

ized by a briefer duration of usually less than 1 hour, recurrent episodes and associated epileptiform stigmata (aura, temporary unresponsiveness). An association with migraine has not been confirmed. It seems likely that the aetiology may be multi-factorial but localized (hippocampal region) cerebral arterial ischaemia or possibly venous cerebral congestion (related to jugular vein incompetence) may be responsible (Schreiber et al, 2005). **BJHM**

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LEARNING POINTS

- The diagnosis of transient global amnesia can frequently be made from the history of a reliable witness to events.
- The exclusion of all frequent causes of impaired cerebral function is required to make this diagnosis.
- Transient global amnesia may have a multi-factorial aetiology with no single pathophysiology identified.

IMAGES IN MEDICINE

Peripheral T-cell lymphoma with left ankle swelling, ulceration and fever

Peripheral T-cell lymphoma constitutes about 10–15% of all cases of non-Hodgkin's lymphoma in adults, according to the World Health Organization classification (Savage, 2007). These lymphomas are prevalent in Asia and parts of central and south America, but rare in Europe or north America (Rüdiger et al, 2002).

A 50-year-old man presented to the authors' hospital several times, with left ankle swelling, ulceration and fever. Physical examination showed slightly pitting oedema of the left leg and an ulcer about 3x2 cm in size at the left ankle, with a small amount of yellow transparent liquid penetration (Figure 1). Laboratory data were almost normal. A week later, the

patient, who was still in hospital, developed fever, and the lesion was even worse. Pathological examination of the skin tissue indicated that the lesion was left ankle extranodal NK/T-cell lymphoma. Positron emission tomography-computer tomography showed that the tumour had involved the lymph nodes of the bilateral popliteals, the thigh root and groin (Figure 2). **BJHM**

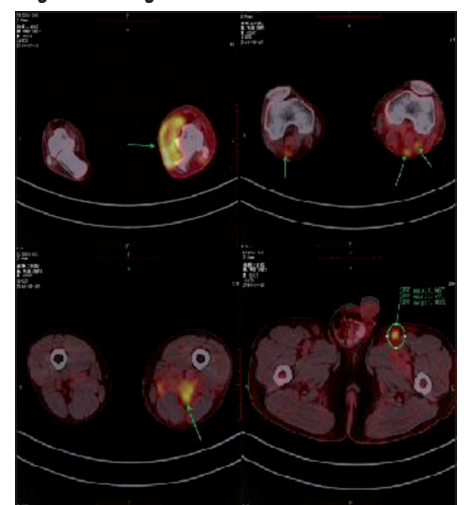
Figure 1. Left leg showing slightly pitting oedema, and an ulcer about 3 x 2 cm in size at the left ankle, with a small amount of yellow transparent liquid penetration.



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Figure 2. Positron emission tomography-computer tomography showed that the tumour had involved the lymph nodes of the bilateral popliteals, the thigh root and groin.



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