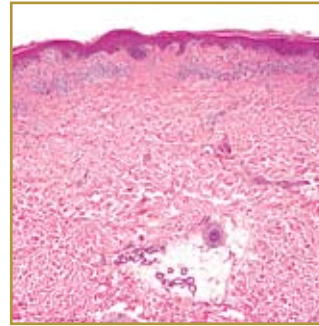


MYCOSIS FUNGOIDES



EPIDEMIOLOGY: Approximately 1000 new cases per year

ETIOLOGY: Unknown, Environmental chemicals, virus infections, genes and allergies have been suggested

PATHOGENESIS: Symptoms begin as rashlike patches, plaques, tumors or erythroderma

CLINICAL: Red scaly patches that develop into raised plaques, then into mushroom-shaped tumors

HISTOLOGY: Bandlike upper dermal infiltrate of lymphocytes and other inflammatory cells, with no grenz zone, is present; little spongiosis is found on the epidermis. Lymphocytes have nuclei that are hyperchromatic and convoluted or cerebriform

MYCOSIS FUNGOIDES is a form of malignancy characterized by red scaly patches that develop into raised plaques, some patients will have pruritus. The plaques eventually turn into mushroom-shaped tumors. Mycosis Fungoides is the most common type of Cutaneous T-cell Lymphoma (CTCL), originating from a type of white blood cell called a T lymphocyte or T cell. MF is a malignant lymphoma. Diagnosing MF at first may be difficult because it resembles a variety of other type of skin diseases including eczema or psoriasis. Several biopsies are recommended, to be certain of the diagnosis. A diagnosis may also be possible through examination of noncutaneous sites including the lymph nodes or blood. Treatment is aimed at controlling symptoms, improving quality of life, and preventing progression of the disease. It responds well to a variety of therapy and treatments and frequently goes into remission, particularly if caught at an early stage. Common treatments include sunlight, ultraviolet light, topical steroids, topical and systemic chemotherapies, local superficial radiotherapy, total skin electron beam radiation, and biological therapies. Some treatments often are used in combinations with others. The selection of treatment is based on the stage of the cancer and prior treatment history.

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