



SKIN CANCER (OTHER THAN MELANOMA)

SUCCESSFULLY TREATING STAGE T4 N0 M0 B2 CS IV A OF MYCOSIS FUNGICIDES DISEASE WITH INTERFERON L-2A AND METHOTREXATE - A CASE REPORT

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Background: Mycosis Fungoides (MF) is the most common type of cutaneous T-cell lymphoma (CTCL) which typically affect older adults. Classical clinical appearance is from patch, plaque to tumor stage with rash. Erythroderma, skin tumors and high blood tumor burden in TNMB classification have low median of overall survival (2 to 3 years).

Observation: Patient, who was observed from 2011th to 2015th year as Psoriasis palmoplantaris, developed T cell limfom in May 2015th. Ultrasound of abdomen and limfoid nodes, MSCT of abdomen and pelvis, all blood tests and immunopheno test did not show abnormalities.

She was treated with the local corticosteroid cream, acitretinum and PUVA therapy with good regresion of skin lesion.

In begining of 2017th , due to progression of skin lesion, new evaluation reveal Mycosis fungoides disease (T4 N0 M0 B2). Treatment with interferon L-2a trice a week was induced (3 million i.j.s.c.). Progressively, the dose was increased to 6 milion i.j. as the patient skin was not better. At the end of 2017th, reevaluation diagnosed Sezary syndrome (T4 N0 M0 B2 CS IV A). Multidisciplinar therapy between dermatologist and hematologist was established: 9 million i.j. interferon L-2a trice a week, metothrexat a 15mg once a week follow by folic acid a 5mg. After inducing metotrexat in combination with interferon L-2a, now year ago, the skin tumors started to retreat, blood test (flow cytometry) was significantly better and overall condition improved.

Key message: Despite generally bad prognosis and fast progression for stage IVA/B, our patient responded well to combination therapy of interferon L-2a and metotrexat. We think there are lot of subtypes of MF and possibly individualizad therapy is the key to the treatment of MF. Of course, further research is needed.

