HISTOPATHOLOGIC DIAGNOSIS OF MYCOSIS FUNGOIDES: STANDARDS AND LIMITS

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Mycosis fungoides (MF) is a primary peripheral T cell lymphoma of the skin with specific clinical and histopathologic features. Classical form of MF has several clinico-pathologic stages (patch, plaque and tumor); initial stages are especially difficult to diagnose and, despite extensive histopathologic work-up (routine, immunohistochemistry, clonality studies) corroborated with appropriate clinical informations, no final diagnosis can be established based on one single biopsy. Interpretation of a suspicious biopsy may also be difficult because several variants of MF are described: pagetoid reticulosis, syringotropic MF, folliculotropic MF, granulomatous MF/ granulomatous slack skin. MF may associate other haematological disorders (lymphomatoid papulosis, CD30+ anaplastic large cell lymphoma and Hodgkin lymphoma) or may present large cell transformation. Differential diagnosis includes inflammatory skin conditions (psoriasis, lichen sclerosus, chronic contact dermatitis etc), different types of primary or secondary T cell lymphomas and, in specific cases, nonneoplastic lesions or lymphoid proliferations according to the special feature of the MF variant; technically, in some cases, definitive diagnosis needs crucial clinical correlation to be added to the histopathological findings.

The diagnosis of mycosis fungoides is an equally shared burden between dermatologists, hematologists and pathologists, proper identification and latter treatment depending on their tight collaboration.