Extended Abstract

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"Unmasking the Beast": A Retrospective Analysis of Clinical and Histopathological Features of Hypopigmented Mycosis Fungoides

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ABSTRACT

Mycosis fungoides (MF) is a type of lymphoma in cutaneous T cells. It has three sequential stages; stage of patching, stage of plaque and stage of tumour. Patients with classic mycosis fungoides usually progress from patch stage to plaque stage, and eventually to tumor stage over the years.

Hypopigmented mycosis fungoides are found in pigmented skin patients including babies. It is common in Asians, and uncommon in Caucasians. Clinically, the lesions display widespread hypopigmentation or even depigmentation, without major epidermal changes including scaling. While hypopigmented mycosis fungoides are classified under MF patch level, they do not advance beyond patch level. Urthermore, there is no organ, including lymph nodes or liver involvement, relative to classic MF. Moreover, unlike in classic MF, fungoids with hypopigmented mycosis may not cause haematological abnormalities.

Although hypopigmented mycosis fungoides have typical MF5 histological features, immunohistochemical features are different, and further evaluation is required. To date, no definitions or standards have been published to test fungoids with hypopigmented mycosis. Most importantly, to make the exact diagnosis, a clinicopathological correlation is essential.
Except for a few case reports and a few case series, research on hypopigmented mycosis fungoides is lacking. It may be attributed to the prevalence of disease in pigmented skin, which is not usual in countries where large studies are carried out.

This entity's rareness may be due to lack of understanding and misdiagnosis, especially in the early stages, as it can resemble a number of common skin conditions such as pityriasis versicolor, progressive macular hypomelanosis, post-inflammatory hypopigmentation, leprosy, or even vitiligo. Since hypopigmented lesions are common in our dark-skinned patients, understanding of this disease should be increased accordingly. Hypopigmented Mycosis fungoides should be included in any persistent hypopigmented patch's differential diagnosis , especially if the lesion is at a covered body location.

Because hypopigmented mycosis fungoides are more prevalent in people with pigmented skin , particularly Asians, statistically analyzed data on the disease is needed. It will help in the diagnosis and control of the disease at local setup as well as in the development of guidelines for disease management.
The purpose of this retrospective study is to obtain Sri Lankan disease data, as it is not unusual in our patients, and to classify the clinical and histopathological characteristics of hypopigmented mycosis fungoids. In addition, results from this study may be helpful in developing local recommendations for disease management.

90 percent of patients were females and 29.9 years of median age. Patients had long-lasting skin infections, which skipped the right diagnosis much of the time. None of the patients, however, had any internal organs involvement or irregular findings of examination, except among those diagnosed with the disease for many years. During the time under review zero deaths were observed. After disclosing the diagnosis, on the other hand, the patients became depressed and their quality of life greatly impacted. Many of the patients were treated with PUVA (90 per cent) with variable response.

Hypopigmented mycosis fungoides are classified under the lymphoma of the cutaneous T cells. Nevertheless, because the disease reveals itself to be rather benign, is nature justified in classifying and treating hypopigmented mycosis fungoides the same as classic MF? Further discussions are required regarding the classification of fungoids with hypopigmented mycosis. Similarly, more clinical research to identify an effective treatment for hypopigmented mycosis fungoids should be conducted.

Keywords: Cutaneous T cell lymphoma; Hypopigmented mycosis fungoides; MF- Mycosis Fungoides