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Extranodal NK/T-Cell Lymphoma, Nasal Type, Misdiagnosed as Facial Cellulitis in a Patient with Uncontrolled Diabetes Mellitus: A Case Report

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Purpose: Extranodal NK/T-cell lymphoma (ENKTL), nasal type, is a rare and aggressive lymphoma that may initially mimic common inflammatory conditions. We report a case of ENKTL misdiagnosed as facial cellulitis in a patient with uncontrolled diabetes and highlight the importance of early biopsy and multidisciplinary treatment.

Methods: A 56-year-old man with uncontrolled diabetes presented with painful edema, heat sensation, and necrotic change involving the right cheek and nasal ala, initially diagnosed as facial cellulitis (Figure 1). Despite intensive intravenous antibiotic therapy, the lesion progressed. Subsequent nasal cavity biopsy confirmed ENKTL, nasal type. The patient then underwent concurrent chemoradiotherapy, followed by radical resection of the right midface including the zygoma, cheek soft tissue, and nasal ala. The postablative defect before reconstruction is shown in (Figure 2), and intraoperative defect coverage with flap reconstruction is shown in (Figure 3).

Results: The lesion did not respond to standard treatment for cellulitis, and biopsy established the correct diagnosis of ENKTL. After chemoradiotherapy and multidisciplinary surgical salvage, immediate reconstruction was successfully performed by the plastic surgery team. The patient showed stable postoperative recovery with satisfactory flap survival and facial contour restoration (Figure 4). At 6-month follow-up, there was no evidence of local recurrence or distant metastasis.

Conclusion: ENKTL may be masked by secondary infection and may closely resemble facial cellulitis, particularly in immunocompromised patients such as those with uncontrolled diabetes. When facial inflammatory lesions are refractory to antibiotics or accompanied by progressive necrosis, prompt deep biopsy should be considered. Early diagnosis and coordinated multidisciplinary treatment are essential for oncologic control and successful reconstruction.

Figure 1. Preoperative frontal and oblique photographs showing diffuse swelling, erythema, and necrotic change involving the right cheek, nasal ala, and perinasal region, initially suspected to represent facial cellulitis..

Figure 2. Pre-reconstructive lateral photograph showing the right alar and perinasal defect after disease progression and ablative treatment.

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Figure 3. Intraoperative photographs showing the postablative right midfacial defect and immediate flap inset for defect coverage.

Figure 4. Immediate postoperative frontal and oblique photographs showing external appearance after reconstruction with satisfactory contour restoration of the right midface and nasal region..