



Case Report

Journal Homepage: <http://crp.tums.ac.ir>

Granulomatous Slack Skin

Mohsen Esfandbod¹ , Bahareh Shateri Amiri^{2*}

1. Department of Hematology and Oncology, Imam Khomeini Hospital Complex, Tehran University Medical Science, Tehran, Iran.

2. Department of Internal Medicine, Imam Khomeini Hospital Complex, Tehran University Medical Science, Tehran, Iran.



Use your device to scan and read the article online

Citation Esfandbod M, Shateri Amiri B. Granulomatous Slack Skin. Case Reports in Clinical Practice. 2021; 6(Special Issue):269-270.**Running Title** Granulomatous Slack Skin

Article info:

Received: 12 June 2021**Revised:** 30 June 2021**Accepted:** 21 July 2021

Keywords:

Mycosis; Fungoides;
Granulomatous; Slack skin

ABSTRACT

35-year-old woman presented to the dermatology clinic complaining of lax skin and atrophic and pendulous plaques in axillary, inguinal folds, and deltoid region. Initially, lesions were indurated plaques, which slowly became wrinkled. Histopathologic evaluation showed Pandermal and subcutaneous infiltrate of atypical lymphocytes admixed with evenly distributed epithelioid and multinucleated giant cells, many of which contain numerous nuclei. Histopathology and clinical findings were consistent with the diagnosis of Granulomatous slack skin.

Case Presentation

A 35-year-old woman presented to the dermatology clinic complaining of lax skin and atrophic and pendulous plaques in axillary, inguinal folds, and deltoid region. Initially, lesions were indurated plaques, which slowly became wrinkled (Figures 1).

Physical examination showed no lymphadenopathy and hepatosplenomegaly. Histopathologic evaluation showed Pandermal and subcutaneous infiltrate of atypical lymphocytes admixed with evenly distributed epithelioid and multinucleated giant cells, many of which contain numerous nuclei.

The multinucleated giant cells demonstrate prominent elastophagia and lymphophagocytosis (emperipolesis). Immunohistochemistry shows a CD4-predominant T-cell infiltrate. These tumors showed monoclonal

* Corresponding Author:

Bahareh Shateri Amiri**Address:** Department of Internal Medicine, Imam Khomeini Hospital Complex, Tehran University Medical Science, Tehran, Iran.**E-mail:** shateri.bahareh@yahoo.com



Figure 1. Indurated plaques which slowly became wrinkled

rearrangements of the TCR. Histopathology and clinical findings were consistent with the diagnosis of Granulomatous slack skin.

Granulomatous slack skin is an extremely rare clini-copathologic subtype of (Mycosis Fungoides) MF. It is characterized by the slow development of bulky, infil-trated, pendulous folds of atrophic skin in the intertrigi-nous areas, reminiscent of cutis laxa [1].

Ethical Considerations

Compliance with ethical guidelines

All ethical principles are considered in this article. Written informed consent was obtained from the patient to publish this case report and accompanying images.

Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

Conflict of interest

The authors declared no conflict of interest.

References

- [1] Battesti G, Ram-Wolff C, Dobos G, Aubin F, Algros MP, Guenova E, et al. Granulomatous slack skin: Clinical retrospective study of 8 cases of the Cutaneous Lymphoma French Study Group. *European Journal of Cancer*. 2021; 156:535-6. [DOI:10.1016/S0959-8049(21)00690-0]

