Dermatitis exfoliative 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 exfoliative 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 microabcesses, 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 entities.2 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 stage.2

REFERENCES
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DIAGNOSIS
Mycosis fungoides presenting as erythroderma.

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Cómo citar este artículo: Moreira A, Silva M, Mendes M