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## Clinical Pearls

*Clinical Pearls will help prepare residents for the future by providing them with five top pearls about what they should know about a specific subject area by the time they complete their residency.*

# Cutaneous T-cell lymphoma

By Larisa Geskin, MD, FAAD

**Pearl #1:** The pathologic and clinical features of CTCL may be non-specific and highly variable, making it difficult to distinguish from other inflammatory dermatoses including spongiotic dermatitis and psoriasisiform conditions [1]. Continue to perform multiple biopsies over a period of time to establish a diagnosis of CTCL, and keep looking if you are suspicious. Whenever possible, send the sample to a pathologist who is a specialist in the field. The specialists may be able to discern minute details, such as subtle lymphocyte atypia, and usually are familiar with the novel biomarkers, which might be useful for the diagnosis. New markers are continually being discovered to aid in diagnosis of CTCL [2, 3].

**Pearl #2:** All cancer patients need to be staged to provide them with the appropriate care for disease stage. The tumor, node, metastasis, blood staging is an important prognostic factor in CTCL and will inform your approach to treatment [4]. Mycosis fungoides (MF) and Sezary syndrome (when there is significant blood involvement) are the most common types of CTCL. Remember to beware of “invisible mycosis fungoides.” Because mycosis fungoides is a disease of white blood cells, the only reason that they are visible on the skin is due to a local immune response and inflammation. If there is no inflammation present, you may miss MF [5]. Rarely, what appears to be “early stage disease” may already have nodal or leukemic involvement. In addition, there are some cutaneous lymphomas that may look like MF but have an aggressive course including some cytotoxic lymphomas of the skin [6].

**Pearl #3:** Improvement in quality of life and long-term remission is the main goal of the therapy. MF/CTCL in general is an indolent disease with favorable long term-prognosis and protracted course. Inducing a long-term remission and improving quality of life is of utmost importance in these patients. In addition, the patients are usually immunocompromised, especially in the advanced stages of the disease, and harsh multi-agent chemotherapy is not indicated for the vast majority of these patients. Early stages of disease can be entirely managed by dermatologists using skin-directed therapies. However, dermatologists play a significant role in management of the patients through all stages, including advanced stages of the disease. Dermatologists should monitor MF patients for dis-

ease progression during early stages and contribute to the patient care in advanced stages. To achieve the best outcomes, whenever possible, input from a CTCL specialist or a specialized multidisciplinary team is advisable.

**Pearl #4:** Do not underestimate the importance of a good skin care routine which can significantly improve quality of life. Proper skin care plays a key role in the treatment of this disease. We recommend aggressive skin moisturization, treatment of bacterial colonization, and avoiding any tight or irritating clothing. Dilute vinegar baths also help to restore the slightly acidic pH of the skin and result in reduced bacterial load, especially on the impaired and inflamed skin. These measures help to improve pruritus, which is frequently the most important quality of life concern in these patients.

**Pearl #5:** Keep an eye out for new drugs and clinical trials which are available to treat CTCL in all forms and stages. Novel, better drugs are currently being tested across the country and the globe [7, 8]. Do not hesitate to send a patient to a specialist to investigate new treatment opportunities. New drugs and/or combination of therapies may improve patient outcome and possibly survival.

### References:

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