Ecchymosis-like hyperpigmented mycosis fungoides

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A 52-year-old lady presented with a 10-year history of a widespread, gradually expanding, bruise-like, pruritic macular eruption. She was not on medications and had normal lab data, including platelet count and coagulation profiles. The patient stated that her condition was diagnosed by an experienced dermatologist as senile bruises and xerosis. She was prescribed a bland emollient plus an antihistamine.

Histologic examination of a representative lesion demonstrated hyperkeratosis, acanthosis, severe pigment incontinence, and dense band-like infiltration in the papillary dermis composed mainly of lymphocytes

with the majority having enlarged hyperchromatic indented nuclei. Epidermotropism of highly atypical lymphocytes with formation of Pautrier's microabscesses was also noted. On immunohistochemical staining, nearly all the intraepidermal and dermal lymphocytes were positive for CD3 and negative for CD20, with less than 5% being positive for CD5 and CD7. The patient's condition was diagnosed as mycosis fungoides.

Mycosis fungoides, the most common variant of cutaneous T cell lymphoma, is characterized by subtle fine scaly and often slightly atrophic erythematous patches on the trunk. There are a large number of clinical vari-

Figure 1. Mycosis fungoides presenting as seemingly ecchymotic patches.

Figure 2. Epidermotropism of atypical lymphocytes with enlarged hyperchromatic indented nuclei and Pautrier's microabscess formation (H&E $\times 400$).

ants. Some plaques have a rather verrucous or hyperkeratotic appearance,¹ and bullae may rarely develop in the course of the progression of the plaques.² Rare ichthyosiform variants and a pilotropic (folliculotropic) variant giving rise to a follicular clinical pattern often with alopecia have also been described.³ Presentation with lesions not unlike pigmented purpuric dermatosis is reported in younger patients.^{3,4} Non-white younger adult patients may also present with a hypopigmented variant of mycosis fungoides⁵ characterized by strik-

ing hypopigmented scaly patches often involving the trunk and especially the pelvic girdle area rather than the limbs. In poikilodermatous mycosis fungoides, patients present with clinical lesions characterized by either widespread or isolated poikiloderma, which may or may not be associated with typical lesions of mycosis fungoides. This variant must be distinguished from poikiloderma resulting from other disorders by appropriate histology. Rarely, patients may have extensive poikiloderma as a feature of erythrodermic disease.⁶

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