SKIN CANCER (OTHER THAN MELANOMA)

HYPOPIGMENTED SPOTS ON YOUNG MAN: WHAT DO YOU EXPECT?

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Background: Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. Hypopigmented mycosis fungoid (HMF) is a rare variant. We report a new Moroccan case.

Observation: Mr T.O, 23 years old, with no history of atopy, presented at dermatology department with history of skin depigmentation evolving since 4 months ago. The clinical examination noted numerous hypopigmented and achromic patches, well limited, symmetrical on the legs. Body surface area was estimated < 10 %. We also noticed a depilation of the affected area. There was no change of skin sensitivity nor sweating. Cutaneous biopsy with immunohistochemical study confirmed the diagnosis of mycosis fungoides. Using the TNMB staging system, the patient was classified as stage Ib with no internal involvement or metastases. We started a treatment with topical steroids + twice-weekly narrow-band UVB phototherapy. Treatment is still in progress.

Key message: HMF can be considered as a subtype of MF. It is made clinically exclusively by hypopigmented or even achromic lesions. Most patients with HMF are younger than patients typically diagnosed with conventional MF, as the case we report (23 years old). Often described in people of dark phototype (Fitzpatrick Phototype V for our case), it has also been described in Asian patients. The prognosis is much better than for conventional MF. A twice-weekly NB-UVB regimen is an effective treatment for MFH with minimal side effects. However, the relapse rate remains high at the end of treatment. Actually, nor clinical or histological features can predict the relapse or not of the disease.

Conclusion: The limited number of publications on HMF reflects a poor knowledge of this entity for many professionals. Misdiagnosing HMF as vitiligo, pityriasis alba, leprosy, or post-inflammatory hypopigmentation, remains frequent. The aim of our case report in making this pathology better known by dermatologist.