Mycosis fungoides and its benign simulants

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Mycosis fungoides (MF) is the most common cutaneous T-cell lymphoma. Typically, neoplastic T-cell localizes to skin and produces patches, plaques, tumors or erythroderma. Diagnosis of MF can be difficult due to highly variable presentations and sometimes nonspecific nature of histopathologic features.

T-cell receptor gene rearrangement study has improved the diagnostic accuracy. Nevertheless, clinical and pathologic findings are important as MF can resemble a wide variety of skin diseases. Many variants of MF differ substantially from 'classical' MF and therefore sometimes referred to as 'atypical' forms of the disease.

Atypical forms of MF include hypopigmented, hyperpigmented, ichthyosiform, pityriasis lichenoides-like, granulomatous, folliculotropic, bullous, palmoplantar, pagetoid reticulosis, granulomatous slack skin and Sézary syndrome.

Histopathologic patterns that should be especially arose suspicion of MF are psoriasiform-lichenoides and spongiotic psoriasiform-lichenoides pattern. It has been verified that there are several histopathologic features that are helpful in evaluating any case of suspected MF.

These include the presence of haloed lymphocytes, disproportionate exocytosis, epidermal lymphocytes that are larger than dermal lymphocytes, basilar epidermotropism, Pautrier’s microabscesses, convoluted intraepidermal lymphocytes and thickened collagen fibers.

However, in early MF not all of these pathologic findings are present and distinction from an inflammatory infiltrate is often difficult.

In this lecture, I will show and discuss the clinicopathologic features of MF and its simulants.
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