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CLINICOPATHOLOGICAL FEATURES AND MORTALITY IN PATIENTS WITH FOLLICULOTROPIC MYCOSIS FUNGOIDES: A RETROSPECTIVE ANALYSIS

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INTRODUCTION

Folliculotropic mycosis fungoides (FMF) is a variant of mycosis fungoides (MF) with distinct clinical and histopathological presentations.

AIM

To evaluate the clinicopathological characteristics, risk factors for progression, and response to treatment modalities in a large cohort of patients.

METHOD

We conducted a retrospective study reviewing 40 patients with FMF seen from 2013 to 2023 at the cutaneous T-cell lymphoma clinic at MD Anderson Cancer Center.

RESULTS

Sociodemographic characteristics

The mean age at diagnosis of FMF was 55.5 ± 14.5 years. The male-to-female ratio was 1.2:1. Most subjects were Caucasian (68%), followed by African American (16%) and Hispanic (13%).

Clinical characteristics

MF stage IA (60%) was the most commonly diagnosed stage, followed by stages IB and IIB (22% and 16%, respectively).

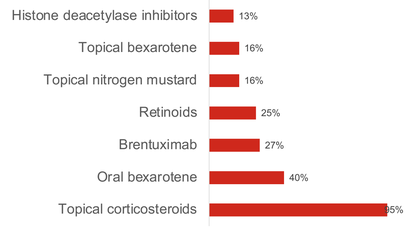
The predominant clinical presentations included plaques (80%), followed by patches (63%), follicular papules (42%) and nodules (36%).

The arms and legs were the main sites of involvement (74% and 63%, respectively). 68% of patients suffered from pruritus. Hair loss was observed in 26% of subjects.

Histopathological characteristics

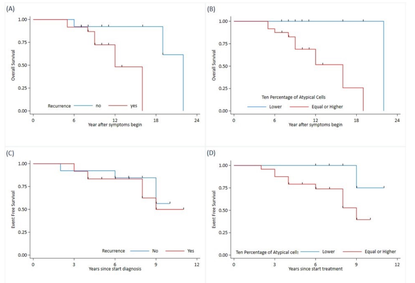
The most commonly found features included folliculotropism (100%), focal epidermotropism (82%) followed by follicular mucinosis (63%).

TCR clonality was found in 87%. CD3 was recorded as positive in 97%, and loss of CD7 was observed in 74% (complete loss in 28%). Large cell transformation was diagnosed in 19% of patients.



Treatment

The median number of different treatment modalities used per patient was 4 (range 1–11). Brentuximab (27%), retinoids (25%), topical nitrogen mustard, topical bexarotene (16%), and histone deacetylase inhibitors (13%). Local radiotherapy was used on 64% of patients. TSEB radiation was initiated in 21%.



The overall survival was influenced by advanced age (>65) (p=0.04), late stages (p=0.02), bacterial infection (p=0.04), baseline Hb (p=0.01), and LDH (p=0.04). The median follow-up time was 79 ± 24.9 months, 16% had a complete response, and 40%, had a partial response, to any form of therapy received. 36% progressed to more advanced stages and 28% died.

CONCLUSIONS

Stage, advanced age, infections, and baseline Hb/LDH impact the survival of FMF patients.

Multiple different treatment approaches may be needed to achieve good clinical response and to prevent disease progression.

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