SKIN CANCER (OTHER THAN MELANOMA)

# HYPOPIGMENTED MYCOSIS FUNGOIDES: CHALLENGING DIAGNOSIS

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Background: Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. Hypopigmented mycosis fungoides (HMF) is a rare and atypical clinical subtype of MF characterized by hypochromic or achromic macules, sometimes with vitiligoid appearance. It usually affects the trunk, proximal lower and upper limbs. Differential diagnoses of HMF include vitiligo, pityriasis alba, postinflammatory hypochromia, leprosy, idiopathic macular hypomelanosis and pityriasis lichenoides chronica.

Observation: Here we present a 57-year-old woman with a 2-year history of progressive, hypopigmented and depigmented patches of irregular shape, 3–8 cm in diameter, associated with erythematous macules and plaques, localized on the trunk and lower extremities. The lesions were followed by pronounced pruritus and were initially treated with systemic antihistamins and topical corticosteroids. Histopathology of both types of lesions showed typical features of MF (lymphocytic infiltration in the upper and mid-dermis, associated with atypia and epidermotropism of lymphocytes). The patient was successfully treated with combination of PUVA phototherapy and systemic retinoids.

Key message: HMF is often misdiagnosed and this might be the reason for the low incidence of this atypical subtype of MF, as well as for the late diagnosis and treatment. Although prognosis of HMF is favorable in most of the cases, rapid establishing of diagnosis is significant, especially considering the fact that it is a malignant disease.