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Objectives

Upon completion of the lecture, learners should be better prepared to:

1) Present a typical case of mycosis fungoides (MF).
2) Discuss the epidemiology, diagnosis, treatment and pathogenesis of mycosis fungoides (MF).
3) Demonstrate histologic findings found in MF.

Introduction: Mycosis Fungoides is the most common subtypes of cutaneous T-cell lymphomas, which itself makes up less than 5% of all non-Hodgkin’s lymphomas. It is estimated that roughly 6 cases per million occur in the US.

Case: Mr. G was a 101 year old male with a past medical history of colon cancer s/p resection, hypertension, degenerative joint disease, and benign prostatic hyperplasia who presented to the Dorn VA Medical Center for a two day history of wheezing, shortness of breath and chronic pruritic rash. The Pt was admitted for dyspnea and started on antibiotics for possible PNA. Steroids were later added as the Pt did have elevated eosinophils over the past several years and there was a question of eosinophilic pneumonitis. Given his advanced age, no invasive procedures were attempted and as a result, Pt was treated with IV steroids for presumed eosinophilic pneumonitis. The Pt’s rash and respiratory status appeared to improve with IV steroids. However, he was not able to keep IV access and, after a long discussion with the family, he was transitioned to oral steroids. The Pt’s rash and dyspnea worsened and dermatology was consulted for a biopsy. Soon after biopsy was performed, Pt’s mental status declined and the Pt ultimately expired. Posthumously, the pathology report ultimately revealed cutaneous T-Cell lymphoma, Mycosis Fungoides type.

Discussion: Mycosis Fungoides tends to effect males twice as often as females and is more common in the black community. It typically presents with multiple papules or plaques that can be grouped or widespread. As in the previous case, the skin lesions are typically pruritic. There can be a “pre-mycotic” phase of the disease that presents months to years before diagnosis. This stage typically presents with multiple skin lesions that may wax and wane leading to misdiagnoses and frustration for both the patient and the care provider. Biopsies of these lesions are often inconclusive. In 2005, the ISCL attempted to create a diagnostic algorithm for patients suspected of mycosis fungoides based on four diagnostic criteria which include clinical, histopathologic, immunophenotypic and molecular biological parameters. This method, while a statistically valid method for diagnosing mycosis fungoides, remains suboptimal secondary to low specificity. It appears further advancements in disease understanding are necessary to improve the early diagnosis of this disease.

Disclosure

Tariq Horani, MD – No Relevant Financial Relationships to Disclose
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