Reply / Resposta

To the authors of the article about a case of mycosis fungoides unilesional published in the session "What is your diagnosis?" in the november/december 2010 edition of the Brazilian Annals of Dermatology

Before the response from you to the correspondence I sent to the editors of the Brazilian Annals of Dermatology I would like to confirm my position of not agreeing with the statement that the clinical, histopathological and immunophenotyping criteria used for the diagnosis of the reported case, mycosis fungoides unilesional, are sufficient and indicative of such diagnosis.

Clinically, mycoises fungoides is characterized by the presence of *patches*, plaques and occasionally, tumors. Consensus developed by the European Organization for Research and Treatment of Cancer (EORTC) and by the World Health Organization (WHO), published in 2005[1], confirms this statement and clearly quotes that if only tumors are present, the diagnosis of mycosis fungoides is highly improbable and another type of cutaneous T-cell lymphoma should be considered. This statement was confirmed by the WHO classification, published in 2008, which reflects the consensus resulting from the International Agency for Research on Cancer (IARC), held in Lyon, in 25-27 October 2007. It is clearly stated on page 296 of this publication that the term mycosis fungoides should be only used for the classical cases characterized by the development of "patches", plaques and tumors.[2]

Epidermotropism with atypical lymphocytes is not found only in mycosis fungoides. It is a finding frequently seen in other cutaneous T-cells lymphoma, among them the cutaneous epidermotropic lymphoma CD8+ cytotoxic and also in pseudolymphomas that can present a histopathological condition identical to mycosis fungoides.

As for immunophenotyping, positivity for CD3 and CD45RO only determines the presence of T lymphocytes in the infiltrate. This positivity is found in virtually all cases of cutaneous T cell lymphoma and therefore it is not sufficient for the diagnosis of mycosis fungoides.

I would like to stress that these considerations are not the result of my personal opinion. They are the result of consensus achieved by multidiciplinary world teams of scholars (dermatologists, oncologists, hematologists, anatomopathologists) with much greater experience than mine on the subject.

Yours faithfully,

Luciana Baptista Pereira

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REFERENCES:

1. Willemze R, Jaffe ES, Burg G, Cerroni L, Berti E, Swerdlow SH et al. WHO-EORTC classification for cutaneous lymphoma. Blood. 2005;105:3768-85.
2. Swerdlow SH, Campo E, Harris NL, Jaffe ES, Pileri SA, Stein H et al, eds. WHO classification of tumours of haematopoietic and lymphoid tissues ed 4th. Lyon, France: IARC Press; 2008.

Reply / Resposta

We are grateful for the comments; however, we maintain our position. We would like to emphasize, nonetheless, that we consider differences of opinion and debate to be healthy.

Yours faithfully,
Jonas Ribas.

Head of the Dermatology Service of the Faculty of Medicine from the Federal University of Amazonas (UFAM) – Manaus (AM), Brazil.