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Secondary localized cutaneous amyloidosis is often not clinically apparent, but may be seen histologically. It is associated with several skin tumors, and has been reported with PUVA use. To date, there are three reported cases of secondary localized cutaneous amyloidosis associated with mycosis fungoides prior to any treatment. We present a case of a 39-year-old female who presented to the dermatology clinic for evaluation of facial acne. During the exam, several 5-10mm hypopigmented patches were noted on the bilateral ventral forearms. Upon questioning, the patient reported a 16 year history of these asymptomatic lesions which had been diagnosed as vitiligo; she denied prior treatments. No lymphadenopathy was noted. Under wood's lamp, the lesions did not fluoresce. The differential diagnosis included morphea, hypopigmented mycosis fungoides, post-inflammatory hypomelanosis, or idiopathic guttate hypomelanosis. Histologically, an atypical intraepidermal lymphoid infiltrate was seen with scattered foci of globular amyloid deposition in the papillary dermis and in a perivenular distribution. Immunohistochemical stains revealed predominantly CD8 positive epidermotropic lymphocytes with partial loss of CD7. T-cell gene rearrangement studies were positive for clonality. The diagnosis of stage 1A mycosis fungoides with secondary cutaneous amyloidosis was made, and treatment with clobetasol was initiated. Due to the rare association of cutaneous amyloidosis with mycosis fungoides, the possibility of systemic amyloidosis was investigated with CMP, CBC, ANA, UA, UPEP, SPEP, and echocardiogram, with no significant findings. Per the patient's preference, she was also evaluated by hematology/oncology, with no changes to diagnosis or treatment. Outstanding clinical and histologic images will be presented.

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# Secondary localized cutaneous amyloidosis associated with mycosis fungoides

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# Disclosures

- Kate Kimes, D.O.
- Stephanie McLeish, M.D.
- Margaret Abuzeid, M.D.
- No relevant relationships with industry to disclose
- Opinions expressed are those of the authors and are not to be construed as official or as representing those of the U.S. Air Force, U.S. Army, the Department of Defense, or the United States Government

# Case presentation

- 39-year-old Fitz IV female presented to the dermatology clinic for evaluation of facial acne
- Several 5-10mm hypopigmented macules and patches on the bilateral ventral forearms



# Differential Diagnosis

- Idiopathic guttate hypomelanosis
- Post-inflammatory hypopigmentation
- Pityriasis alba
- Lichen sclerosus
- Tinea versicolor
- Hypopigmented mycosis fungoides
- Vitiligo



# Treatment

- Diagnosis: stage 1A mycosis fungoides with secondary cutaneous amyloidosis
- Labs: CMP, CBC, ANA, UA, UPEP, SPEP and echocardiogram, with no significant findings
- Treatment: topical clobetasol

# Discussion

- Associated with several skin tumors:
  - Pilomatricoma
  - Seborrheic keratosis
  - Basal cell carcinoma
  - Bowen's disease



# Discussion

- Friction/pruritus
- Apoptotic keratinocytes and cytokeratins

# References

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Thank you!























