POLICLÍNICA GERAL
DO RIO DE JANEIRO

LESÕES HIPOCRÔMICAS EM PACIENTE JOVEM: A IMPORTÂNCIA DO DIAGNÓSTICO DIFERENCIAL

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Gabriela Waldeck
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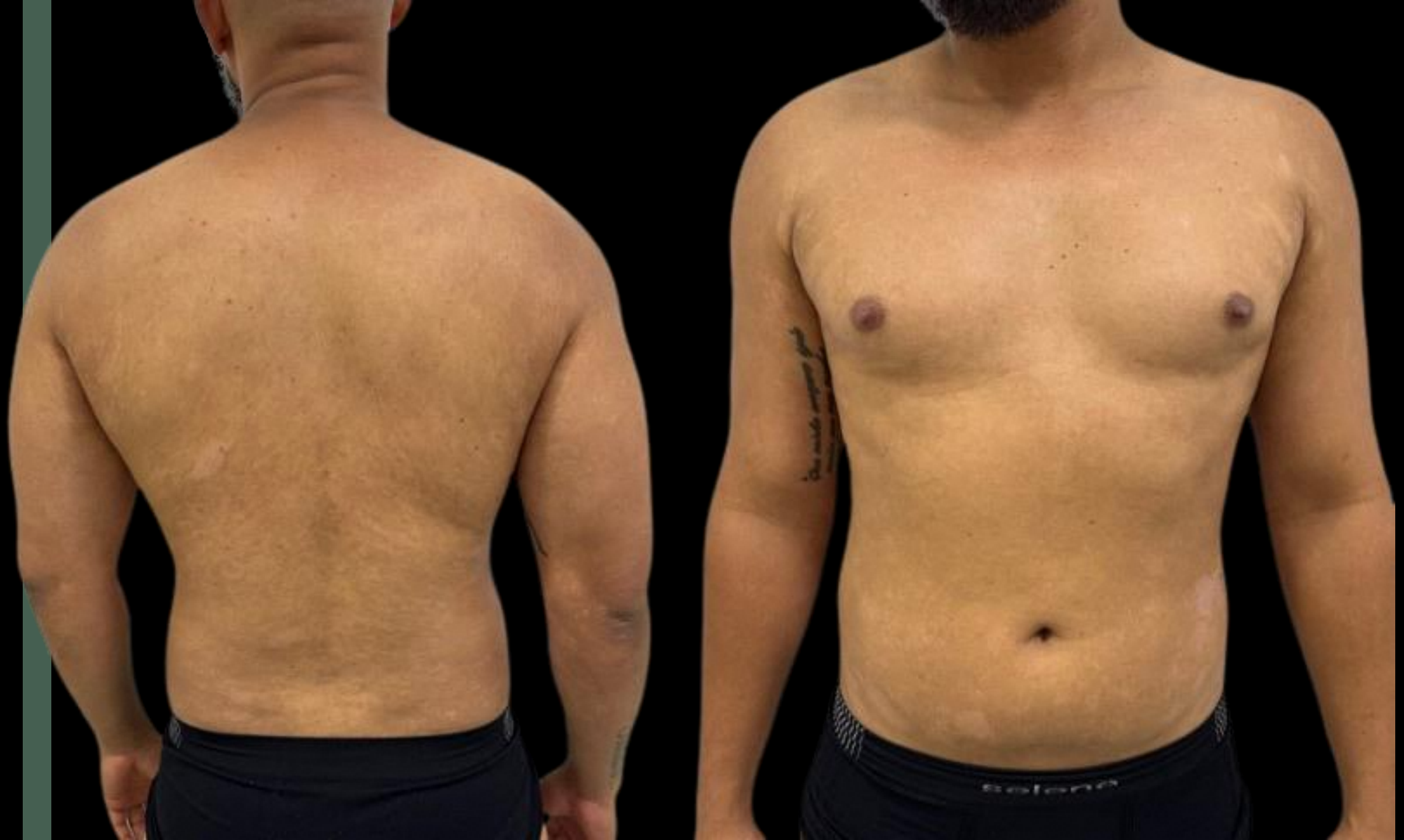
ANAMNESE

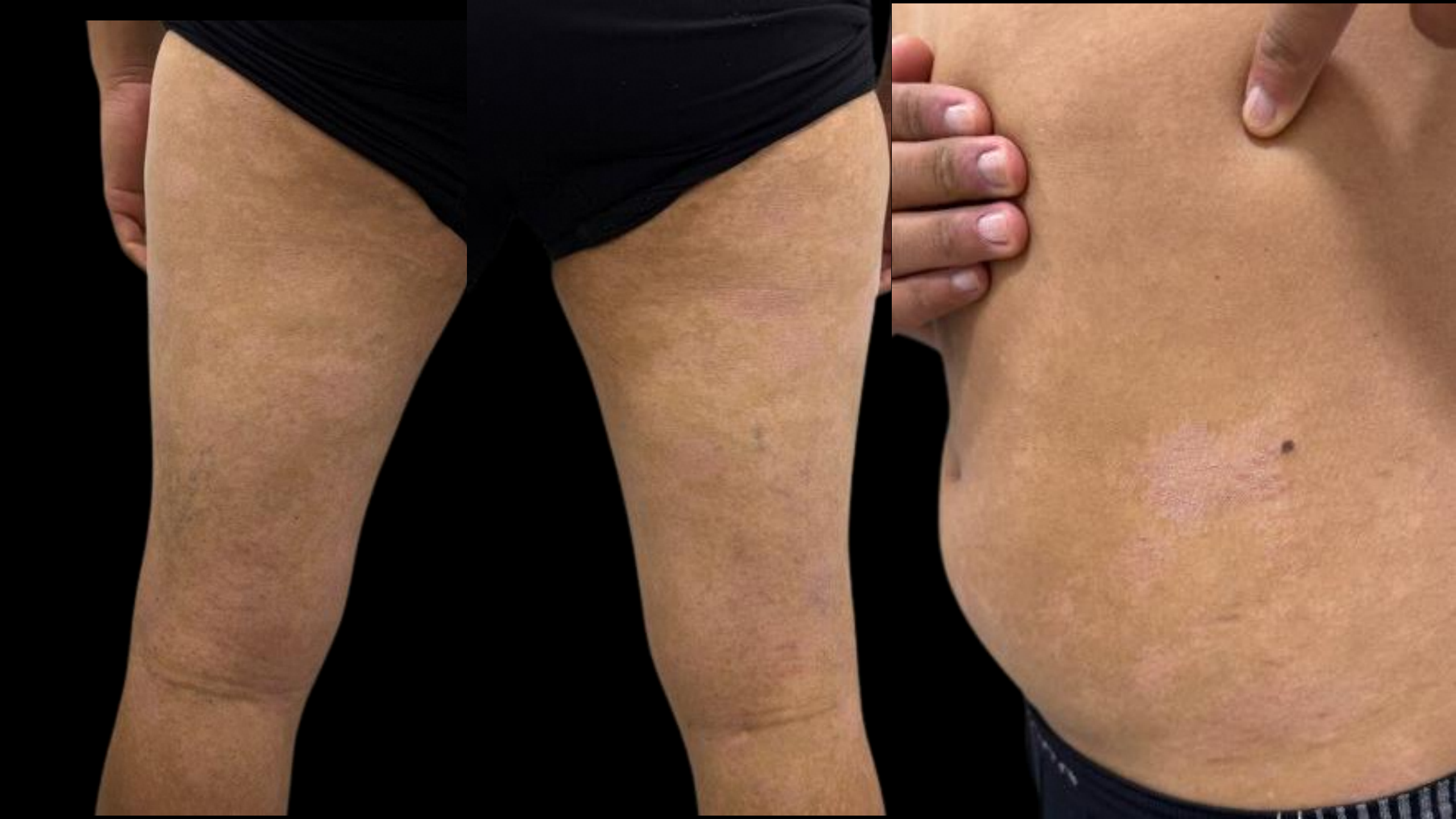
IDADE: 28 anos SEXO: Masculino Natural do Rio de Janeiro PROFISSÃO: Alpinista de navio

- **QP:** "Manchas pelo corpo"
- **HDA:** Paciente apresenta uma história de manchas hipocrômicas há mais de 3 anos, inicialmente localizadas nas nádegas, que progressivamente se espalharam para o tronco e extremidades. Prurido leve associado. Múltiplos tratamentos tópicos e sistêmicos sem melhora.
- **TRATAMENTOS PRÉVIOS:**
- **Cetoconazol Shampoo e antifúngico oral**

Laudo de biópsia antiga compatível com **HIPOCROMIA PÓS INFLAMATÓRIA**

Inúmeros acompanhamentos sem resolução do quadro.





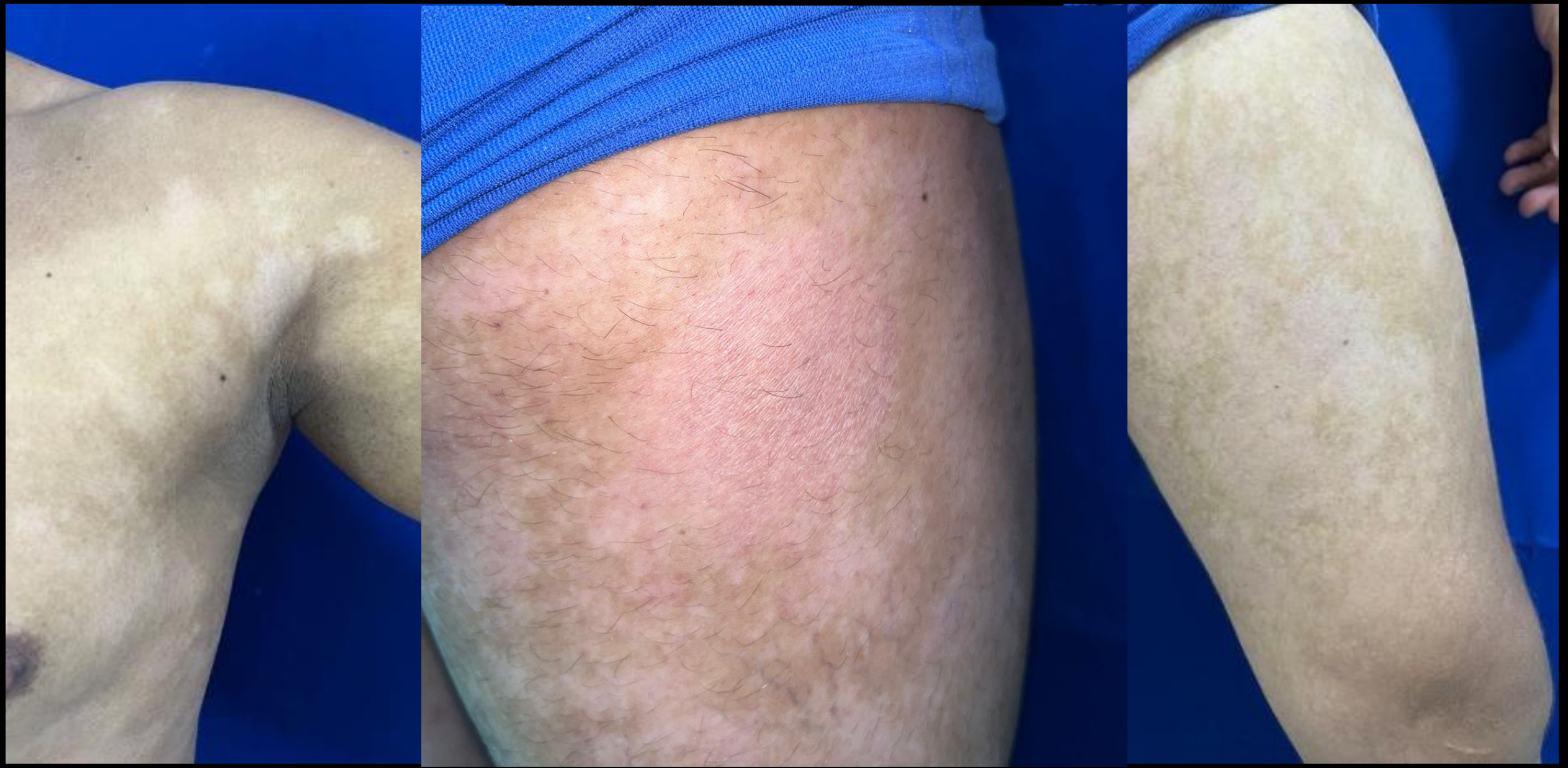
HIPOTESES DIAGNÓSTICAS

- PITIRÍASE VERSICOLOR
- HIPOMELANOSE MACULAR PROGRESSIVA
- PARAPSORÍASE
- MICOSE FUNGOIDE

CONDUTA:

- Micológico Direto + cultura
- Itraconazol 200 mg/dia
- Cetoconazol Shampoo

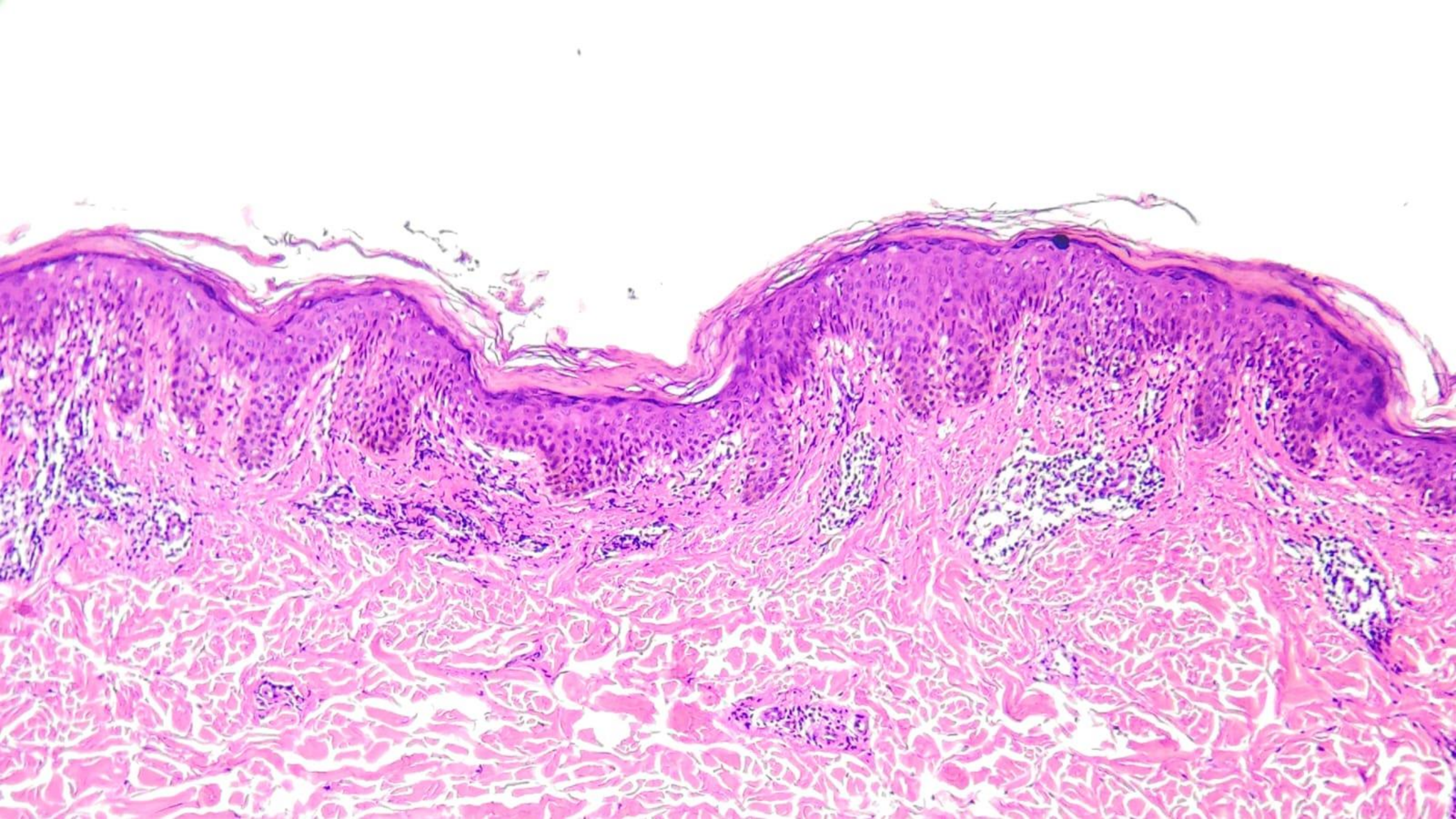
RETORNO APÓS 3 MESES

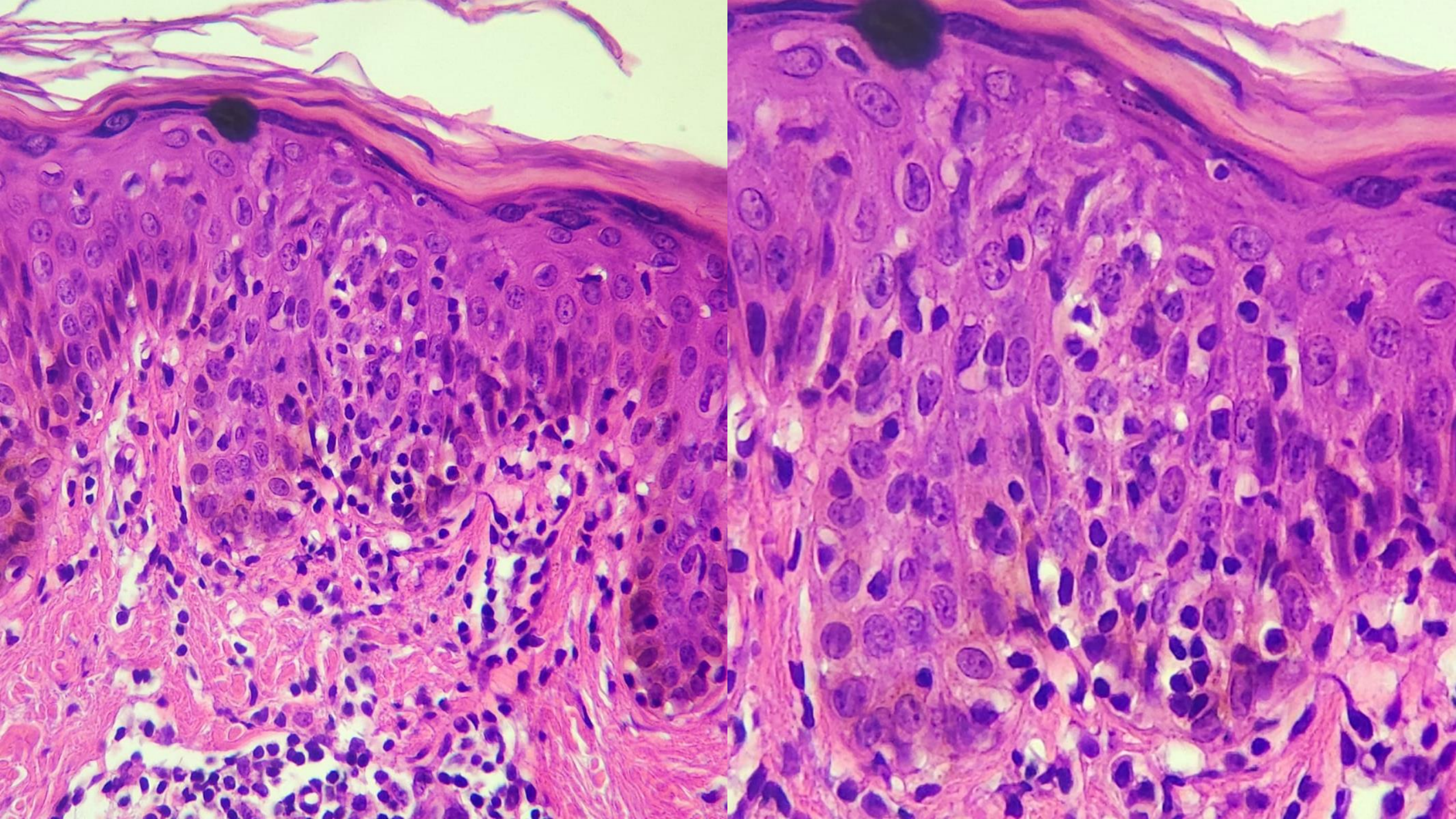


CREATININA	0.9	UR	24
TG	240	HDL	48
SOROLOGIAS	(-)	GGT	14
TGP	23	TGO	19
BT	0,19		
HB	15	HT	44.7
VCM	88	HCM	25
LEUCOS	4600	PLT	269

02/03/2024:
MICOLÓGICO DIRETO MEMBRO INF DIREITO:

NEGATIVO

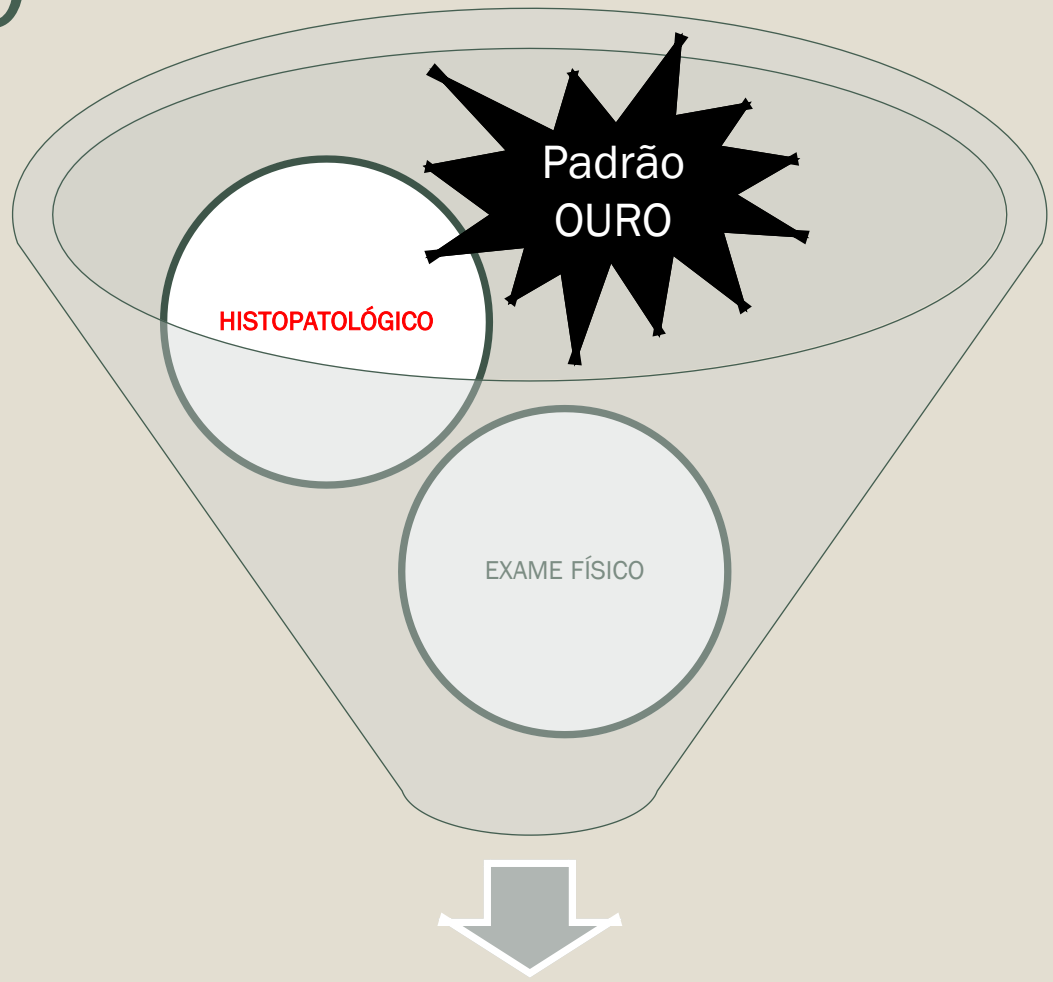




RESULTADO DA BIÓPSIA

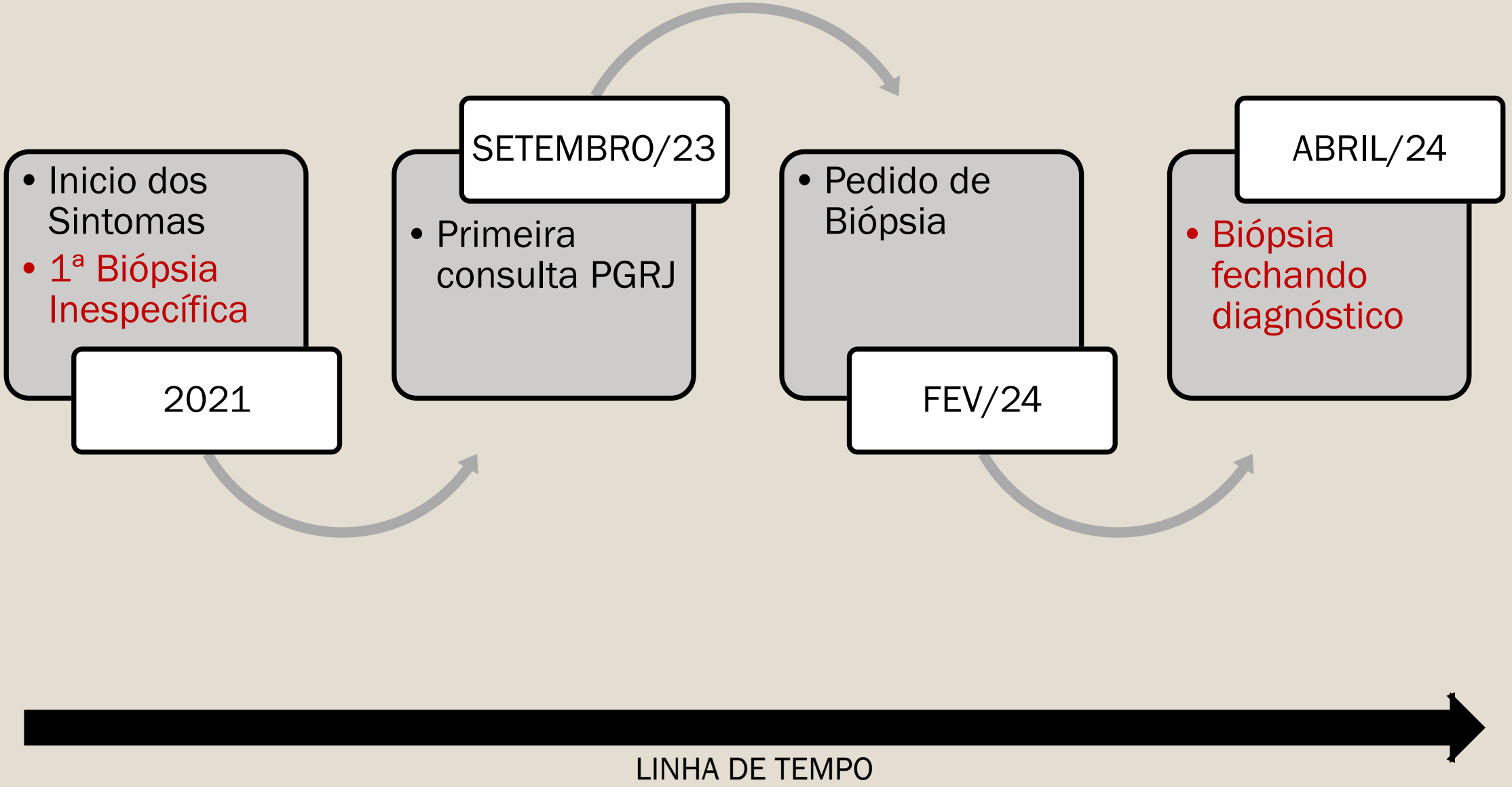
MICOSE FUNGOIDE

DIAGNÓSTICO



MICOSE FUNGOIDE

Sanches Jr JA, Moricz CZM, Neto CF. Processos linfoproliferativos da pele. Parte 2 - Linfomas cutâneos de células T e de células NK. An Bras Dermatol. 2006;81(1):7-25.


• Inicio dos Sintomas
• 1ª Biópsia Inespecífica
2021
SETEMBRO/23
• Primeira consulta PGRJ
• Pedido de Biópsia
FEV/24
ABRIL/24
• Biópsia fechando diagnóstico
LINHA DE TEMPO

ORIGINAL ARTICLE

Risk of progression of early-stage mycosis fungoides, 10-year experience☆

Santiago Andrés Ariza Gómez, Paula Alejandra Dubeibe Abril *,
Oscar Enrique Niebles Sincelejo, Henry Santiago Leal Reina

Dermatology Department, University Foundation

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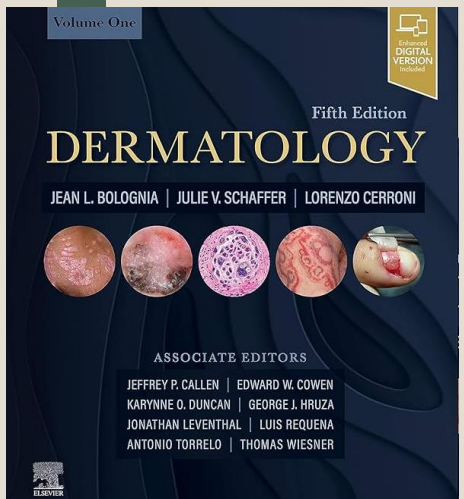
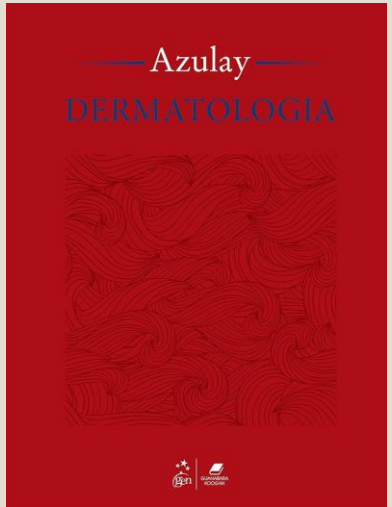
Diagnosis of Early Mycosis Fungoides

by Tomomitsu Miyagaki

Department of Dermatology, St. Marianna University School of Medicine, 2-16-1 Sugao, Miyamae-ku, Kawasaki 216-8511, Kanagawa, Japan

Diagnostics **2021**, *11*(9), 1721; https://doi.org/10.3390/diagnostics11091721





INVESTIGATION

Clinical and epidemiological profile of patients with early stage mycosis fungoides*

Gustavo Moreira Amorim[1,2], João Paulo Niemeyer-Corbellini[3], Danielle Carvalho Quintella[4,5], Tullia Cuzzi[5,6], Márcia Ramos-e-Silva[3,7]

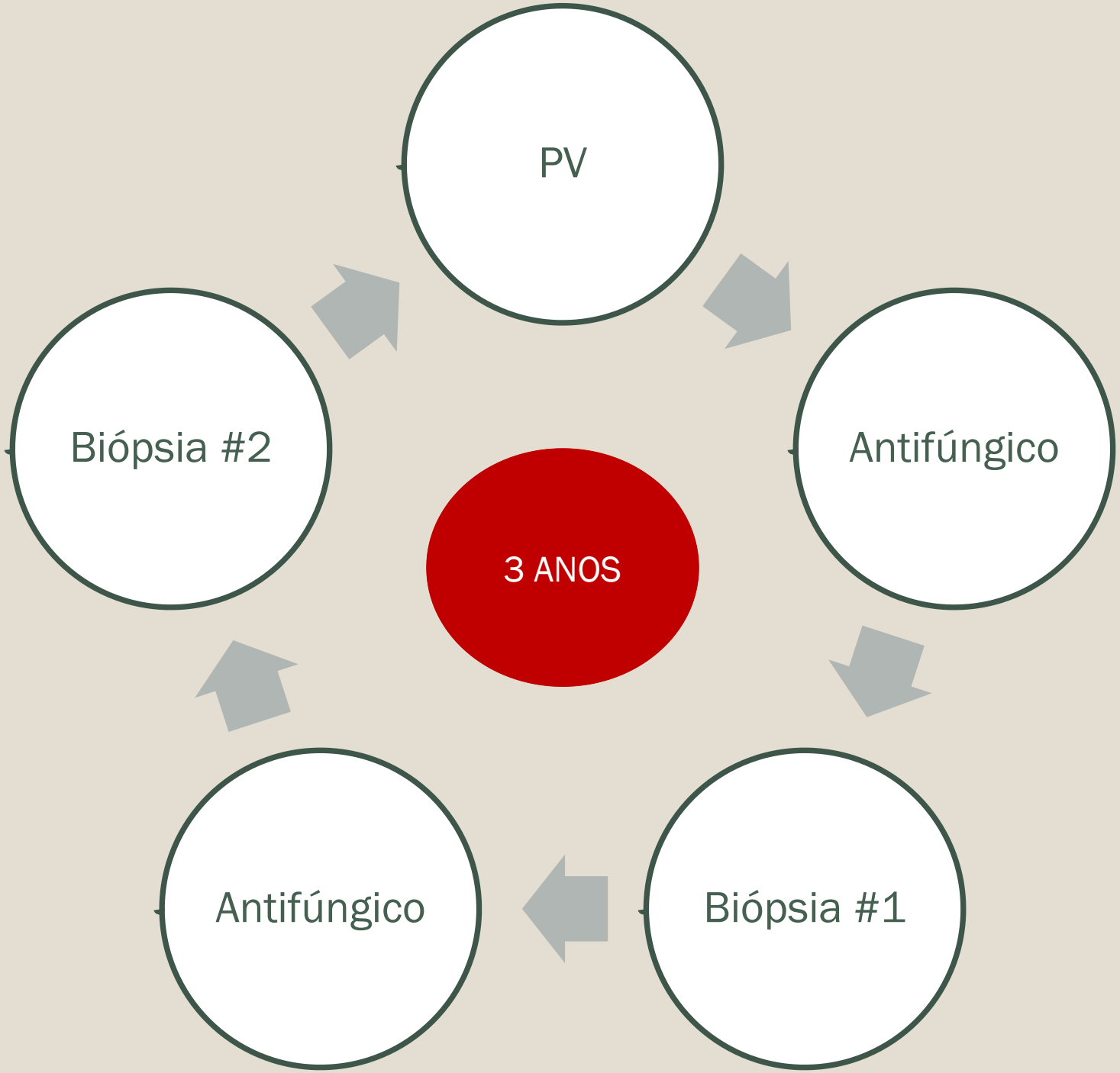
DOI: http://dx.doi.org/10.1590/abd1806-4841.20187106

28 anos

<

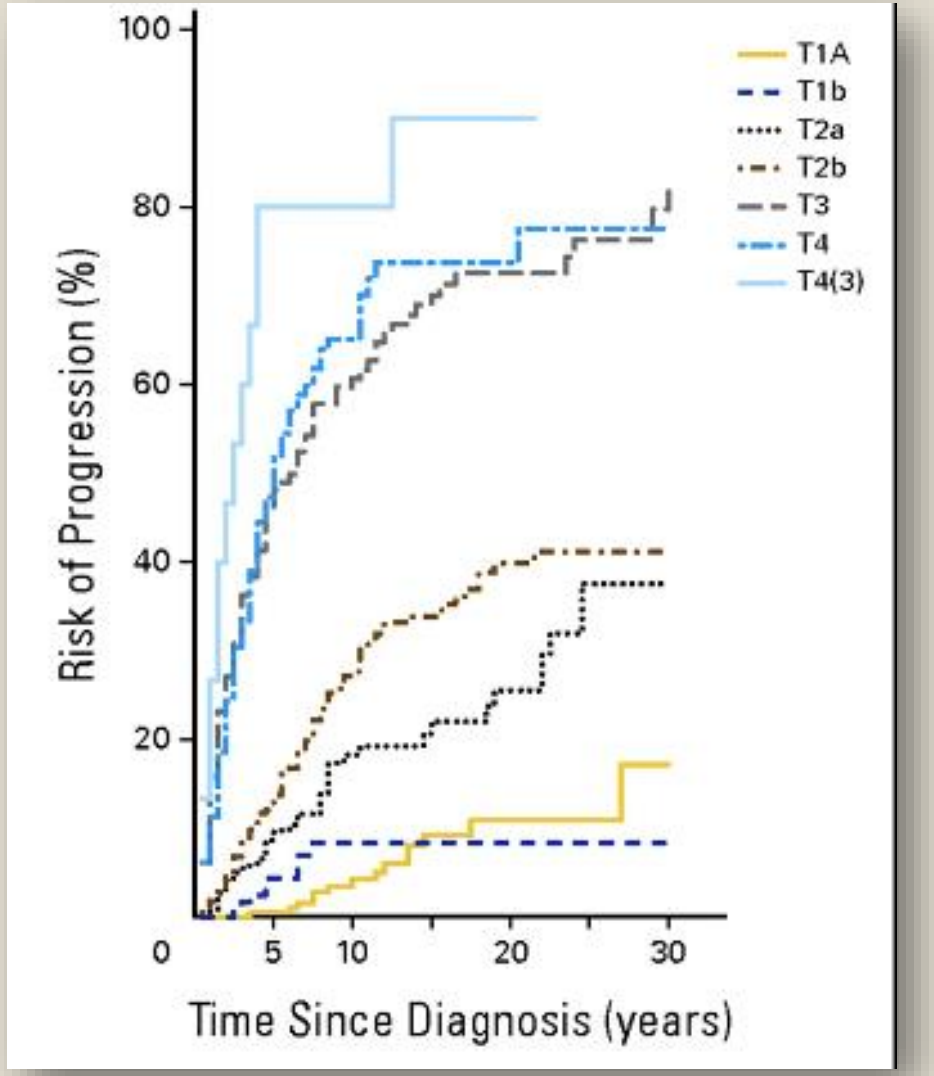
50 anos

!!


PV
Antifúngico
Biópsia #1
Antifúngico
Biópsia #2
3 ANOS

ESTADIAMENTO

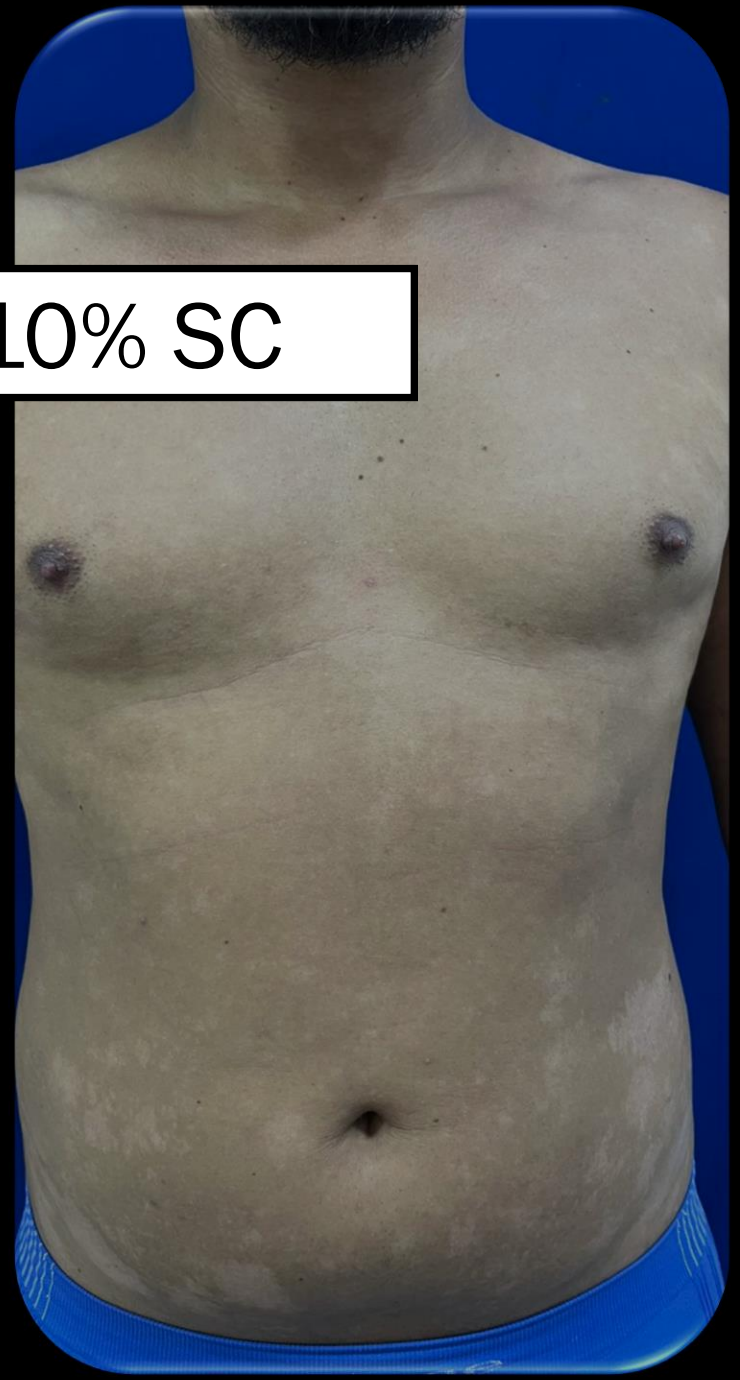
Clinical Stage[r]	T (Skin)
IA (Limited skin involvement)	T1 (patches, papules, and/or plaques covering <10% body surface area [BSA])
IB (Skin only disease)	T2 (patches, papules, and/or plaques covering ≥10% BSA)
IIA	T1–2
IIB (Tumor stage disease)	T3 (One or more tumors [≥1 cm in diameter])
IIIA (Erythrodermic disease)	T4 (Confluence of erythema ≥80% BSA)
IIIB (Erythrodermic disease)	T4 (Confluence of erythema ≥80% BSA)
IVA_1	T1-4
IVA_2	T1-4
IVB	T1-4



Neha Beeta Sha, 2020, Insights das Diretrizes da NCCN: Linfomas Cutâneos Primários, Versão 2.2020, https://jnccn.org/configurable/content/journals$002fjnccn$002f18$002f5$002farticle-p522.xml?t:ac=journals%24002fjnccn%24002f18%24002f5%24002farticle-p522.xml

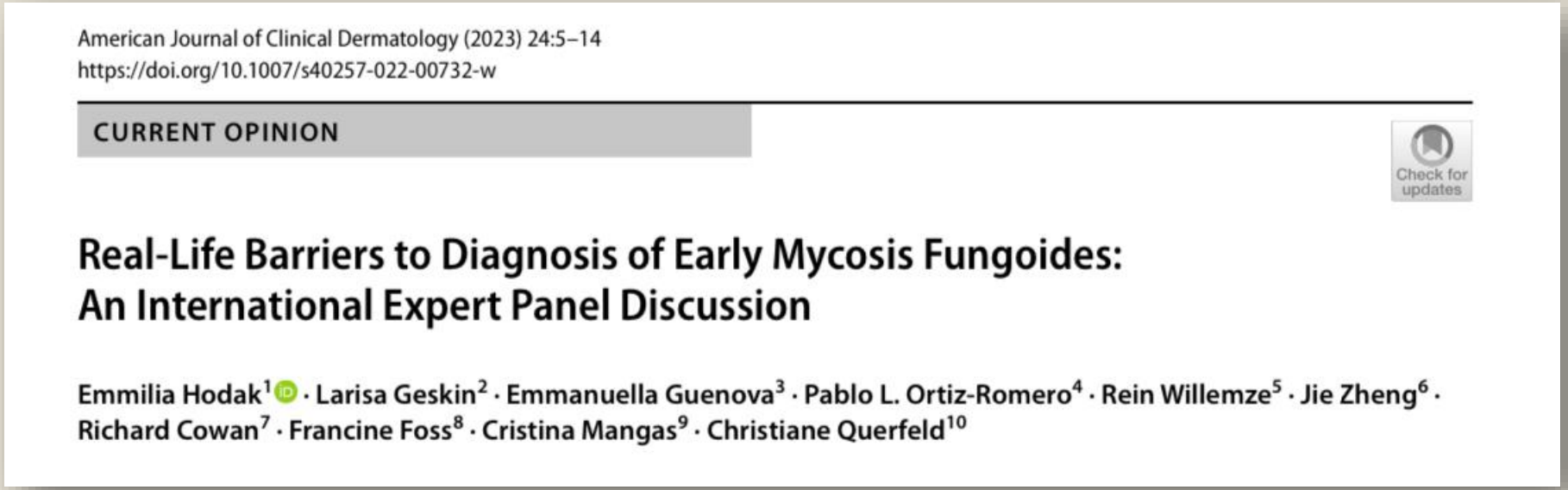
Resultados de sobrevivência e fatores prognósticos em micose fungóide/síndrome de Sézary: validação da proposta revisada de estadiamento da Sociedade Internacional para Linfomas Cutâneos/Organização Europeia para Pesquisa e Tratamento do Câncer 2019, Jornal de Oncologia Clínica Volume 28, Número 31

ESTÁGIO IB: >10% SC



TRATAMENTO

- UVB-NB 3X POR SEMANA
- CORTICOIDE TÓPICO



American Journal of Clinical Dermatology (2023) 24:5–14
https://doi.org/10.1007/s40257-022-00732-w

CURRENT OPINION

Check for updates

Real-Life Barriers to Diagnosis of Early Mycosis Fungoides: An International Expert Panel Discussion

Emmilia Hodak[1] · Larisa Geskin[2] · Emmanuella Guenova[3] · Pablo L. Ortiz-Romero[4] · Rein Willemze[5] · Jie Zheng[6] · Richard Cowan[7] · Francine Foss[8] · Cristina Mangas[9] · Christiane Querfeld[10]

- Diagnóstico precoce é difícil.

- Lesões de MF imitam doenças inflamatórias.

- Diagnóstico precoce é crucial para evitar sofrimento ao paciente e evitar tratamentos desnecessários.

- São necessárias ferramentas para agilizar o diagnóstico.

Hodak, 2023, *Real-life Barries to Diagnosis of Early Mycosis Fungoides: An International Expert Panel Discussion*, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9673193/

Box 1 Features suggestive of MF or variants

Main clinical clues for early MF or MF variant that should raise the red flag
Persistent and/or progressive erythematous patches/plaques, sometimes with skin atrophy, especially in sanctuary areas
Persistent and/or progressive hypopigmented or hyperpigmented patches/plaques, sometimes with skin atrophy, especially in sanctuary areas
Elongated patches/plaques, especially that follow the cleavage lines, or kidney-shaped lesions located along the sides of the trunk and/or inner aspects of the extremities
'Non-specific dermatitis' on non-sanctuary areas that may be associated with pruritus, especially if progressive

Hodak, 2023, *Real-life Barries to Diagnosis of Early Mycosis Fungoides: An International Expert Panel Discussion*, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9673193/

DIAGNÓSTICOS DIFERENCIAIS

Table 1 Differential diagnosis/mimickers of mycosis fungoides

Types of mycosis fungoides	Diagnosis differed
Folliculotropic	Alopecic lesions on the scalp: alopecia areata, trichotillomania, cicatricial alopecias Erythematous lesions on the scalp: seborrheic dermatitis, atopic dermatitis, psoriasis Follicular spiky papules: keratosis pilaris, lichen spinulosus, pityriasis rubra pilaris, lichen planopilaris Hairless patches/flat plaques: alopecia mucinosa Acneiform lesions: Favre-Racouchot syndrome, chloracne, follicular-comedogenic graft-versus-host disease, rosacea, adult onset acne
Hypopigmented	Vitiligo, tinea corporis, tinea versicolor, pityriasis alba, postinflammatory hypopigmentation, progressive macular hypomelanosis, idiopathic guttate hypomelanosis, sarcoidosis, leprosy
Hyperpigmented	Postinflammatory hyperpigmentation, fixed drug eruption, pigmented contact dermatitis, erythema dyschromicum perstans (ashy dermatosis), cutaneous amyloidosis, atrophoderma of Pasini and Pierini, idiopathic eruptive macular hyperpigmentation
Ichthyosiform	Sarcoidosis as a specific cutaneous finding of the disease Conditions that are associated with acquired ichthyosis as a secondary finding
Papular and pityriasis lichenoides chronica–like	Lymphomatoid papulosis type B, pityriasis lichenoides chronica, persistent arthropod bite reactions, lymphomatoid drug eruption
Palmaris et plantaris	Dermatophyte infection, psoriasis, eczematous dermatitides, secondary syphilis, hyperkeratotic lichen planus, verrucae, granuloma annulare
Psoriasiform	Psoriasis
Pagetoid reticulosis	Papulosquamous, eczematoid, infectious or neoplastic diseases
Unilesional	Papulosquamous, eczematoid, or dermatophytic diseases, Bowen disease

MOTIVOS DA APRESENTAÇÃO

Relatar caso de um paciente com doença rara subdiagnosticada nessa faixa etária.

Alertar aos dermatologistas sobre a importância do diagnóstico precoce.

Destacar a importância dos diagnósticos diferenciais para melhorar nossa acurácia diagnóstica.

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