Graft-versus-T-Cell Non-Hodgkin's Lymphoma Effect

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A 48-year-old man received a diagnosis of peripheral T-cell lymphoma, unspecified, of Ann Arbor stage IV, with multiple skin lesions on the chest and left forearm. He experienced a complete remission after chemotherapy. Later the patient received an HLA-matched allogeneic bone marrow transplantation; however, the skin lesions rapidly recurred 3 months posttransplantation. The findings of a skin lesion biopsy revealed infiltrations of neoplastic CD3⁺ T-cells in the epidermis and upper dermis (Figure 1, Hematoxylin-Eosin staining). Donor lymphocyte infusion (DLI) was given to reverse the relapse. Unfortunately, fever and generalized skin rash developed 1 week later, and acute graft-versus-host

disease (GVHD) of grade IV was diagnosed. The biopsy of previous skin lesions performed at the third week after DLI showed a nearly complete disappearance of lymphoma cells (Figure 2, Hematoxylin-Eosin staining). The patient died 4 weeks after DLI because of acute GVHD.

Peripheral T-cell lymphoma is frequently diagnosed at an advanced stage, manifesting with B symptoms and skin and marrow involvement, and has a poor prognosis by a relatively low response rate and a high relapse rate. Long-term remission has been reported in several cases after allogeneic transplantation, with the graft-versus-T-cell non-Hodgkin's lymphoma effect implied.

Figure 1.

Figure 2.

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