CASE REPORT

32. Subcutaneous Panniculitis-like T-cell Non-Hodgkin Lymphoma Associated with Cushing Syndrome: An Introspection

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https://www.youtube.com/watch?v=hJIcIJ1w8oM&list=PLhqNq3xJClbafO0Y5bvBcgMmXpgzJxd44&index=5&t=9067s

Background: Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) accounts for less than 1% of non-Hodgkin lymphoma cases and is characterized by malignant lymphocyte infiltration into adipose tissues. The term "panniculitis-like T -cells" refers to the histological similarity of the lymphoma cells to the T-cells found in chronic or granulomatous panniculitis. This type of lymphoma is responsible for an ectopic ACTH secretion which leads to excessive cortisol secretion causing Cushing syndrome.

Case: A 45-year-old patient diagnosed with SPTCL in 2022 underwent six cycles of cyclophosphamide, epirubicin, vincristine, and prednisone (CHOP regimen). Due to iatrogenic Cushing syndrome, CHOP was discontinued, and two cycles of rituximab-ifosphamide-carboplatin-etoposide (R-ICE) were administered. In 2023, the patient presented with scleral jaundice and dark urine. Laboratory findings revealed a total bilirubin of 11.2 mg/dL, leukopenia, thrombocytopenia, hyperfibrinogenemia, and elevated D-dimers. A CT scan showed hepatic and iliopsoas muscle lesions, indicating systemic dissemination and relapse of the lymphoma.

Conclusion: Corticosteroid-based regimens are standard treatment options for SPTCL. However, paraneoplastic syndromes such as ectopic ACTH secretion by malignant cells may lead to excessive cortisol levels, exacerbated by corticosteroids. Due to iatrogenic Cushing syndrome induced by the first-line therapy and relapse following second-line options, off-label venetoclax, an apoptosis inducer, was initiated in combination with ropeginterferon alfa-2b. The patient achieved complete remission. No SPTCL cases treated with venetoclax have been published in the literature. We report high efficacy of off-label venetoclax in a relapsed SPTCL with no other available therapeutic option.

Table 1. Hematology and Blood Smear Cytology Results.

Hematologie

Test	Rezultat	Val. biol. de referinta
WBC	3.79	4 -10⁹/ UL
RSC	3.77	3.50- 445
HGB	13.5	12-16
MCV	40.3	37-45
MCH	30.8	37-45
MCHC	30.8	33-38
RDW-CV	141	150-400
PLT	142	105 - 400
NEUT%	24.8	43 - 76
LYMPH#	654	15 - 41
MONO%	50.8	0 - 10
EOS#	8.8	15 - 41
BOS%	0.01	0 - 0.1
EAS#	85,9	1.5 - 41
RET#	2.13	0.5 - 2
ER	0.0821	1000%
ER	20.1	11.0-15.90
LATR	79,2	88.69-18.80
AFER	6.4	0 - 12

Citologie frotiu sanguin

Test	Rezultat	Val. biol. de refe-rinta
Segm. neutrofile	74	42 - 75%
Limfocite	16	20 - 40
Monocite	10	%

Analizele au fost validate tehnic:
Dr. Cristina Selecan toate

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