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Man, folliculotropic mycosis fungoides: A case report

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A 58 years old man presented with multiple skin lesions of 3 years duration with progressive course. The condition started with itchy hyper-pigmented plaques on the back. examinations revealed multiple hyper-pigmented plaques on the back and shoulders, and thighs. Our differential diagnosis included mycosis fungoides, leprosy, sarcoidosis, and amyloidosis. skin biopsy was done and revealed dense infiltration of follicular epithelium and dermis by small to medium sized lymphocytes. The lymphocytes have scanty cytoplasm, dark and cerebriform hyperchromatic nuclei. Immunohistochemical study revealed positive staining with CD4 and negative staining with CD20. Two year later, the patient developed nodules and plaques with discharging material on the scalp and similar lesions on face and neck. biopsy was taken from scalp nodule and revealed similar findings to the previous biopsy from the back but with more dense infiltration. It shows positive staining with CD3, mild staining with CD8 and negative staining with CD20. Final diagnosis was folliculotropic mycosis Fungoides of trunk and scalp. Investigations were within normal apart from thyroid nodule, enlarged cervical and axillary lymph nodes by ultrasound with distorted shape and lost hilum. Pan CT was done and revealed multiple bilateral enlarged upper, lower deep cervical lymph nodes and posterior triangle lymph nodes in which the largest measured about 14 X 6 mm. bilateral enlarged axillary lymph nodes with preserved criteria. no other organomegaly. thyroid function tests were normal. Bone marrow biopsy revealed normocellular, normal myeloid, erythroid, lymphoid series, normal megakaryocytes and free of abnormal cells. folliculotropic MF is a distinct variant of MF. It affects about 10% of MF patients in head and neck region. folliculotropic infiltrates often with sparing of the epidermis. most cases show mucinous degeneration of the hair follicles. traditionally designated as MF-associated follicular mucinosis. the deep, follicular and perifollicular localization of the neoplastic infiltrates, makes them less accessible to skin-directed therapies. clinical staging systems for MF are not very helpful in folliculotropic MF. One or a few plaques on the face and scalp do not have stage IA disease and should always be considered as having tumor stage disease. Survival of patients with folliculotropic MF is similar to that of classic tumor stage MF.

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