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Mycosis Fungoides: A Master of Disguise

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INTRODUCTION

Mycosis fungoides is the most common form of cutaneous T cell lymphoma. However, it is still incredibly rare, with an incidence of approximately 6 cases per 1,000,000. Initial presentation often mimics more benign dermatologic conditions, presenting an early diagnostic challenge.

METHODS

A 53 year old male, with no significant medical history, presented with a progressively worsening body rash. He had previously been empirically treated with emollients and topical hydrocortisone, without improvement. Physical examination demonstrated multiple ovoid, elongated pink and minimally raised plaques



Figure 1: Multiple ovoid, elongated pink plaques found on physical examination, consistent with Mycosis fungoides.

along the chest wall, abdomen and right medial calf.

RESULTS

Punch biopsy revealed an interstitial infiltrate composed of perivascular small lymphocytes within a prominent superficial dermal fibroplasia extending into the dermis. Lymphocytes were predominantly CD4-positive with fewer CD8-positive T cells and absent eosinophils. CD5 staining was preserved but CD7 expression was decreased. These findings were consistent with mycosis fungoides. Initial treatment consisted of topical clobetasol and close follow-up.

CONCLUSION

Mycosis fungoides is a mature T cell lymphoma that initially presents with cutaneous manifestations. Progressively worsening disease can lead to lymphatic, hematologic and visceral involvement. A low threshold for biopsy should be maintained for any plaque-like rash that does not resolve after initial treatment. Patients, with a suspected early stage diagnosis require initiation on topical therapies and those with biopsies demonstrating lymphocytic atypia should be followed closely. Long term surveillance is crucial in staging disease and appropriately guiding continued therapeutic intervention. Clinicians must remain particularly cognizant of this cutaneous malignancy that masquerades as other benign dermatologic conditions.

