PRURITUS

INVISIBLE MYCOSIS FUNGOIDES: NOT TO BE MISSED IN CHRONIC PRURITUS

Hasna Ait El Hadj [(1)] - Ouafa Hocar [(1)] - Nadia Akhdari [(1)] - Said Amal [(1)]

Mohamed Vi University Hospital, Dermatology, Marrakech, Morocco [(1)]

Background: Pruritus without visible dermatoses may be the first manifestation of hematological malignancies such as Hodgkin disease, chronic lymphocytic leukemia and mycosis fungoides (MF) and may precede the definitive diagnosis by weeks to years. We present a case of 'invisible' MF associated with chronic generalized pruritus in an elderly patient.

Observation: 75-year-old patient, with a medical history of treated pulmonary tuberculosis, glaucoma and pulmonary arterial hypertension (PAH).The patient presented for 4 years, widespread chronic pruritus without apparent dermatological lesions. Physical examination did not reveal specific lesions, some excoriations related to scratching. Assessment of chronic pruritus was without abnormalities. The patient was treated by dermocorticoids, emollients and antihistamines, without improvement. Two skin biopsies were performed on normal-looking skin, revealing histological features compatible with MF. Immunohistochemical analysis of one of these samples revealed that the atypical cells were CD3 +, CD4 +, CD5 +, CD8 +, and CD30-. Results of a complete blood count, biochemical evaluation, and abdominopelvic ultrasound were normal. Blood smear showed the presence of 10% of Sezary cells, a lymphocyte immunophenotyping in the blood was normal.
Chest X-ray showed localized bronchial dilatation foci (BD), complement by thoraco-abdomio-pelvic CT scan showed right apical parenchymal foci of infectious origin, bilaterally bronchial dilatation foci with bilateral interstitial disease and signs of PAH. Treatment with methotrexate associated with extracorporeal photopheresis was indicated, given the pulmonary contraindication to methotrexate, the indication for UVB phototherapy is based on 3 sessions a week.

Key message: Our case highlights the importance of performing skin biopsies in patients with chronic unexplained pruritus, especially in the absence of cutaneous lesions. This can prompt the clinician to consider possible underlying malignancy, such as 'invisible' MF.