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**IS THERE A POSSIBILITY OF COMMON OCCURENCE OF FOLLICULOTROPIC MYCOSIS FUNGOIDES AND PANCREATIC NEUROENDOCRINE TUMOR?**

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**Rationale:** Folliculotropic mycosis fungoides (FMF) is a one of the most common variants of mycosis fungoides, which accounts for about 4% of all primary cutaneous T-cell lymphomas. It is characterized by infiltration of hair follicles, usually sparing the epidermis. Lesions, usually located on head and neck, are often polymorphic: acneiform, milia-like, cystic. There is no specific manifestation of the disease.

**Objective:** The aim of the study was to demonstrate a possibility of coexistence of FMF and pancreatic neuroendocrine tumor.

**Material and methods:** A 63-year-old patient was hospitalized at the Department of Dermatology several times. For the first time he presented with erythematous, papule-like exfoliating lesions and accompanying pruritus on the buttocks, upper and lower limbs recurring for 10 years. He was periodically treated in an ambulatory care with temporary improvement. Skin biopsy was performed but the histopathological examination outcome was nonspecific. After five years patient presented with more lesions mainly located on upper and lower limbs. The skin surface was rough, infiltrated, with follicular keratosis and exfoliation. Basing on clinical picture and next histopathological examination folliculotropic MF was diagnosed. He has undergone Re-PUVA therapy with no visible outcome, then he received methotrexate. Meanwhile the initial diagnosis of pancreatic neuroendocrine tumor was made.

**Results and discussion:** The patient was diagnosed with both FMF and pancreatic neuroendocrine tumor. Visceral or nodal involvement may be observed in FMF patients with the frequency of 8%. Visceral tumors, located mainly in head and neck, may be found in FMF patients.

**Conclusion:** FMF is a rare condition with nonspecific lesions, which can cause delayed diagnose and progression to later stage. Skin biopsy is required to diagnose the condition properly. FMF course is rather unfavorable. Invasion of endocrine glands may be observed. FMF is less responsive to the treatment than classic mucosis fungoides. There is a possibility of coexistence of FMF and pancreatic neuroendocrine tumor. FMF patients should be monitored more carefully in case of potential tumor occurrence.