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A Case of Rapidly Progressing Tumoral-Stage Mycosis Fungoides

Hızlı Seyreden Bir Tümoral Evre Mikozis Fungoides Olgusu

Muzaffer Keklik[1], Salih Levent Çınar[2], Rıza Şimşek[3], Leylagül Kaynar[1,4]

[1]*Erciyes University Faculty of Medicine, Department of Hematology, Kayseri, Türkiye*
[2]*Erciyes University Faculty of Medicine, Department of Dermatology, Kayseri, Türkiye*
[3]*Erciyes University Faculty of Medicine, Department of Internal Medicine, Kayseri, Türkiye*
[4]*Medipol University Faculty of Medicine, Department of Hematology, İstanbul, Türkiye*

To the Editor,

Primary cutaneous lymphomas are a heterogeneous group of lymphomas that present in the skin with no evidence of extracutaneous disease at the time of diagnosis. Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma, accounting for 40% of all primary cutaneous lymphomas [1]. The type and extent of skin involvement are important prognostic factors in MF, and the prognosis is poor in cases of tumoral-stage skin involvement [2]. Here, we report a patient with very rapidly progressing tumoral-stage MF. This patient consented to the publication of his case in a journal.

A 58-year-old male patient from abroad was diagnosed with MF at a medical center in another country, presenting with diffuse painful and pruritic lesions on the skin of his right leg. After no response to topical steroid treatment, lesion excision and graft application were performed. Being unresponsive to psoralen photochemotherapy and all-trans retinoic acid treatments, the patient was admitted to our center in Türkiye. Physical examination revealed diffuse edema of the right leg extending from the gluteal region to the dorsum of the foot and plaque accompanied by purple-brown discoloration. In addition, nodules and tumoral lesions were present in the mid-gluteal and middle one-third area of the upper leg with a marked tendency of clustering. An ulcer with necrotic and hemorrhagic crusts was observed lateral to the knee, and an ulcer with a healed scar was observed lateral to the dorsal aspect of the foot (Figure 1). A biopsy taken from the lesion on the skin of the right leg revealed blastic transformation and tumoral-stage MF. Positron emission tomography/computed tomography revealed diffuse nodal and extranodal (bone, bone marrow, skin, subcutaneous fatty tissue, muscle, and spleen) involvement (stage IV), and the patient was

Figure 1. Nodules and tumoral lesions with a marked tendency of clustering (564x423 mm, 72x72 DPI).

scheduled to receive gemcitabine-brentuximab treatment with intensive dressing, parenteral antibiotics, and albumin support due to discharge from the skin lesions. However, he died on the 10th day of the first cycle due to disease progression.

The treatment of MF is planned mainly according to the stage and extent of the disease [3]. Although there are a number of therapies currently available, achieving and maintaining a durable response remains challenging, especially in cases of tumoral-stage MF [4]. Good results have been reported in the literature with the addition of brentuximab to systemic chemotherapy in CD30-positive cases, but the search for effective treatments for tumoral-stage MF is still ongoing.

Keywords: Lymphomas, T-cell neoplasms, Non-Hodgkin lymphoma, Pharmacotherapeutics

Anahtar Sözcükler: Lenfomalar, T-hücreli neoplaziler, Hodgkin dışı lenfomalar, Farnakoterapotikler

Ethics

Informed Consent: Informed consent was obtained from the patient reported in this study.

Footnotes

Authorship Contributions

Surgical and Medical Practices: M.K., R.Ş., L.Ç.; Concept: M.K.; Design: M.K., R.Ş., L.Ç.; Data Collection or Processing: L.Ç.; Analysis or Interpretation: L.Ç., L.K.; Literature Search: R.Ş.; Writing: M.K., L.K.

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Address for Correspondence/Yazışma Adresi: Muzaffer Keklik, M.D., Erciyes University Faculty of Medicine, Department of Hematology, Kayseri, Türkiye
E-mail : muzafferkeklik@yahoo.com ORCID: orcid.org/0000-0002-6426-5249

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