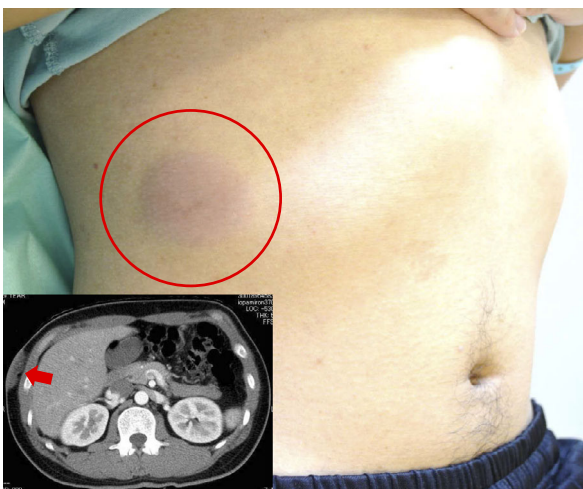
Mediastinal T-cell Lymphoblastic Lymphoma Diagnosed with a Skin Biopsy

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Key words: mediastinal tumor, skin biopsy, T-cell Lymphoblastic Lymphoma, cutaneous involvement

(Intern Med 59: 1463-1464, 2020)

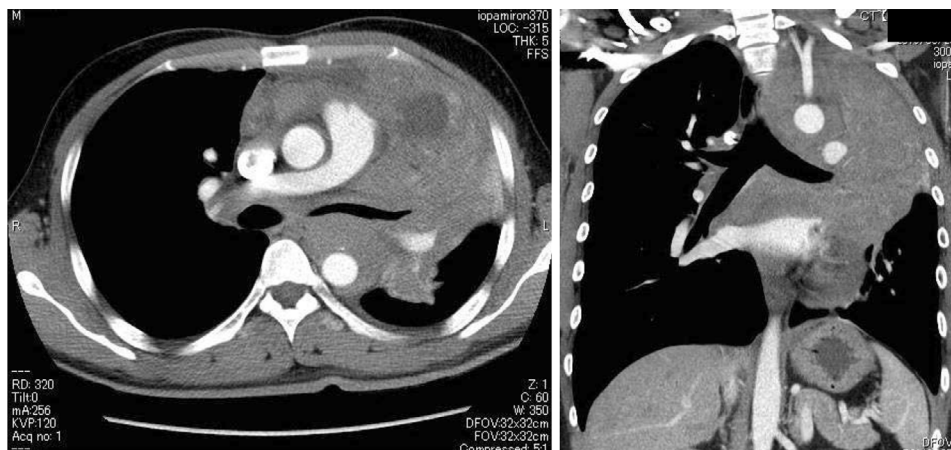
(DOI: 10.2169/internalmedicine.4390-20)



Picture 1.



Picture 2.



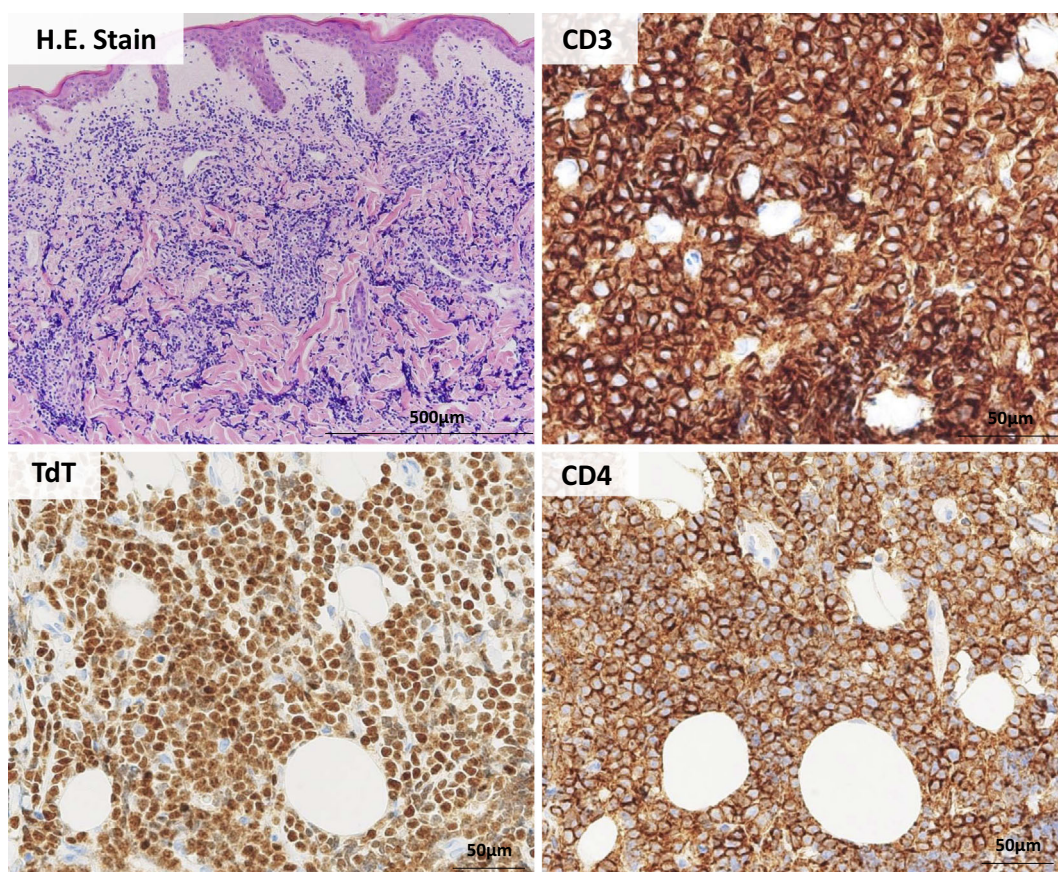
Picture 3.

A previously healthy 29-year-old Japanese complaining of low blood pressure. A physical examination revealed a 45-mm round abdominal subcutaneous mass (Picture 1). Chest dry cough and dyspnea was admitted with tachycardia and

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Received: January 6, 2020; Accepted: January 27, 2020; Advance Publication by J-STAGE: March 12, 2020

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Picture 4.

radiography and contrast computed tomography showed a continuous mass from the anterior mediastinum to the descending aorta with pericardial effusion (Picture 2, 3). A skin biopsy histopathologically showed diffuse infiltration of small to medium-sized atypical lymphoid cells without infiltration in the bone marrow. Immunohistochemical studies were positive for terminal deoxynucleotidyl transferase, CD3 and CD4 (Picture 4), and he was diagnosed with T-cell lymphoblastic lymphoma (T-LBL). The mediastinal mass shrank rapidly and showed complete remission after chemotherapy. T-LBL accounts for 1-2% of non-Hodgkin's lymphoma and is very aggressive with extensive mediastinal involvement (1). Only three cases of T-LBL diagnosed by cutaneous involvement pathology have been reported so far (2). A head-to-toe physical examination is important for an appropriate diagnosis.

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

Acknowledgement

We thank Dr. Mao Jotatsu of the Department of Pathology, Kyushu Rosai Hospital, Japan, for supporting the pathological diagnosis.

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