LETTERS TO THE EDITOR
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A Case of Rapidly Progressing Tumoral Stage Mycosis Fungoides

Hızlı Seyreden Bir Tümoral Evre Mikozis Fungoides Olgusu

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Dear 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 tumoral stage skin involvement [2]. Here, we report a patient with very rapidly progressing tumoral stage MF. The authors confirm that the patient consented to publish his information in a journal.
A 58-year-old male patient from abroad was diagnosed with MF at a medical center in another country, presenting with painful, pruritic diffuse lesions on the skin of his right leg. After no response to topical steroid treatment, lesion excision and graft application were performed. Unresponsive to psoralen photochemotherapy (PUVA) and ~~retinoic acid~~ all-trans-retinoic acid
treatments, the patient was admitted to our center. The physical examination revealed diffuse edema on 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 1/3 area of the upper leg with a marked tendency to cluster. 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). The biopsy taken from the lesion on the skin of the right leg revealed blastic transformation, tumoral stage MF. Positron emission tomography/computed tomography (PET-CT) revealed diffuse nodal and extranodal (bone/bone marrow/skin/subcutaneous fatty tissue/muscle/spleen) involvement (stage IV), and the patient was planned to receive gemcitabine- brentuximab treatment with intensive dressing, parenteral antibiotics, and albumin support, due to discharge from skin lesions. However, the patient died on the 10th day of the 1st 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 remain challenging, especially in tumoral stage MF[4]. Good results have
been reported in the literature with the addition of brentuximab to systemic chemotherapy in CD30+ cases, 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, Hodgking dışı lenfomalar, Farnakoterapotikler

Ethics
Informed Consent: Informed consent was obtained from the patient reported in this study
Conflict of interest
The authors declare no competing financial interests. The writing of the paper was the sole responsibility of the authors.
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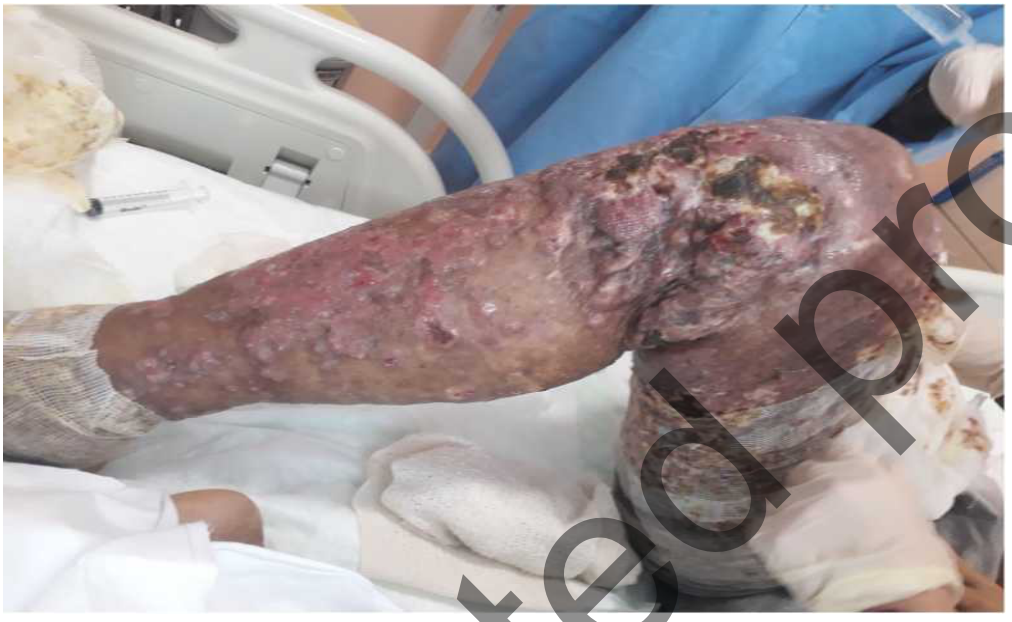

Figure 1. Nodules and tumoral lesions with a marked tendency to cluster

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