Poikilodermatous mycosis fungoides in a 18-year old Filipino female

Poikilodermatous mycosis fungoides is a rare and indolent subtype of mycosis fungoides (MF). Diagnosis is challenging as clinical presentation may mimic other poikilodermatous dermatoses. Clinical course, laboratory findings, and prognosis have not been correlated in previous studies. We present the case of an 18-year old female who presented at our clinic with intensely pruritic erythematous scaly patches with telangiectasia on the upper and lower extremities and trunk, with areas of reticulated hyperpigmentation. These lesions have been recurring since late childhood, and patient has been managed as a case of atopic dermatitis and treated with courses of topical steroids and anti-histamines, with poor response. Histopathologic examination revealed haloed lymphocytes along the basal cell layer of the epidermis, and within the spinous cell layer as single cells and in microabscess collections, with minimal spongiotic change, consistent with mycosis fungoides. Workup for any solid organ or systemic involvement was negative. Initially, we planned on starting Narrowband UVB therapy, but with the patient's schedule in school, this was not feasible and practical. We started her on methotrexate 10 mg/week, folic acid supplementation, halobetasol ointment once a day with occlusion, mild soaps, and liberal use of emollients. At 2- and 4-week followup visits, the patient reported marked improvement of pruritus and beginning hyperpigmentation, with resolution of scaling. We plan to continue this protocol for at least 3 months, and closely monitor the patient for response and resolution of symptoms. The poikilodermatous variant of MF is a poorly studied entity that continues to prove challenging to detect due to its rarity and clinical similarity to other more common dermatoses. In this report, we highlight the importance of performing histopathological examination in patients being managed as cases of common dermatoses that respond poorly to standard treatment. It is prudent to maintain a high index of suspicion for such rare variants, as indolent malignancies such as MF in young patients may be underdiagnosed.

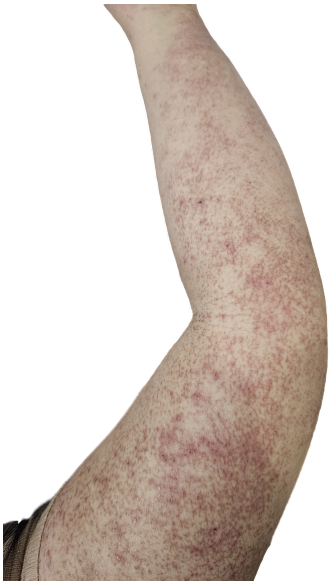

Image 1. Patient's left arm showing areas of scaly erythematous patches with telangiectasia and reticulated hyperpigmentation.