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Cutaneous T-Cell Lymphoma / Mycosis Fungoides

Cutaneous T-cell lymphoma is a slow growing form of cancer in which some of the body's white blood cells become malignant. These abnormal cells are drawn to the skin and some are deposited there. They are a special type of white blood cell called T-lymphocytes. T-Lymphocytes regulate the body's immune system in its job of fighting infections and other harmful things in the body.

Cutaneous T-cell lymphoma usually develops slowly over many years. In the early stages skin may develop dry, dark patches on the skin, sometimes itchy, sometimes not. It is often misdiagnosed as psoriasis or eczema and only after several biopsies is its true nature determined.

Cutaneous T-Cell Lymphoma is still sometimes known by its old name, "Mycosis Fungoides." This name referred to mushroom fungus look of the skin of severe, advanced disease. Most Dermatologists abbreviate the condition nowadays as CTCL. We do not know why people get CTCL.

CTCL is not one single disease, but really a collection of related cancers of the lymphatic system. Cancers of the lymphatic system are called "Lymphomas". The most well known lymphoma is Hodgkin's disease. All the other lymphomas are called non-Hodgkin's lymphoma. CTCL is a sub-type of non-Hodgkin's lymphoma. Unlike the vast majority of lymphomas, CTCL is made from T-lymphocytes.

If the disease progresses unchecked, raised growths may form on the skin after a period of years. If they become tumors, the risk increases that tumors will form in the lymph glands or other organs in the body. Even very early CTCL is probably present in tiny amounts through-out the bloodstream from the beginning, but when present in large amounts it indicated more advanced disease.

Most cancers are treated with surgery and chemotherapy. Unfortunately, slow growing forms of cancer, such as CTCL, do not usually respond well to chemotherapy, and surgery is not an option. So there isn't one "right" treatment for all patients with CTCL. Treatment is based mostly on the size, extent and places the CTCL is found and the patient's age and overall health.

IT IS IMPORTANT YOU DO NOT ACCEPT THE DIRE PROGNOSIS given in older medical literature you may find in a public library. Patients diagnosed and treated at early stages of CTCL can usually expect to live a NORMAL LIFESPAN and die of unrelated causes. For others, however, relapses are common, and treatment must either be lifelong in order to control the disease, or it must be repeated each time a relapse occurs.

Treatment options for early CTCL include PUVA, Ultraviolet B lights, topical chemotherapy or steroid creams, or injections of Interferon-alfa. Treatment is temporarily effective, but may need to be continued for quite a while. More advanced disease may also be treated with Total skin electron beam radiation therapy, Retinoids, Targretin or methotrexate Chemotherapy.

Sezary syndrome, a rare type of CTCL, is often treated with Extracorporeal photochemotherapy. This is also used sometimes for regular CTCL also. There are a limited number of centers that do Photophoresis. For very advanced CTCL systemic chemotherapy, Monoclonal antibody therapy and several of the preceding treatments may all be given together.

Bone Marrow transplantation is an experimental treatment for severe disease that may be used after other failed treatments. Here all bone marrow in the body is destroyed with high doses of chemotherapy with or without radiation therapy. Healthy marrow is then replaced with marrow taken from another person (allogeneic), or taken from the patient before destroying the marrow (autologous) or after treating with leukapheresis (peripheral blood stem cell transplant).

Early disease is usually treated best by a Dermatologist. Advanced disease should be treated in a center that specializes in this condition.