



Figure. (A) Fifty-five-year-old woman with marked buccal and temporal wasting and labial edema with cellulitis; (B) MRI revealing abnormal, infiltrating, soft tissue process (arrows).

### Cutaneous T-cell lymphoma imitating gelsolin amyloidosis

J.A. Van Gerpen, MD, New Orleans, LA; and P.J.B. Dyck, MD and P.J. Dyck, MD, Rochester, MN

A 55-year-old woman developed painless, progressive, lower facial drooping and swelling over 2 years. Her family history was unremarkable. She had marked buccal and temporal wasting and labial edema with cellulitis (figure, A). Electromyography demonstrated bilateral, chronic, active facial neuropathies. Spinal fluid was normal. Cranial, contrast-enhanced, fat-suppressed MRI

Address correspondence and reprint requests to Dr. J.A. Van Gerpen, Ochsner Clinic Foundation, 1514 Jefferson Highway, New Orleans, LA 70121; e-mail: javangerpen@ochsner.org

revealed an abnormal, infiltrating, soft tissue process (see figure, B, arrows). On buccal biopsy, this process was identified as a cutaneous T-cell lymphoma (TCL). The patient has undergone aggressive chemotherapy and is currently in remission. She is considering undergoing reconstructive facial surgery for cosmetic purposes.

The patient's facial appearance is reminiscent of patients with gelsolin-related familial amyloidosis, Finnish type, associated with corneal lattice dystrophy.<sup>1</sup> Cutaneous TCL rarely causes neurologic sequelae.<sup>2</sup>

1. Kiuru S. Gelsolin-related familial amyloidosis, Finnish type (FAF), and its variants worldwide. *Amyloid* 1998;5:55-66.
2. Kaufman DK, Habermann TM, Kurtin PJ, O'Neill BP. Neurological complications of peripheral and cutaneous T-cell lymphomas. *Ann Neurol* 1994;36:625-629.

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J.A. Van Gerpen, P.J.B. Dyck and P.J. Dyck

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