Poikilodermatous Mycosis Fungoides

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Abstract
Poikilodermatous mycosis fungoides is one of the rare clinical variant of mycosis fungoides with clinical features of poikiloderma. The variability of atypical and subtle clinical features of mycosis fungoides may delay the diagnosis. Therefore high index of suspicion and familiarity with atypical variants is helpful for early diagnosis and treatment. We hereby report a typical case of 65 years old male presented with asymptomatic, mottled hyper and hypo-pigmentation of skin with interspread telangiectases and areas of atrophy on the trunk and extremities since 10 years. Based on the clinical manifestations and histological findings, the diagnosis of poikilodermatous mycosis fungoides was made.

Introduction
Mycosis fungoides (MF) is the most common forms of cutaneous T-cell lymphoma. Among different variants of mycosis fungoides, poikilodermatous is a rare distinct clinical variant of cutaneous T-cell lymphoma, formerly referred to as poikiloderma vasculare atrophicans.¹

Poikilodermatous MF is characterized clinically by localized or diffuse patches consisting of telangiectasias, mottled hyper- and hypo-pigmentation, and atrophy. The lesions are usually asymptomatic, however some patient may develop mild pruritis. Present predominantly in males, poikilodermatous MF has a good prognosis.²

The lesions are usually asymptomatic, however some patient may develop mild pruritis. Histopathologic features of poikilodermatous MF show an atypical T-cell infiltrate in the papillary dermis with evidence of epidermotropism, epidermal atrophy, dilated blood vessels in the dermis, melanophages, and melanin incontinence.³

The treatment is similar to that of classic MF and is skin-directed. The diagnosis usually gets delayed due to asymptomatic and subtle clinical features. The treatment is similar to that of classic MF and is skin-directed.
Case Report
A 65 years old male presented with asymptomatic pigmentary lesions over the trunk and extremities. On examination patient had mottled hyper and hypopigmentation of skin with interspread telangiectases and areas of atrophy since 10 years (figure 1&2). On the basis of clinical features, diagnosis of poikilodermatous mycosis fungoides was kept. In the biopsy, the findings were consistent with poikilodermatous MF.

Figure 1

Figure 2

Figure 1 & 2 showing mottled hyper and hypopigmentation of skin with interspread telangiectases and areas of atrophy.

Discussion
Poikilodermatous MF is one of the rare clinical variants of MF. The asymptomatic and subtle nature of the disease may result in delayed diagnosis. The high index of suspicion and clinicopathological correlation is essential to make a precise diagnosis of MF. Identifying the subtle features early and confirming the diagnosis with histopathology can help in early diagnosis and early treatment.

Conclusion
Poikilodermatous MF is one of the rare clinical variants of MF. The asymptomatic and subtle nature of the disease may result in delayed diagnosis. The high index of suspicion and clinicopathological correlation is essential to make a precise diagnosis of MF.

Declaration of Patient Consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/ their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflict of Interest: Nil
References


