



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## **FOLLICULAR RASHES WITH FOLLICULOTROPIC LYMPHOCYTIC INFILTRATES ASSOCIATED WITH IMMUNOSUPPRESSIVE THERAPY: CLINICAL, HISTOPATHOLOGICAL, IMMUNOHISTOCHEMICAL AND MOLECULAR STUDY.**

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**Background:** Several cases of folliculotropic mycosis fungoides (FMF) have been described in association with systemic immunosuppressive therapy, including calcineurin inhibitors.

**Objective:** To characterize follicular rashes with folliculotropic lymphocytic infiltrates associated with systemic immunosuppressive therapy, and to explore a putative role for calcineurin inhibitors.

**Methods:** Three patients (two post-transplantation) treated by systemic immunosuppressive therapy, developed follicular rashes characterized histopathologically by folliculotropic lymphocytic infiltrates. These were studied clinically, histopathologically, immunophenotypically, and molecularly for T-cell clonality.

**Results:** Calcineurin inhibitors (2 cyclosporine A and 1 tacrolimus) were part of the regimen in all 3 patients and their cessation was associated with complete clinical remission. Two cases had sufficient histopathological, immunophenotypical, and molecular criteria for the diagnosis of early FMF, and the remaining case had only some of the criteria.

**Conclusion:** Patients undergoing systemic immunosuppressive therapy, which include calcineurin inhibitors may develop follicular rashes with some or all of the necessary diagnostic criteria for early FMF. It seems judicious to withdraw calcineurin inhibitors in these patients.

