Lehigh Valley Health Network
LVHN Scholarly Works

Department of Medicine

Mycosis Fungoides: A Master of Disguise

Amogh M. Joshi DO
Lehigh Valley Health Network, Amogh.Joshi@lvhn.org

Emilee E. Kurtz DO
Lehigh Valley Health Network, Emilee.Kurtz@lvhn.org

Yehia Y. Mishriki MD
Lehigh Valley Health Network, Yehia.Mishriki@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/medicine

Part of the Internal Medicine Commons

Published In/Presented At

Joshi, A. M., Kurtz, E. E., Mishriki, Y. Y. (2019, May). *Mycosis Fungoides: A Master of Disguise*. Poster Presented at: The Pennsylvania Osteopathic Medical Association, Philadelphia, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Mycosis Fungoides: A Master of Disguise

Amogh Joshi, DO, Emilee Kurtz, DO and Yehia Mishriki, MD
Department of Medicine, Lehigh Valley Health Network, Allentown Pa.

INTRODUCTION

Mycosis fungoides is the most common form of cutaneous T cell lymphoma. However, it is still incredibly rare, with an incidence of approximately 6 cases per 1,000,000. Initial presentation often mimics more benign dermatologic conditions, presenting an early diagnostic challenge.

METHODS

A 53 year old male, with no significant medical history, presented with a progressively worsening body rash. He had previously been empirically treated with emollients and topical hydrocortisone, without improvement. Physical examination demonstrated multiple ovoid, elongated pink and minimally raised plaques along the chest wall, abdomen and right medial calf.

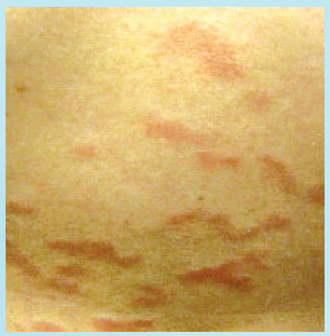

Figure 1: Multiple ovoid, elongated pink plaques found on physical examination, consistent with Mycosis fungoides.

RESULTS

Punch biopsy revealed an interstitial infiltrate composed of perivascular small lymphocytes within a prominent superficial dermal fibroplasia extending into the dermis. Lymphocytes were predominantly CD4-positive with fewer CD8-positive T cells and absent eosinophils. CD5 staining was preserved but CD7 expression was decreased. These findings were consistent with mycosis fungoides. Initial treatment consisted of topical clobetasol and close follow-up.

CONCLUSION

Mycosis fungoides is a mature T cell lymphoma that initially presents with cutaneous manifestations. Progressively worsening disease can lead to lymphatic, hematologic and visceral involvement. A low threshold for biopsy should be maintained for any plaque-like rash that does not resolve after initial treatment. Patients, with a suspected early stage diagnosis require initiation on topical therapies and those with biopsies demonstrating lymphocytic atypia should be followed closely. Long term surveillance is crucial in staging disease and appropriately guiding continued therapeutic intervention. Clinicians must remain particularly cognizant of this cutaneous malignancy that masquerades as other benign dermatologic conditions.

© 2019 Lehigh Valley Health Network

LVHN.org

Lehigh Valley Health Network