SKIN CANCER (OTHER THAN MELANOMA)

A CASE OF POIKILODERMATOUS MYCOSIS FUNGOIDES: RARE DISEASE ENTITY AND A DIAGNOSTIC CHALLENGE

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Background: Poikilodermatous mycosis fungoides (MF) is a rare variant of MF. Clinically, poikilodermatous MF presents as reticulated hypo- and hyperpigmentaed patches that accompany atrophy and telangiectasia. Histopathological features resemble those of classic MF, such as epidermotropism. Additional features such as epidermal atrophy, basal hydrophic changes, lichenoid lymphocytic infiltration with pigment incontinence and telangiectasia are more prominent in poikilodermatous MF. Immunohistochemically, overexpression of CD8, compared with classic MF, was reported many times in poikilodermatous MF.

Observation: Herein, we report a case of poikilodermatous MF in a 31-year-old Korean man. The patient visited our clinic with reticulated violaceous patches with atrophy on the axillae, lower back and inguinal areas. The skin biopsy revealed epidermal atrophy with severe basal hydropic degeneration, and some epidermotropic atypical lymphocytes on the dermo-epidermal junction. Dense lichenoid lymphocytic infiltration, dilated capillaries and dermal melanophages were also found in the upper dermis. Immunohistochemical stains for CD3, 4, 5 and 8 were positive. Although T cell receptor-gamma gene rearrangement did not show clonal gene rearrangement, the diagnosis of poikilodermatous MF with CD8 positive was made based on the clinical, histopathological and immunohistochemical features. The patient showed good response to narrow band UVB (311nm) phototherapy with topical potent steroid.

Key message: Poikilodermatous MF is a rare variant of MF which typically shows overexpression CD8. We have to think about poikilodermatous MF when patient clinically shows skin atrophy, telangiectasis and mottled pigmentation, histopathologically resemble classic MF and immunohistochimally CD4 or CD8 are expressed.