

Reply: Application of dermoscopy in folliculotropic mycosis fungoides



To the Editor: We are glad that our paper on dermoscopy of common forms of folliculitis¹ stimulated the interest of Geller et al,² who wrote a commentary letter reporting dermoscopic findings of 4 instances of a less common follicular dermatosis, viz folliculotropic mycosis fungoides (FMF). They underlined the dermoscopic variability of this form of mycosis fungoides and the possible overlap between this condition and one of the follicular disorders analyzed in our study (ie, dermatophytic folliculitis).² In detail, they observed broken hairs in 2 of their 4 patients, which were found to be a specific dermoscopic clue of dermatophytic folliculitis in our analysis.^{1,2}

Although we agree with the authors on the need of considering less common forms of follicular dermatoses (including FMF) when dealing with follicle-based lesions, we would like to make some comments on dermoscopic features of FMF according to our experience with such a condition based on the observation of more than 15 instances.

We fully agree with Geller et al² on the variability of FMF and the possible presence of broken hairs on dermoscopic assessment. However, differently from dermatophytic folliculitis and other follicle-based dermatoses analyzed in our study, there are often other dermoscopic findings in FMF that are typically absent in the other conditions, especially dilation of follicular openings caused by neoplastic T-cell infiltration of hair follicles with its with partial destruction, which is quite common in this variant of mycosis fungoides (Fig 1).³ Furthermore, as reported by Geller et al² and other previous articles, FMF may

also display additional dermoscopic findings that were not been found in our analysis; for example, orange-pink perifollicular clods, yellowish background, white/pigmented halos, white clods/structureless areas or short fine vessels, or a combination of these.²

In conclusion, although there may be some overlaps between FMF and dermatophytic folliculitis, the presence of additional features in the former condition, especially dilation of follicular openings, may assist the differentiation between these disorders.³ Of course, such an observation has to be validated by appropriate accuracy studies, because the role of dermoscopy in FMF is currently limited due to the possible overlap with other conditions (especially follicular mucinosis),⁴ the variability according to the disease stage, and the lack of direct comparative analyses with other follicle-based dermatoses.

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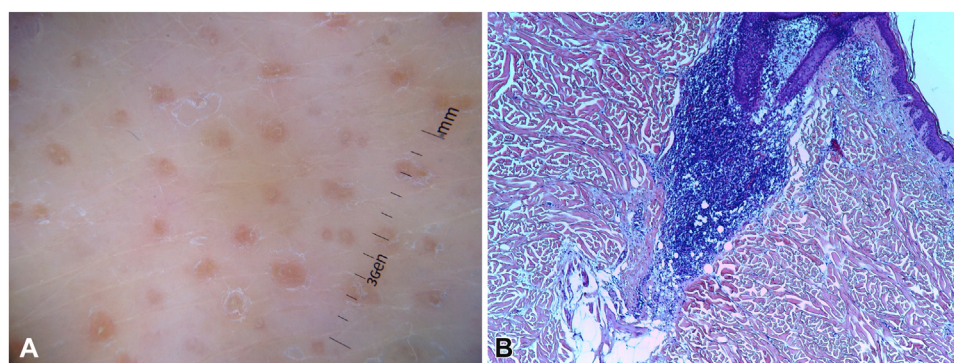


Fig 1. Dermoscopic photograph of folliculotropic mycosis fungoides shows (A) reddish dilated follicular openings devoid of hairs (B) resulting from the neoplastic T-cell infiltration of hair follicles with its with partial destruction and visible on histologic examination (hematoxylin and eosin stain; original magnification: $\times 100$).

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