
Reply / Resposta

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We thank the comments to the article about a case of mycosis fungoides unilesional of which we are the authors and that was published in the Brazilian Annals of Dermatology, volume 85, no.6. As referred in the text, the diagnosis of mycosis fungoides unilesional was based on the clinical aspect (lesion in a single erythematous – squamous plaque); on the histopathologic findings characteristic of mycosis fungoides (epidermotropism of atypical lymphocytes) and on immunophenotyping criteria (positive CD3 and CD45 RO) which characterize memory T cells. The unilesional form is considered, in the textbook on skin tumors edited by the World Health Organization, a clinical variant of mycosis fungoides and it is not present in the WHO/EORTEC classification as it is not

a subtype with unique clinical and histopathological characteristics. This nomenclature is still being used in more recent studies on the subject. The group of peripheral primary cutaneous T-cells lymphomas is heterogenous and formed by clinicopathologic entities not covered by other defined types and subtypes of primary cutaneous lymphomas. In our opinion it would be a very broad term for a clinical, histopathological and immunophenotypic condition well defined in this case. A broader immunohistochemical study would be desirable but not imperative as the case in question, in our view, shows sufficient clinical and pathological evidences for the diagnosis of this clinical variant of mycosis fungoides. □

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