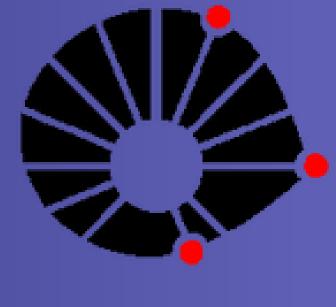
5TH WORLD CONGRESS OF CUTANEOUS LYMPHOMAS

Focus area: Challenging Cases of Cutaneous Lymphomas
Abstract n 158

Ichthyosiform lesions: think "lymphomatously"



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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 subepidermal 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

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.

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