5TH WORLD CONGRESS OF CUTANEOUS LYMPHOMAS
Focus area: Challenging Cases of Cutaneous Lymphomas
Abstract n 158

# Ichthyosiform lesions: think “lymphomatously”

**Helena Maciel Guerra[1], Elisa Nunes Secamilli[1], Thais Helena Buffo[1], Rafael Fantelli Stelini[1], Juliana Yumi Massuda Serrano[1]**
Universidade Estadual de Campinas, São Paulo – Brazil. julianamassuda.dermato@gmail.com

## INTRODUCTION

Cutaneous lymphomas represent a heterogeneous group, with mycosis fungoides (MF) being the most common subtype. Apart from the classic Alibert-Bazin disease, many atypical variants of MF have been described. Ichthyosiform MF (iMF) is a very rare variant, with few cases reported.

## CASE REPORT

A 45-year-old male had a diagnosis of eritrodermic MF (T4N0M0) in Jun 2018. He was treated with radiotherapy until Jan 2019. Methotrexate and interferon were also part of the treatment strategy. There was improvement of his clinical picture until July, when he got COVID-19 and had to discontinue interferon. Thereafter, slightly ictiosiform lesions, which had been already observed in his lower limbs, became exuberant. New histopathological analysis revealed superficial lymphomatous infiltration in sub-epidermal band, with expression of CD2, CD3, CD4, CD5 and low expression of CD7, confirming the hypothesis of iMF.

## CLINICAL FINDINGS

Ichthyosiform lesions on the posterior left thigh

## HISTOLOGICAL FINDINGS

Hematoxylin and eosin 100x (A); Immunohistochemistry 100x - CD3 (B) and CD4 (C)

A

B C

## DISCUSSION

Acquired ichthyosis usually begins in adult life and constitutes a cutaneous sign of a variety of underlying causes, mostly malignancies. Ichthyosiform eruption as a MF variant is rare, representing about 1.8% of MF cases. It may coexist with other classical or atypical variants of MF or be isolated expressed. It usually presents as widespread ichthyosiform lesions associated with comedo-like lesions and/or follicular keratotic papules, although limbs may exhibit a more striking picture. Histologically, ichtyosiform areas demonstrate compact orthokeratosis, hypogranulosis and an infiltrate composed of small cerebriform lymphocytes with epidermotropism. Therefore, when examining patients with acquired ichthyosiform lesions, biopsies should be performed to rule out, among other causes, the possibility of iMF.

## BIBLIOGRAPHY

1. Kazakov DV, Burg G, Kempf W. Clinicopathological spectrum of mycosis fungoides. J Eur Acad Dermatol Venereol. 2004 Jul;18(4):397-415. doi: 10.1111/j.1468-3083.2004.00937.x. PMID: 15196152.
2. Jang MS, Kang DY, Park JB, Han SH, Lee KH, Kim JH, Ko JW, Suh KS. Clinicopathological Manifestations of Ichthyosiform Mycosis Fungoides. Acta Derm Venereol. 2016 Jan;96(1):100-1. doi: 10.2340/00015555-2159. PMID: 26062766.
3. Perandones González H, Sánchez Sambucety P, Rodríguez Prieto MÁ. Ichthyosiform pattern: an exceptional presentation of mycosis fungoides. Int J Dermatol. 2020 Jun;59(6):730-732. doi: 10.1111/ijd.14636. Epub 2019 Sep 9. PMID: 31498889.
4. Hodak E, Amitay I, Feinmesser M, Aviram A, David M. Ichthyosiform mycosis fungoides: an atypical variant of cutaneous T-cell lymphoma. J Am Acad Dermatol. 2004 Mar;50(3):368-74. doi: 10.1016/j.jaad.2003.10.003. PMID: 14988677.
5. Badawy E, D'Incan M, El Majjaoui S, Franck F, Fabricio L, Dereure O, Souteyrand P, Guillot B. Ichthyosiform mycosis fungoides. Eur J Dermatol. 2002 Nov-Dec;12(6):594-6. PMID: 12459538.