Indian Journal of Medical Case Reports ISSN: 2319–3832(Online)
An Open Access, Online International Journal Available at http://www.cibtech.org/jcr.htm
2019 Vol.8 (4) October-December, pp. 10-12/Priya et al.
Case Report

MYCOSES FUNGOIDES IN A CHILD - A RARE CASE REPORT

***B.Vishnu Priya, Y. Swetha, A.Vijaya Mohan Rao and G.B. Pavani**
Department of DVL, Narayana Medical College and Hospital, Nellore-524003
**Author for Correspondence: priya.vishnumbbs@gmail.com*

ABSTRACT
Mycosis fungoides (MF) is the most frequent disease among cutaneous T-cell lymphomas, usually arising in mid to late adulthood (median age 55-60 years) with a male preponderance of 2:1. Clinically, it is categorized as patch, plaque or tumour stage, but patients may simultaneously have more than one type of lesion. The distribution classically favors non-sun exposed sites with the bathing trunk and intertrigenous areas in the early course of the disease. Hypopigmented MF is a variant of patch MF, the most common presentation in dark individuals. Patients respond to therapy by repigmentation, and the reappearance of hypopigmented lesions often indicate a relapse.

Keywords: *Primary Cutaneous Lymphomas, Lymphoproliferative Disorders, Mycosis Fungoides, Hypopigmented MF*

INTRODUCTION
Primary cutaneous lymphomas (PCL) belong to a heterogeneous group of malignant lymphoproliferative neoplasms, affecting primarily skin without any system involvement at the time of diagnosis (Willemze *et al.,* 2005; Naeini *et al.,* 2015). MF is the most common PCL, comprising 44%–62% of all cases. It usually affects mid to late adult-hood with median age of diagnosis being 55-60 years[3] (Fatemi Naeini *et al.,* 2015) and male preponderance of 2:1. The incidence of primary cutaneous lymphomas is estimated to be 1:1,00,000 according to WHO (Willemze *et al.,* 2005). Primary cutaneous lymphomas are very rare in children and adolescents with mycosis fungoides being the commonest.

CASE
A 9years old boy presented with multiple asymptomatic light coloured, flat lesions for 4years, initially developed over the abdomen, which gradually increased in number and size to involve the whole body more over covered areas of the body. No history of itching, burning sensation, pain, loss of appetite, weight loss and decreased sensations over the lesions. No history of seasonal variation or remissions. Patient was shown to dermatologist for similar lesions on abdomen 4 years back for which he was diagnosed as pityriasis alba, and he was given topical mild steroids and emollients, but the lesions didn't subside. On examination, multiple ill to well defined hypopigmented macules of varying sizes from 2mm x 3mm to 5cm x 4cm with mild scaling and atrophy over few macules present bilateral and non-symmetrical over trunk, upper arms, forearms, thighs, and legs except face (Fig: 1,2,3,4). Cervical nodes were enlarged, firm, mobile, non-tender. Routine investigations were normal. Ultrasonography showed cervical lymphadenopathy and mesenteric lymphadenopathy. Skin biopsy taken from hypopigmented patch over abdomen which showed psoriasiform hyperplasia in the epidermis, numerous small and large lymphocytes without much spongiosis, toy soldier pattern alignment of lymphocytes along the basement membrane and sparse superficial perivascular infiltrate of lymphocytes (Fig: 5,6). With this diagnosis was made as a patch stage of mycoses fungoides, and the patient was started on narrow-band UVB therapy weekly thrice and methotrexate 7.5mg once weekly.

DISCUSSION
Mycoses fungoides is the result of intrepidermal and superficial dermal infiltration by malignant T-cells (Soro *et al.,* 2013). Hypopigmented MF is a rare variant of patch stage MF and is frequently reported in dark skinned individuals (Soro *et al.,* 2013). Clinically, it is categorized as patch, plaque or tumour stage, but patients may simultaneously have more than one type of lesion. The distribution

Case Report

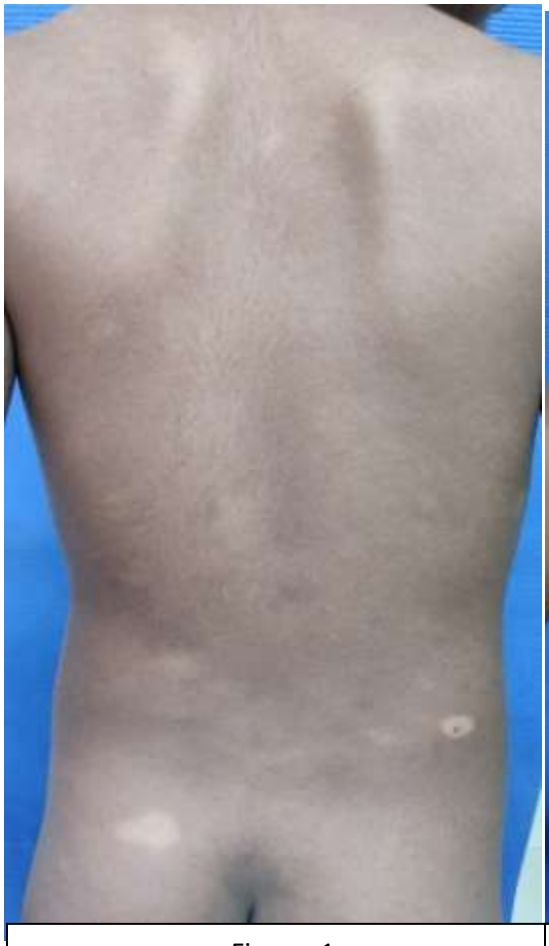

Figure: 1

Figure: 2

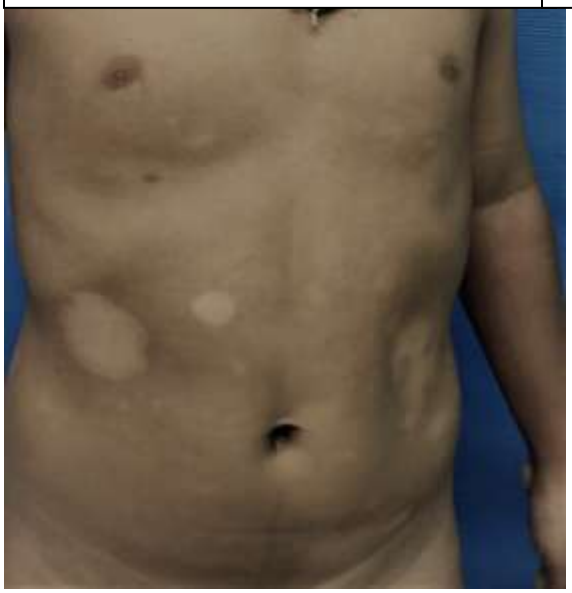

Figure: 3

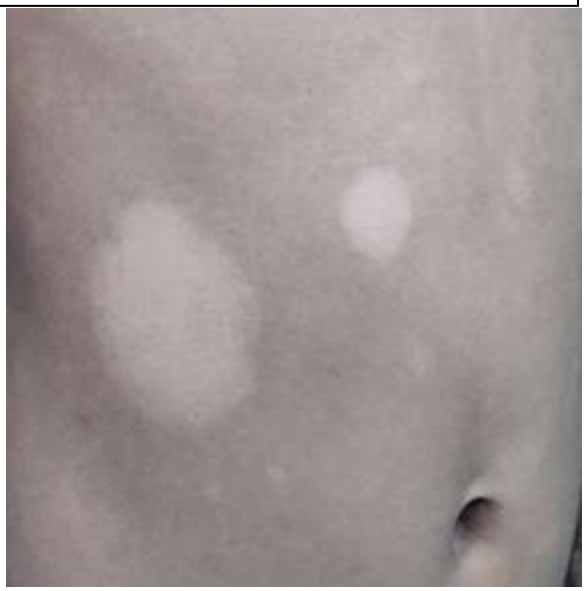

Figure: 4

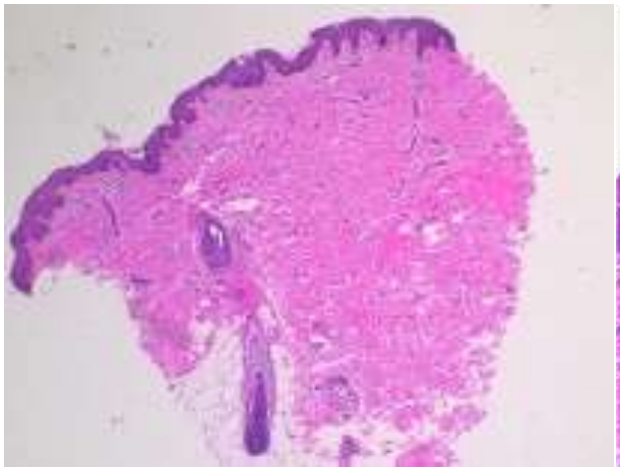

Figure: 5

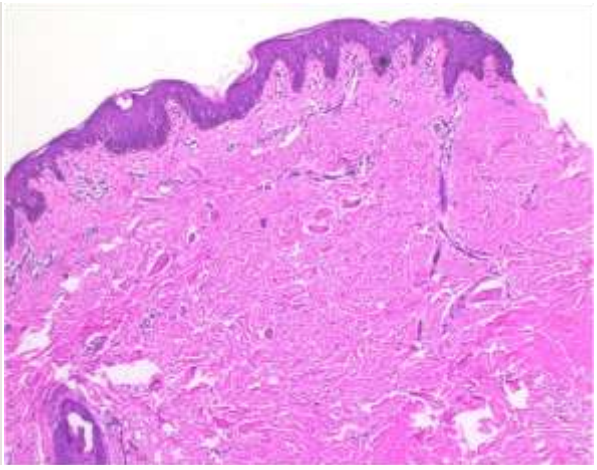

Figure: 6

classically favors non-sun exposed sites with the bathing trunk and intertrigenous areas in the early course of the disease (Pimpinelli *et al.*, 2005). The hypopigmented variant of MF is commonly reported among young age group (Kazakov *et al.*, 2004; Akaaraphanth *et al.*, 2000; and Alsaleh *et al.*, 2010). The presence of hypopigmentation is a marker of good prognosis than the classical form. Patients respond to therapy by repigmentation, and the reappearance of hypopigmented lesions often indicate a relapse.

CONCLUSION

As mycosis fungoides commonly resembles many benign disorders and due to the rarity of presentation in children, it is easily misdiagnosed or lately diagnosed.

REFERENCES

Alsaleh Q. A., Nanda A., Al-Ajmi H. *et al.*, (2010). Clinicoepidemiological features of mycosis fungoides in Kuwait, 1991–2006. International *The Journal of Dermatology* **49** 1393–1398.

Fatemi Naeini F, Abtahi-Naeini B, Sadeghiyan H, Nilforoushzadeh MA, Najafian J, Pourazizi M (2015). Mycosis fungoides in Iranian population: An epidemiological and clinicopathological study. *Journal of Skin Cancer* 306543.

Kazakov D. V., Burg G., and Kempf W. (2014). Clinicopathological spectrum of mycosis fungoides, *Journal of the European Academy of Dermatology and Venereology* **18** 397–415.

Naeini FF, Soghrati M, Abtahi-Naeini B, Najafian J, Rajabi P (2015). Co-existence of various clinical and histopathological features of mycosis fungoides in a young female. *Indian Journal of Dermatology* **60** 214.

Pimpinelli N, Olsen EA, Santucci M, *et al.*, (2005). International Society for Cutaneous Lymphoma. Defining early mycosis fungoides. *Journal of American Academy of Dermatology* **53** 1053–1063.

R. Akaraphanth, M. C. Douglass, and H. W. Lim. (2000). Hypopigmented mycosis fungoides: treatment and a 6(1/2)-year follow-up of 9 patients. *Journal of the American Academy of Dermatology* **42** 33–39.

Soro LA, Gust AJ, Purcell SM (2013). Inflammatory vitiligo versus hypopigmented mycosis fungoides in a 58-year-old Indian female. *Indian Dermatology Online Journal* **4** 321-5.

Willemze R, Jaffe ES, Burg G *et al.* (2005). WHO–EORTC classification for cutaneous lymphomas. *Blood* **105** 3768–85.