Trichoscopic Features of a Folliculotropic Mycosis Fungoides: A Case Report

Asmae Abdelmouttalib*, Mariame Meziane and Karima Senouci

Department of Dermatology and Venereology, Mohammed V University in Rabat, Morocco

*Corresponding author: Asmae Abdelmouttalib, Department of Dermatology and Venereology, Mohammed V University in Rabat, Morocco, Tel: 00212613508184

Abstract

Mycosis fungoides represents the majority of the primary cutaneous T-cell lymphomas. Folliculotropic Mycosis Fungoides (FMF) is an aggressive variant of Mycosis Fungoides (MF) with a tropism at the follicular epithelium. Trichoscopic features of FMF are rarely studied in the literature. A case of FMF of the scalp in a 38-year-old female is discussed.

Letter to Editor

Folliculotropic Mycosis Fungoides (FMF) is an aggressive variant of mycosis fungoides characterized by preferential infiltration of the follicular epithelium by atypical T lymphocytes, with or without follicular mucinosis or infiltration of the intervening epidermis [1]. It mainly affects the face and scalp and lead to alopecia that is a common feature of FMF and can be scarring or non-scarring. Trichoscopic features of FMF are rarely studied in the literature. A case of FMF of the scalp in a 38-year-old female is discussed.

A 38-year-old woman presented with a 3-months history of pruritic alopecic plaques on the scalp. Histopathology and immunohistochemistry confirmed the

Figure 1: (A) Alopecic plaques of the scalp; (B) Erosive plaques of the scalp surmounted by yellowish crusts with circled edges.
and white dots with radial lines that replaced the hair follicles \[2\]. Zigzag hair, short hair with split-end, short hair with triangular-shape end, broken hair and pigtail appearance hair are also reported \[2\]. Others have described the presence of milky-red globules, orange-yellow patchy areas and the vascular granular well-margined milky-red areas surrounded by normal skin in MF patients with scalp involvement \[3\]. Another observation with comedonal lesions \[4\] and a spiky follicular Mycosis Fungoides were also reported \[5\].

Mycosis fungoides is a great imitator and can simulate a wide variety of benign inflammatory skin disorders. Trichoscopy can help in clinical diagnosis of FMF on the scalp but should be followed by histopathology and immunohistochemical study to definite diagnosis. Further studies are necessary to determine the sensitivity and specificity of each trichoscopic feature.

Figure 2: Dermoscopic features of scalp FMF (A) Yellow-orange areas (blue arrow), white areas without structure (red arrow), milky white globules (black arrow) and linear vessels (green arrow); (B) White dots (yellow arrows) with disappearance of hair follicles in the center of the lesion and persistence of some fluffy hairs in the periphery; (C) Zigzag hairs (white arrow), exclamation point hairs (green arrow), black dots/broken hair (black arrow).

Figure 3: Evolution of the lesions of the scalp after 4 weeks of RePUVA therapy: Almost total healing of the erosions with scarring alopecia.
Competing Interests
The authors declare no competing interest.

Authors’ Contributions
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Conflict of Interest
None.

References


