Chronic Erythromyelogenous Dequame Plaques of the Eyelids

Diagnosis
Mycosis fungoides

Mycosis fungoides

Mycosis fungoides is a chronic, indolent, T-cell neoplasm of the skin characterized by an infiltrate of atypical T lymphocytes in the epidermis and dermis. Mycosis fungoides is the most common form of cutaneous T-cell lymphoma. Patients typically present with erythematous patches that may evolve into plaques or tumors. The disease is characterized by a progressive course with a median survival of 5-10 years. The diagnosis of mycosis fungoides is based on clinical, histopathological, and immunohistochemical findings. The disease may progress to a more aggressive phase known as Sézary syndrome, which is characterized by the presence of circulating atypical lymphocytes in the peripheral blood.

Diagnosis
Diseased lymphocytes (DLE) solely localized to the eyelids

Diseased lymphocytes (DLE) is a chronic inflammatory skin disorder characterized by a symmetric, annular, hyperpigmented, and hyperkeratotic eruption on the scalp, face, and extremities. The condition is typically associated with an underlying autoimmune disorder, such as systemic lupus erythematosus (SLE) or Sjögren syndrome. The diagnosis of DLE is made based on the clinical appearance of the lesions, which are typically persistent and slow to resolve. The condition is managed symptomatically with topical and systemic therapies to control the inflammation and prevent complications.

Cutaneous Erythromelagia Limited to Skin Covered by a Swimming Suit

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Alpoecia, Hypothesis, and Ucerations in a Man

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Grove Eruption in an HIV-Positive Man

Diagnosis
Epidermodysplasia verruciformis (EDV)

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Epidermodysplasia verruciformis (EDV) is a rare genetic disorder characterized by the development of warts and skin lesions, particularly on the hands and feet. The condition is caused by an impaired immune response to human papillomavirus (HPV) infection. Patients with EDV are more susceptible to developing HPV-related skin lesions, including warts and squamous cell carcinoma. The diagnosis of EDV is based on the clinical presentation of warts and skin lesions, as well as genetic testing to confirm the presence of the EDV genotype. Treatment options for EDV include topical treatments for warts, immune-modulating therapies, and surgery for more severe lesions.

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REFERENCES