



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

FOLLICULOTROPIC LYMPHOCYTIC INFILTRATES ASSOCIATED WITH ANTI TNF- α THERAPY: CLINICAL, HISTOPATHOLOGICAL, IMMUNOPHENOTYPICAL AND MOLECULAR STUDY.

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Background: A few cases of folliculotropic mycosis fungoides (FMF) associated with anti TNF- α therapy, have been described.

Objective: To study and characterize follicular skin rashes with folliculotropic lymphocytic infiltrates associated with anti TNF- α therapy.

Methods: Four patients treated with anti TNF- α therapy (2 with adalimumab, 1 with golimumab and 1 with infliximab) developed follicular rashes characterized histopathologically by folliculotropic lymphocytic infiltrates. These were studied clinically, histopathologically, immunophenotypically, and molecularly for T-cell receptor gene rearrangements.

Results: One case showed sufficient histopathological, immunophenotypical and molecular criteria for the diagnosis of early FMF. Two cases fulfilled some of the criteria, but insufficiently for a definite diagnosis of FMF. The remaining case did not meet FMF diagnostic criteria. Withdrawal of anti TNF- α therapies led to complete clinical remissions in all 4 cases.

Conclusion: Follicular rashes with folliculotropic lymphocytic infiltrates associated with anti TNF- α therapy may be heterogeneous, but some may show some or all of the necessary diagnostic criteria for early FMF. Withholding anti TNF- α therapy in these cases seems to be judicious.

