DIAGNOSIS AT A GLANCE

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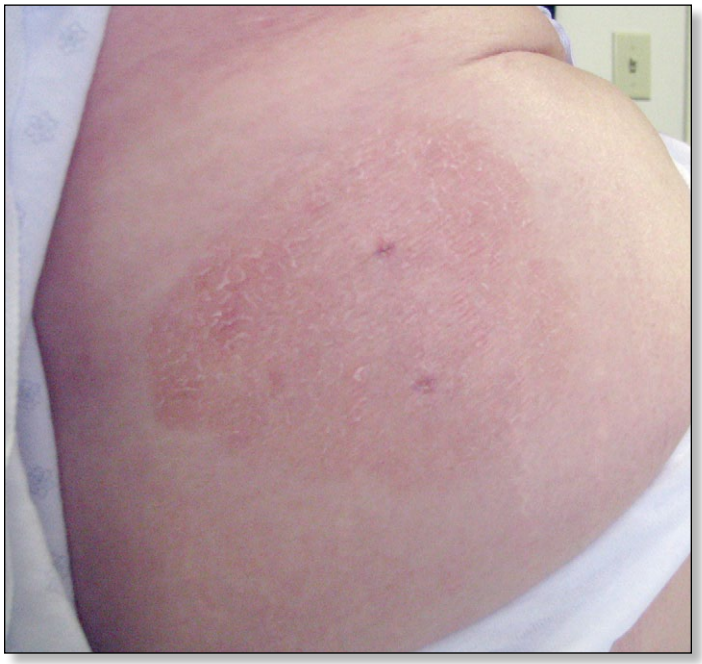

CASE

A 66-year-old woman seeks consultation for a persistent rash on her right buttock. She has a history of heart disease, thyroid disease, and hypertension. The dermatitis first appeared about 10 years ago and has remained asymptomatic. It was previously diagnosed as either eczema or ringworm but failed to resolve following treatment with a number of topical therapies, including hydrocortisone and econazole. A course of oral terbinafine has also proved ineffectual. Examination reveals a well-demarcated, erythematous patch with slight scale, and a CBC demonstrates rare atypical lymphocytes. Inguinal lymph nodes are nonpalpable. A punch biopsy is obtained.

What is your diagnosis?

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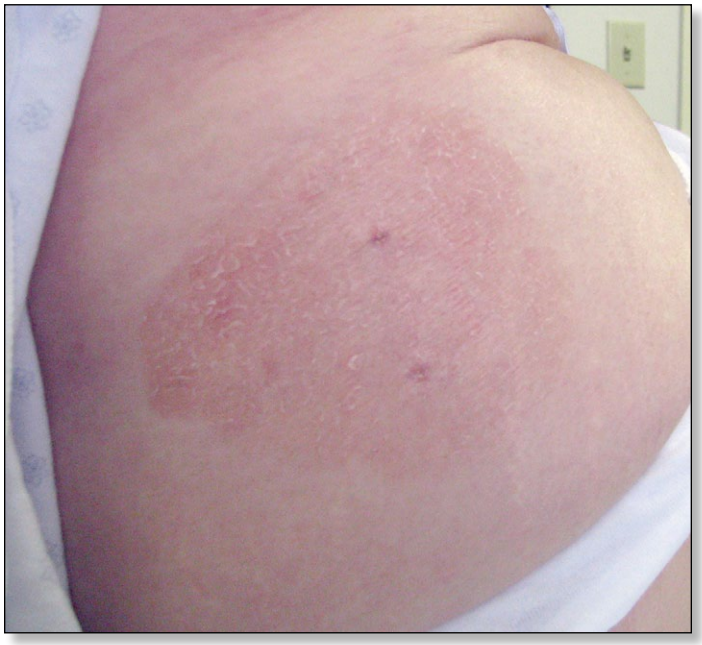

ANSWER

The cutaneous biopsy revealed a band-like infiltrate, microabscesses, and atypical lymphocytes. The histopathology, clinical appearance, and chronic nature of the rash are all classic signs of cutaneous T-cell lymphoma (CTCL), also known as *mycosis fungoides*. CTCL is a malignant lymphoma characterized by proliferation of abnormal helper T cells. Three stages are recognized: patch, plaque, and tumor. The patch stage may persist for up to 2 decades before the development of plaques and tumors. Potent topical steroids, topical nitrogen mustard, and phototherapy may induce long-term remissions. In this case, application of topical clobetasol ointment resulted in marked clearance. The patient will be monitored for disease progression.