



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

TWO CASES OF VULVAR MYCOSIS FUNGOIDES

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Background: Mycosis fungoides (MF), the most frequent type of cutaneous T-cell lymphoma, is unfrequently associated with vulvar localizations. We report two cases of vulvar MF.

Observation: An 81-year-old female presented with a 2-year history of erythematous and erosive tongue lesions and an ulcerated infiltrated lesion of the inner face of the left cheek, which did not improve after treatment with clotrimazole. The physical examination also revealed violaceous plaques of the inguinal folds and vulva (Figure). The patient did not have any other skin lesions or significant clinical findings. The histopathological examination of the the vulvar lesion showed an infiltration by atypical lymphocytes with epidermotropism. Immunohistochemical studies revealed a predominance of T cells that were positive for CD3, CD4 and CD7 (CD30+ 10%), with scattered CD8 positive T cells, and a dominant T cell clone by PCR of the TCR gamma gene in lesional skin, consistent with MF. There was no blood, lymph node or visceral involvement. The biopsy of the mucosal lesion was consistent with CD30+ transformed MF with the same dominant T-cell clone as in the vulvar skin by PCR. The patient received bexarotene 450 mg daily with an almost complete response and significant alleviation of her symptoms after 3 months.

The second patient was an 82-year-old woman, with an 18-year history of stage IA MF, who had been previously treated with topical steroids, caryolysine, phototherapy, chlormethine, and methotrexate. All these treatments had been ineffective or poorly tolerated. In 2008, the patient presented with nodules of the thighs and a lesional skin biopsy showed the existence of large-cell transformation. She received interferon and local radiation therapy with a partial response. In 2018, she developed erythematous plaques involving the left labia majora. The biopsy confirmed the existence of transformed MF of the vulva. She received local radiation therapy with a partial response.

Key message: MF should be in the differential diagnosis of vulvar lesions.

