

中文題目：鼻型結節外 NK/T 細胞淋巴瘤：個案報告

英文題目：Extranodal Natural Killer/T-cell lymphoma: A Case Report

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Background: Extranodal natural killer/T-cell lymphoma (ENKTL) is an uncommon Epstein-Bar virus (EBV)-associated neoplasm.

Case Report: A 53-year-old man was admitted to our intensive care unit due to fever and dyspnea. He had had a one-month history of relapsing fever and progressive skin lesions, and had been treated in the infection department for suspicious scrub typhus. The skin lesions were painful, round, black, indurated nodules with surrounding purpura involving his trunk and limbs. Laboratory studies revealed a white-cell count of 3,000 per cubic millimeter, a platelet count of 36,000 per cubic millimeter, a ferritin level of over 40,000 ng per milliliter (reference range 21.81 to 274.66), a fibrinogen level of 105.3 mg per deciliter (reference range 238 to 498) and an alanine aminotransferase level of 181. Serum EBV capsid antigen IgG was over 200 relative units per milliliter (reference range less than 20) and the viral load count was 18,486 units per milliliter. Bone marrow aspiration demonstrated hemophagocytosis. Skin biopsy confirmed ENKTL. A positron-emission tomography showed increased fluorodeoxyglucose avidity in the nasopharynx, mediastinum, abdomen, pelvis, testes and skin, indicating ENKTL, nasal type, stage IV disease. The patient received six courses of systemic chemotherapy with gemcitabine, cisplatin, dexamethasone and L-Asparaginase. At an 8-month follow-up, the skin lesions healed with scars and the viral load became undetectable.

Discussions: ENKTL, typically invading the upper aerodigestive tract, may be disseminated to the skin and other body sites and is infrequently presented with hemophagocytic syndrome. Clinicians should be aware of the disease/syndrome, and treat it promptly and appropriately.