

Mycosis Fungoides in Kids

How is it different?

Childhood Registry

- 40 patients from 2004-2007
- equal male to female ratio
- age of onset: 7.5 years
- age of diagnosis: 9.9 years

More rare

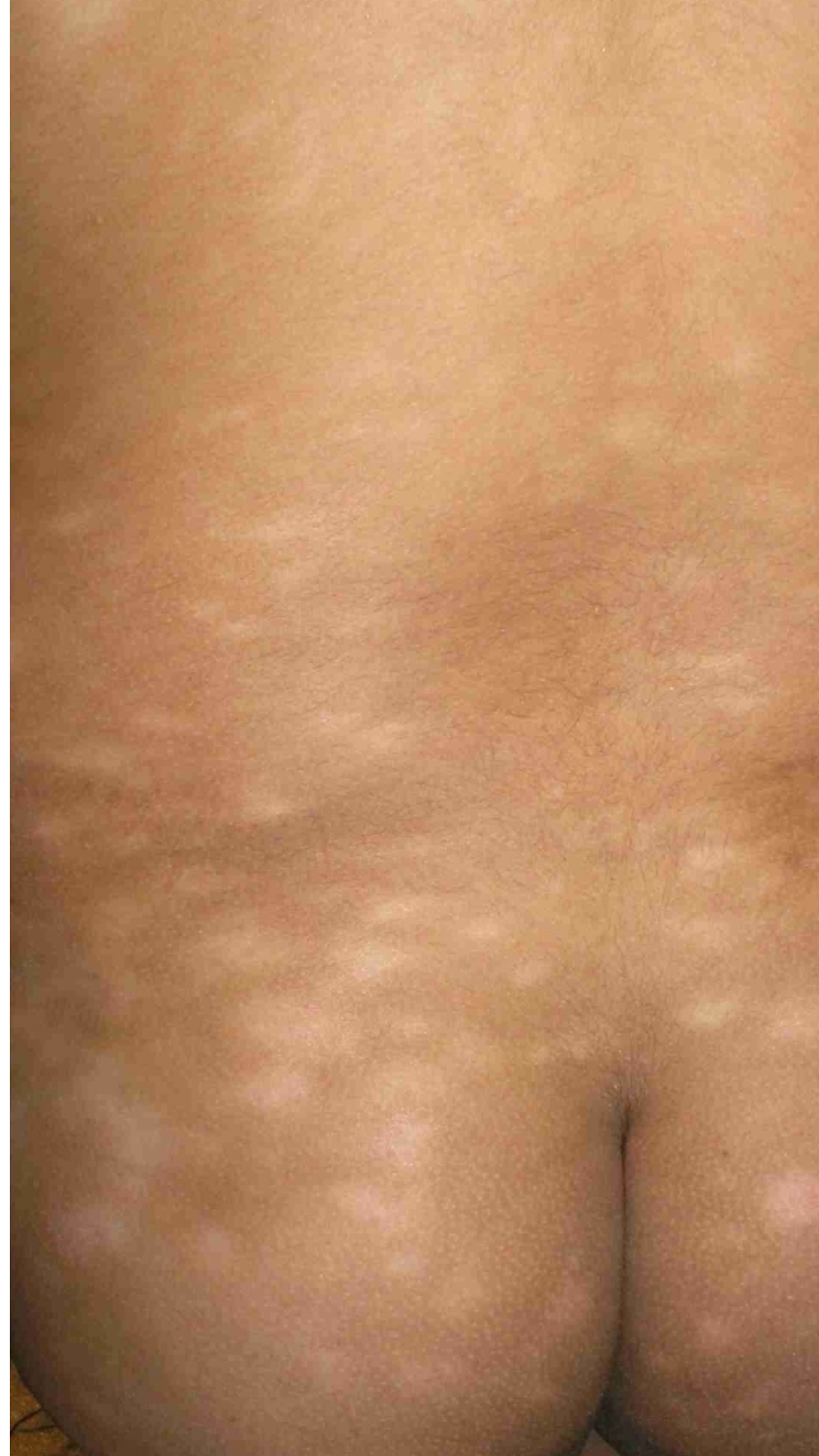
- Adults: 0.36 per 100,000 persons / year
- Children:
 - 0.1 per million (0-19 years)
 - 0.3 per million (10-19 years)
- Children account for 4-11% of CTCL

Clinical presentation

- Like adults:
 - Early stage disease most common
 - 95% were stage 1A and 1B
 - More common in non-sun exposed areas

More unusual presentations

Hypopigmentation



Hypopigmented

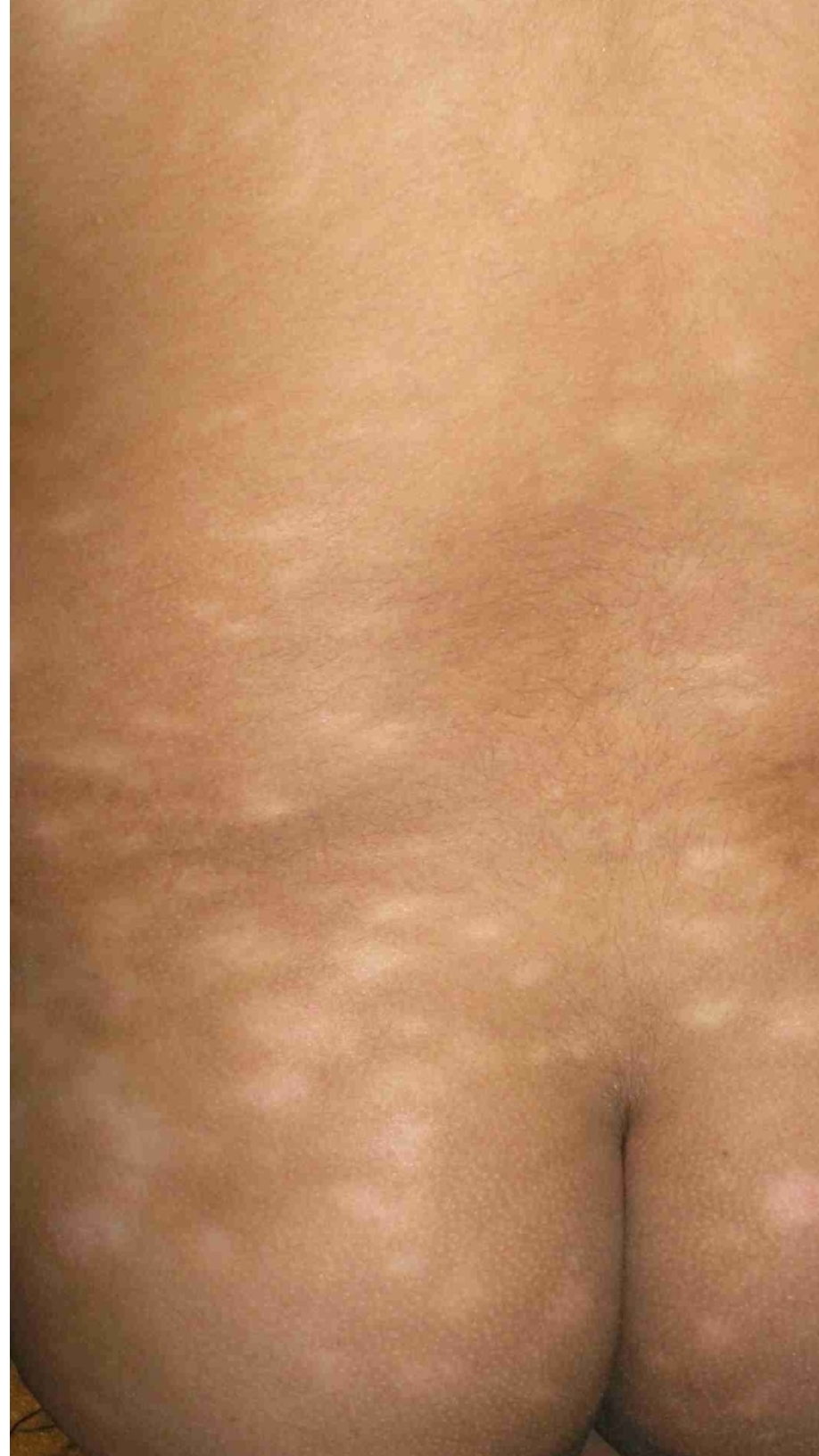
lupus patients

diagnosed later

affects darker skinned

patients

prognosis similar



More unusual presentations

Poikiloderma



What will be done?

- Skin biopsy x 2
- Blood work
 - blood count
 - involvement of other organs
 - viral serology
- Imaging
 - Chest X-ray

Paediatric CTCL

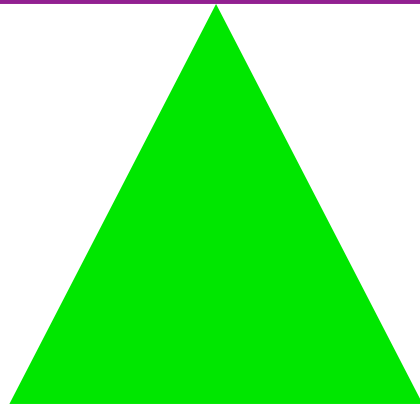
- Hospital for Sick Children
- Multidisciplinary
 - Dermatologist
 - Haematologist-Oncologist
- Treatment and monitoring

reatment consideration

treatment consideration

RISK

BENEFIT



Topical steroids

- Useful for limited disease
- Reports of systemic absorption for very potent topical steroids
 - Larger relative BSA for children
- Striae, especially for teens

Phototherapy

- 64% of MF patients in CRCL
- More likely to use UVB-311 than PUVA
 - safer
 - no documented increased risk for skin cancer

Prognosis

Some reports...

	No. of pxs	Age	Stage	Outcomes
Kim et al (2009)	23	4-19	IA, IB	90 mos: no progression
Main et al (2003)	34	<16	50%: IA 47%: IB 3%:IIA	5 years: 95% 10 years: 93%
Zackheim et al(1997)	24	<20	no tumors	no progression in 12 years

- More patients in early stages
- Early stage = better prognosis
- Prognosis dependent on stage of disease
- Not more aggressive
- Median FU of 12 years: no progression

**he biggest
ifference...**



**Paediatric CTCL is murky
territory.**

THANK YOU!