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Clinical Image

Poikilodermatous variant of mycosis fungoides: A case report

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Poikilodermatous mycosis fungoides is a rare clinical variant of mycosis fungoides (MF) [1]. We report the case of A 53-year-old female patient who presented a non-pruritic skin lesions on the trunk and limbs that had been evolving for 8 years. The dermatological examination showed multiple well-limited, rounded erythematous plaques on the trunk and limbs occupying an estimated 20-30% of the skin surface (Fig. 1). These plaques were atrophic in places,with multiple telangiectasias and a reticulated pigmented center giving a poikilodermal appearance. The histological analysis showed a lymphocytic proliferation of the superficial dermis, made of atypical lymphocytes with hyperchromatic nuclei, with irregular outlines, aligned in single file at the level of the basal layer, with images of epidermotropism with a slight pilotropism. The immunohistochemistry study showed the presence of atypical lymphocytes of T phenotype expressing CD3 as well as intraepidermal T lymphocytes expressing CD4 in an intense and diffuse way and focally CD8.

The diagnosis of mycosis fungoides (MF) in its poikilodermal form was retained. The extension workup did not show any extracutaneous localization. The patient was put on PUVA therapy with good evolution.Poikilodermal MF has been individualized as a rare form of MF.It is characterized by an earlier age of onset, a long duration of evolution before diagnosis, and a male predominance.Clinically, the skin lesions have a predilection for the flexural areas and the trunk and are characterized by a particular clinical aspect associating erythema, slight desquamation, hyper- and hypo-pigmentation with atrophy and telangiectasias [2]. Histologically, the poikilodermal variant may resemble classical MF, some histological particularities can be observed. Immunohistochemically, its characterized by a predominance of either CD4- CD8+ or CD4 + CD8- phenotypes.The prognosis of this clinical form seems more favorable.The reference treatment is phototherapy; the use of systemic treatments is rarely reported [3].

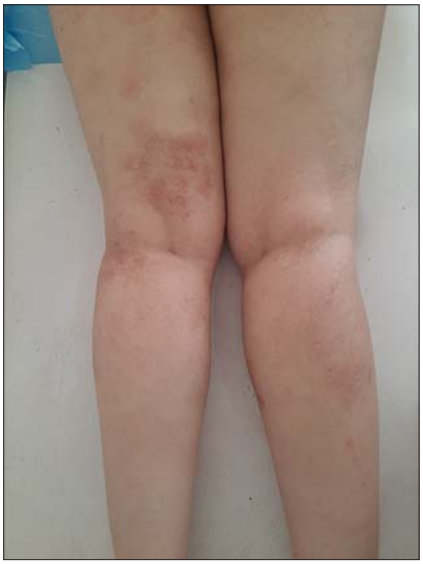

Figure 1: Well-limited, rounded erythematous plaques.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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