

MYCOSIS FUNGOIDES: TUMOUR D'EMBLEE

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A 60-years-old male patient presented with nodules and noduloulcerative lesions of mycosis fungoides (MF) of 6 months duration without any previous premycotic, patch or plaque stage.

Key Words : Mycosis fungoides, Tumour d'emblee

Introduction

Mycosis fungoides (MF) is a condition characterized by the infiltration of the skin with plaques and nodules composed of T-lymphocytes. The classic plaque form of MF was first described by Alibert in 1806.¹ The disease is extremely variable in clinical course and presentation. The mean interval between the appearance of skin lesions and definite diagnosis by histopathology is approximately 6 years.² The disease has various stages, viz. premycotic, patch, plaques, nodules & tumours and erythroderma. "Tumour d'emblee" is a variant of tumour stage which develops from apparently normal skin without prior patch or plaque stage.^{1,2} The tumour stage carries a poor prognosis. Pruritus is a common symptom of MF. Trunk, body folds and face are the commonest sites of involvement.

Case Report

A 60-years-old male Hindu carpenter presented with multiple nodules all over his body of 6 months duration alongwith fever of moderate degree but continuous in nature, chest pain, weightloss and difficulty in breathing since last 1 month. There was no pruritus. No past history of any plaque, patch or anaesthetic area over his body. On

examination, there were multiple cutaneous and a few subcutaneous nodules over face, trunk and proximal limbs. Majority were attached to skin but free from underlying structures. Nodules were firm and tender, few nodules became ulcerative. There were generalised lymphadenopathy involving inguinal, axillary and cervical glands which were tender, discrete, mobile and firm in consistency; associated with bilateral pedal oedema, bony tenderness over ribs, basal crepitations over lungs and no hepatosplenomegaly. Routine investigations were normal, Mantoux test was negative, chest X-ray was normal. Skin smear for AFB and tissue smear for LD bodies were negative. Bone marrow study revealed no abnormality. FNAC study from the nodules and from the axillary lymphnode, and biopsy from the skin nodule all showed features consistent with mycosis fungoides. Patient was staged as $T_3N_3B_0M_0$, i.e. stage IVA of CTCL and was expired within a month of the diagnosis.

Comments

Though the mean interval between appearance of the skin lesions and histopathological diagnosis is around 6 years in MF², in the present case this interval was around 6 months only. Moreover the patient presented with nodulo-ulcerative stage. Patient presented with the rare tumour d'emblee type without any pruritus. Such type of MF has

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been reported in literature rarely.^{3,5} The prognosis of the tumour stage is poor due to the dissemination of the disease to various organs and this patient also died within one month of the diagnosis.

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