

## Milia during Treatment of Mycosis Fungoides: Follicular Mycosis Fungoides?

Sir,

We read with interest the letter from Chang et al., reporting the occurrence of multiple milia on the head of a patient after treatment of mycosis fungoides (MF) with acitretin (1). The authors question whether milia could be due to an unexpected side-effect of acitretin treatment or to MF itself. It is of interest to note that they describe milia as being connected to hair follicles at clinical examination. Although no histological picture is shown, they state that the follicular origin of milia had been confirmed histologically. They do not specify, however, if the follicles were surrounded or not by a lymphocytic infiltrate. We think that their patient had what we call "follicular MF", a clinical and histological variant of MF.

We recently reported two cases of MF with marked, pleomorphic follicular manifestations (2). Follicular hyperkeratosis, comedo-like lesions, acquired epidermal cysts and patchy alopecia developed simultaneously or successively in various locations in both patients. Histopathological and immunohistochemical studies showed atypical CD4+ T lymphocytes infiltrating the follicles, without follicular mucinosis. Focal expression of ICAM-1 was observed within the cyst walls. These findings suggested that the follicular lesions were specific and represent a distinct clinical and histological form of mycosis fungoides. This variant probably accounts for cases of mycosis fungoides with clinically suspected alopecia mucinosa, in which follicular mucinosis cannot be histologically proved. Such cases have

already been reported in the literature (for review see ref. 2) and should be grouped under the name follicular MF. The lesions usually predominate on the head, probably because it is a region where a great number of hair follicles is found. As to the case reported by Chang et al. we would be cautious in the interpretation of these clinical lesions, since they could be markers of the development of MF rather than sequelae observed after remission. Biopsies with immunophenotyping of the perifollicular infiltrate should be carried out. If serial examination does not show any specific involvement, we would interpret these milia as sequelae of follicular MF rather than a side-effect of acitretin treatment.

### REFERENCES

1. Chang A, Kuligowski ME, van de Kerkhof PCM. Multiple milia during treatment with acitretin for mycosis fungoides. *Acta Derm Venereol (Stockh)* 1993; 73: 235.
2. Lacour JPh, Castanet J, Perrin C, Ortonne JP. Follicular mycosis fungoides. A clinical and histological variant of cutaneous T cell lymphoma: report of two cases. *J Am Acad Dermatol* 1993; 29: 330-334.

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