SKIN CANCER (OTHER THAN MELANOMA)

GRANULOMATOUS MYCOSIS FUNGOIDES PRESENTING AS ERYTHRODERMA AND ARTHRITIS IN A 3-YEAR OLD FILIPINO MALE

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Background: Mycosis fungoides (MF) is the most common primary cutaneous lymphoma in the pediatric age group, with hypopigmented MF representing its most common variant seen especially in Asians and dark-skinned individuals. Erythrodermic and granulomatous MF are rare variants reported in children. Here we report a rare case of a young male clinically diagnosed as erythrodermic MF, which histologically showed granulomatous changes, and presenting with symmetric erosive arthritis.

Observation: A 3-year old Filipino male presented with erythroderma and scaling, tender swollen joints and multiple lymphadenopathies starting at 14 months of age. Skin biopsies showed granulomatous dermatitis with predominant CD3+ lymphocytic infiltrates with tropism to the epidermis, follicular epithelium and adnexae. An inverted CD4:CD8 ratio was seen. Granulomatous infiltrates were CD68+, S-100- and Fite stain negative. Bone marrow flow cytometry and peripheral blood smear showed no atypical Sezary cells.

Radiologic evaluation of the joints suggested an inflammatory arthritides. Arthritis may be present in MF and is hypothesized to result from homing of malignant lymphocytes to the synovium, modulating inflammation.

Topical corticosteroids, narrowband UVB phototherapy and low-dose methotrexate for the arthritis were initiated, significantly reducing erythema, scaling and joint swelling. Repeat histology showed a decrease in the CD3+ epidermotropic and dermal lymphocytic infiltrates. Evaluation for nodal status and metastasis is ongoing.

Key Message: Various disease entities may present as erythroderma in children. MF should remain an important differential for non-specific, chronic lesions in children that are unresponsive to treatment. Multiple biopsies and a careful review of histopathologic patterns may be needed to establish the diagnosis of MF.