SKIN CANCER (OTHER THAN MELANOMA)

FOLLICULAR MUCINOSIS OR FUNGOIDES MYCOSIS: AN ANATOMOCLINICAL STUDY ABOUT A CASE.

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Background: Follicular mucinosis (FM) is a rare condition, characterized by follicular degeneration due to mucin deposition.
There are not enough criteria to distinguish primary cases or cases associated with mycosis fungoides (MF).

Observation: A 26 years old man, presented with itchy erythematous lesions slightly keratotic then becoming alopecic at the upper limbs, the back and the knees.
The dermatological examination found an alopecic erythematous patches, slightly scaly, well-defined, with a positive pull hair test, sitting at upper limbs, back and knees.
Histology showed a follicular mucinosis not being able to exclude an association with a concomitant follicular Mycosis Fongoïdes, immunohistochemical study showed an immunophenotype T of the peripilar and pilar lymphocytes: CD3 +; CD4 +; CD8-. The monoclonality study was not made due to its unavailability in our hospital.
The clinico-histopathological correlation was unable to eliminate an associated mycosis fungoides, we started a topical steroids treatment for our patient, with close clinical monitoring.

Key message: The term follicular mucinosis was introduced in 1959. It's a pathological process characterized by mucin and macrophage-eosinophil accumulation and lymphocyte infiltration with folliculotropism.
Follicular Mucinosis may have several clinical variants, the preferential localization is the head and neck with spontaneous resolution after a few months, a secondary type related to lymphoma observed at advanced ages. There are various articles that report a clinical appearance of MF concomitant or emerging during long-term follow-up.
However, many authors report that the two FM and MF entities may be similar in terms of age, location and histological characteristics making the differential diagnosis very difficult.
In terms of lymphoid infiltration, no correlation was seen between the intensity of mucin accumulation and degree of atypia of lymphoid infiltration.
There are also conflicting reports on the characteristic immunohistochemical aspects and rearrangement of the TCR gene in the literature.