

Dermatitis exfoliativa with palmoplantar and face involvement

Mycosis fungoides (MF) is an indolent cutaneous T-cell non-Hodgkin's lymphoma.^{1, 2, 3} Hereby, we report the case of a 63-years-old man with a history of recurrent erythematous lesions of the scattered skin (previous diagnosis of psoriasis). Admitted by erythroderma (dermatitis exfoliativa with palmoplantar and face involvement, not itchy, with a week of evolution. The histopathological analysis revealed lymphocytic epidermotropic and CD3 +, CD4 +, CD4 +, CD5 + and CD8 + lymphocytic infiltrates with atypical cells and Pautrier microabscesses, confirming the clinical diagnosis of Mycosis Fungoides (MF). The complementary study did not reveal other relevant changes, namely Sezary cells in the blood smear. Visceral involvement was excluded. According to the TNMB classification of the Mycosis Fungoides Cooperative Group, the patient was in stage III (T4, N0, M0, B0). He initiated treatment with topical betamethasone and oral acitretin, with significant clinical improvement. During the two-year follow-up, the patient remained stable with a limited number of skin lesions and no evidence of extra-cutaneous involvement even after suspension of acitretin. Erythrodermic MF is a diagnostic challenge for clinicians, and it is often difficult to clinically distinguish it from other more common entities². The absence of pruritus and the frank palmoplantar and face involvement are relevant diagnostic clues. The prognosis of the disease is generally good, although it depends on its stage².

REFERENCES

1. Jawed SI, Myskowski PL, Horwitz S, Moskowitz A, Querfeld C. Primary cutaneous T-cell lymphoma (mycosis fungoides and Sezary syndrome): part I. Diagnosis: clinical and histopathologic features and new molecular and biologic markers. *J Am Acad Dermatol.* 2014;70(2):205.e1-205.e16. quiz 21-e2
2. Keehn CA, Belongie IP, Shistik G, Fenske NA, Glass LF. The diagnosis, staging, and treatment options for mycosis fungoides. *Cancer Control.* 2007;14(2):102-111
3. Notay, M, Petukhova, T., Kiuru, M., et al. Mycosis fungoides presenting as symmetric concentric patches mimicking figurate erythema ; *JAAD Case Reports*, Volume 3, Number 4

DIAGNOSIS

Mycosis fungoides presenting as erythroderma.

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Figure 1. Erythroderma (confluent non-pruriginous scaly erythematous patches).



Figure 2: a) Epidermis with mild acanthosis and spongiosis. Dermis with dense superficial band-like lymphocytic infiltrate with epidermotropism and folliculotropism. b) Atypical lymphocytes, with hyperchromatic and cerebriform nuclei. c) Intraepidermal collection of atypical cells (Pautrier's microabscess). D) Diffuse expression of CD3.

