A 72-year-old woman presented with generalized erythema, gradually increasing for 2 months, and fever—for 1 week. The erythema first appeared on the lower limbs and expanded to the trunk and upper limbs. The patient had a history of cholecystectomy for gallstones and left mastectomy for breast cancer. A physical examination revealed erythema and edema all over the body, including the trunk and particularly on the extensor and flexor aspects of the upper and lower limbs, respectively (FIGURE 1A–C). Additionally, recesses corresponding to the lesser and greater saphenous veins were observed on the flexor aspects of both lower limbs, suggesting subcutaneous inflammation (like the groove sign; FIGURE 1C). Thus, subcutaneous panniculitis was considered the cause of fever and erythema.

Blood tests revealed increased levels of lactate dehydrogenase (399 IU/l) and soluble interleukin-2 receptor (3563 U/ml). Contrast-enhanced computed tomography of the chest, abdomen, pelvis, and lower limbs revealed diffuse, enhancing, infiltrative lesions under the skin over the entire body (FIGURE 1DE). Skin biopsy specimens obtained from the lower limb flexor aspect, including subcutaneous tissue, revealed a mild lymphocytic infiltration.
positron-emission tomography/computed tomography has been reported to be a useful tool. Characteristic pathological, immunohistochemical, and molecular findings on skin biopsy specimens include infiltration of T cells rimming the adipocytes; positive CD3, CD8, TIA-1, and granzyme B and negative CD4, CD30, and CD56 staining; and high Ki-67 index. Immunosuppressive therapy and multi-agent chemotherapy are considered. For slow-progressing cases, the first-line immunosuppressive therapy is recommended.

In SPTCL, lesions are likely overlooked because they are painless, diffuse, and occur subcutaneously; therefore, fever and erythema are often the only indicators. While fever and generalized erythema puzzles physicians in general clinical practice, SPTCL should be considered as a differential diagnosis.

REFERENCES