



Letter to the Editor

## A man with psoriasis like rash

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### ARTICLE INFO

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### 1. Case

A 74-year-old man was admitted for diffuse skin lesions since several months. His past medical history included type 2 diabetes, hypertension, chronic heart failure and chronic kidney disease. Skin lesions were first diagnosed as severe psoriasis and treated with Psoralen and Ultraviolet A (PUVA), oral steroids and methotrexate. Despite this treatment, the patient state worsened and lesions became more extensive (Fig. 1A-B), painful and bleeding easily. Skin biopsies were then performed. *What is the diagnosis?*

### 2. Diagnosis

Histology show a skin infiltrated by malignant T cells. Immunohistochemical analysis was compatible with the diagnosis of mycosis fungoides (MF). A bone marrow biopsy and 18F-FDG PET/CT

showed no signs of systemic involvement. A total skin electron beam therapy was indicated but not performed due to poor general condition of the patient. After discussion with his family, palliative care was considered more appropriate and the patient died a week later.

### 3. Discussion

MF is the most common type of cutaneous T-cell lymphoma. However the diagnosis can be very challenging because it can be easily mistaken for a common cutaneous disorder. The diagnosis of MF should be suspected in patients who present with chronic nonspecific dermatitis, generalized erythroderma. Skin biopsy is the single most important tool that will help the clinician to establish the diagnosis of MF [1]. The differential diagnosis includes eczema, psoriasis, idiopathic hypereosinophilic syndrome and other cutaneous lymphoma such as adult T cell leukemia lymphoma, subcutaneous panniculitis-like T cell

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**Fig. 1.** Several painful plaques on the trunk (A) and genital area (B).

lymphoma, primary cutaneous anaplastic large cell lymphoma, cutaneous gamma/delta T cell lymphoma and cutaneous B cell lymphoma.

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**Conflict of interest**

None.

**References**

[1] Fung MA, Murphy MJ, Hoss DM, Grant-Kels JM. Practical evaluation and management of cutaneous lymphoma. *J Am Acad Dermatol* 2002;46y325.