Cutaneous T-cell lymphoma presenting as reticular erythematous mucinosis

J.M. Twersky and D.F. Mutasim

CASE a

Age: 66 years  Sex: M

Clinical features: A 66-year-old white man presented with a six-month history of an asymptomatic reticulated erythematous macular eruption on the back and chest that was clinically consistent with reticular erythematous mucinosis (REM). Histologic examination revealed a mild to moderate superficial perivascular and perifollicular lymphocytic infiltrate with epidermotropism of single and grouped lymphocytes. The lymphocytic infiltrate was insufficient to perform immunophenotyping on the specimen. A leukocyte dehydrogenase level and a complete blood count with differential were within normal limits. HTLV-1 antibody testing was negative. A blood smear preparation revealed that 24% of the circulating lymphocytes had convoluted nuclei. PCR analysis revealed a monoclonal T-cell receptor gamma gene rearrangement in the patient’s blood, indicating the presence of a circulating monoclonal T-cell population. Flow cytometric analysis of bone marrow aspirate and biopsy material were unremarkable. CT scan of the chest, abdomen and pelvis was negative.

Diagnosis: Cutaneous T-cell lymphoma, mycosis fungoides (MF) type, mimicking reticular erythematous mucinosis.

Follow-up: The patient’s condition remained unchanged at 18 months after presentation.

Comment: The above case of CTCL clinically simulated REM, a novel clinical presentation of CTCL. Involvement of extracutaneous sites (within six months) occurred early. This observation suggests that the atypical presentation of CTCL mimicking REM may be more aggressive than typical patch-stage disease in which mortality is not significantly different from matched controls.

This variant of CTCL clinically mimicking REM should be added to the multiple clinical presentations already reported. This clinical presentation of CTCL emphasizes the protean manifestations of the disease and the need for careful clinical observation and appropriate histologic analysis of cases suspected of having REM. Patients with CTCL simulating REM should be carefully evaluated at presentation for extracutaneous disease and should be closely monitored for more rapid progression to systemic involvement.

Fig. 1: Reticulated, smooth, erythematous patches over the upper back and neck.

Fig. 2: Closer view of figure 1.

Fig. 3: Increased amount of mucin in the dermis. Inset with epidermotropic infiltrate.

References
