

FOLLICULAR MUCINOSIS

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Pinkus is credited with reporting the original description of patients with follicular mucinosis or alopecia mucinosa. The latter term is a clinical one that describes not only the deposition of mucin beginning in the outer root sheath and sebaceous apparatus of hair follicles but also the alopecia that results from this process. Since this earliest description, various studies have been undertaken to better define this entity and to determine the proper classification for this process.

Some patients with follicular mucinosis also have cutaneous Tcell lymphoma. In other patients with follicular mucinosis, clinically and histologically identical lesions will develop, but the course will be benign and sometimes protracted.

We have studied 92 patients with the histologic diagnosis of alopecia mucinosa/follicular mucinosis seen consecutively from 1961 to 1989.

Patients ranged from 10 to 76 years of age, and there were 60 males and 32 females. Twenty-eight (30%) patients have had mycosis fungoides, and three additional patients had Hodgkin's disease. Twenty-three percent of the patients who were less than or equal to

40 years of age had mycosis fungoides, and thirty-eight percent of the patients over 40 years of age had mycosis fungoides. Twenty-four (84%) patients with mycosis fungoides presented with lesions on the trunk or extremities. Nine patients less than or equal to 20 years of age had follicular mucinosis, including two patients with Hodgkin's disease. Two of these patients have had a continued eruption of follicular mucinosis an average of 18 years after diagnosis, but have not yet developed lymphoma.

Evaluation of degree of lymphocytic infiltration, eosinophil infiltration, exocytosis of lymphocytes into the epidermis, amount of mucin deposition, epidermal hyperplasia, or presence of nonlymphoid cells revealed no single histologic feature predominating in the benign as compared with mycosis fungoides associated cases. A bandlike dermal lymphocytic infiltrate, cytologic atypia of the infiltrate, and perhaps lack of eosinophils suggest mycosis fungoides is associated with follicular mucinosis. Leukocyte monoclonal studies have not distinguished mycosis fungoides associated follicular mucinosis from the benign type.

In most patients who have follicular mucinosis and mycosis

fungoides, both conditions seem to develop concomitantly. We have observed no clear examples of benign follicular mucinosis that evolved into mycosis fungoides.

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