### 3411

**TPN-associated zinc deficiency**

Katrina Spaunhurst, MD, University Hospitals Case Medical Center, Cleveland, OH, United States; Amanda Nahhas, DO, Botsford Hospital, Farmington Hills, MI, United States; Artthapol Tanphaichitr, MD, University Hospitals Case Medical Center, Cleveland, OH, United States

Report of a case: A 49-year-old white man with a 3-month history of poorly differentiated small bowel adenocarcinoma presented with a 2-week history of crusted erosions of the face and perineal area. He recently had been diagnosed with T3NxMx adenocarcinoma and had undergone resection of a significant part of the small bowel. His abdominal wall defect was left open after surgery due to poor wound healing. After 10 weeks on total parenteral nutrition (TPN), he developed painful, burning, crusted erosions over most of his face with accentuation over the central face. Physical exam revealed eroded plaques over the lateral metacarpophalangeal joints and perianally. Bullous plaques were present on the knees and elbows. Additionally, there were two deep erythematous vesicles over the ventral interphalangeal joints of the thumbs. Other symptoms included generalized fatigue and four to six loose stools daily. Punch biopsies were performed of the right cheek and left elbow.

Pathology: The biopsy specimen from an erythematous erosion on the cheek showed epidermal pallor with parakeratosis and a diminished granular layer. The specimen from a pustular plaque on the left elbow exhibited focal full thickness epidermal necrosis, with neutrophils in the blister cavity. Both biopsies were compatible with zinc deficiency.

Clinical course: The patient's zinc level was found to be 29 mcg/dL (normal 56-134 mcg/dL) and alkaline phosphatase level was low, both of which were suggestive of zinc deficiency. Prior to his dermatology appointment, he was given IV copper and iron supplementation. After seeing dermatology, these were discontinued and the patient's TPN was supplemented with an additional 10 mg of zinc daily. Within 5 days of initiating zinc supplementation, the patient experienced significant improvement of his facial erythema and crusting, as well as his diarrhea and fatigue.

*Commercial support: None identified.*

### 3063

**A case of folliculotropic mycosis fungoides masquerading as acne**

Neda Shahriari, University of Connecticut Health Center, Farmington, CT, United States; Mona Shahriari, MD, Department of Dermatology at UConn Health, Farmington, CT, United States; Katalin Ferenczi, MD, Department of Dermatology at UConn Health, Farmington, CT, United States

Background: Mycosis fungoides (MF) is a common form of cutaneous T-cell lymphoma classically characterized by conspicuous patches and plaques. Rarely, it exhibits predilection for hair follicle and eccrine gland infiltration. This is termed folliculotropic mycosis fungoides. This is a rare variant of MF with neoplastic T-lymphocytes infiltrating the hair follicles, often sparing the epidermis. This entity can have a variable clinical presentation presenting a diagnostic challenge. Here, we will discuss one clinical presentation.

Case report: A 50-year-old African American male presented with a 6-month history of new onset acneiform lesions on the face, postauricular scalp and chest. Previous therapy included clindamycin gel, benzoyl peroxide gel, and doxycycline with no improvement in the lesions. Dermatologic exam revealed cystic papules, pustules and comedo-like lesions in a random distribution on the face, postauricular scalp, and chest. Though the eruption appeared acneiform, the history as well as the clinical picture did not support a diagnosis of acne. Biopsy was performed for definitive diagnosis, and a diagnosis of folliculotropic MF was made.

Discussion: Folliculotropic MF can present a diagnostic challenge both clinically and histopathologically. Our patient was misdiagnosed as having acne and incorrectly treated for 6 months before biopsy aided in determining the correct diagnosis. According to a WHO consensus report, the prognosis of folliculotropic MF is worse than that of tumor stage classical MF with one study showing a 10-year survival rate of only 26%. The variability in the clinical presentation of folliculotropic MF can often lead to delays in diagnosis and treatment. Effort expended to diagnose this condition at earlier stages can help improve survival amongst patients. This case report will highlight clinical features that should alert the clinician in considering folliculotropic MF in case the disease entity follows an atypical course.

*Commercial support: None identified.*

## LYMPHOMA, CUTANEOUS/MYCOSIS FUNGOIDES

### 3211

**A bibliometric analysis of the 100 most influential publications in cutaneous T-cell lymphoma**

Jeave Reserva, MD, Division of Dermatology, Loyola University Medical Center, Maywood, IL, United States; Misty Eleryan, MD, Department of Dermatology, George Washington University, Washinton, DC, United States; John Kimbrough, Collections, Research, & Instruction Department, Georgetown University Library, Washington, DC, United States; Samantha Gordon, Loyola University School of Medicine, Maywood, IL, United States; Erin Rocci, Loyola University School of Medicine, Maywood, IL, United States; David Eilers, MD, Division of Dermatology, Loyola University Medical Center, Maywood, IL, United States; Rebecca Tung, MD, Division of Dermatology, Loyola University Medical Center, Maywood, IL, United States; James Swan, MD, Division of Dermatology, Loyola University Medical Center, Maywood, IL, United States,

Background: Citation counts provide a useful measure for analyzing the scientific impact of a journal article. Older articles, however, have a higher likelihood of gaining more citations given the length of its citable period. Citation index circumvents this bias by dividing the total number of citations by the number of years since the article's publication. To date, the most influential publications in the multidisciplinary discipline of cutaneous T-cell lymphoma (CTCL) has yet to be formally identified. Herein, we report and analyze the 100 most cited publications in CTCL.

Objective: This bibliometric study aims to identify the 100 most cited articles within the CTCL peer-reviewed literature and analyze each article's individual characteristics.

Methods: The 100 most commonly cited articles between 1970 and 2015 were identified using the Web of Science electronic database. The terms cutaneous T-cell lymphoma, mycosis fungoides, and Sezary syndrome were used as search criteria. Each of the articles' citation count, citation index, journal source, publication year, article type, institution, and country of origin were compiled and analyzed.

Results: The 100 most commonly cited articles were published in 37 journals, with 18 articles published in *Blood*. These consisted of 76 original investigations, 22 reviews and 9 proceedings paper. Tied at second, the *Journal of the American Academy of Dermatology* and the *Journal of Clinical Oncology* each contributed 9 articles. The most cited article was published in the *Proceedings of the National Academy of Sciences of the United States of America-Biological Sciences* with a total of 3905 citations, while the article with the highest citation index at 129.82 was published in *Blood*. The year 2007, which tied with 1998, recorded the highest number of cited CTCL articles, partly due to the increased interest with histone deacetylase inhibitor at that time. The majority (72%) of the articles were from institutions within the United States, with the National Cancer Institute being the most prolific of institutions contributing 22 articles.

Conclusion: This study identified the most significant publications in CTCL within the last 45 years. Our results highlight the impact of colleagues' work and seminal advances in the realm of CTCL.

*Commercial support: None identified.*

### 3323

**A case of ichthyosiform mycosis fungoides mimicking pityriasis rotunda**

Joung Soo Kim, MD, PhD, Hanyang University Guri Hospital, Guri-si, South Korea; Sung Soo Han, MD, Hanyang University Guri Hospital, Guri-si, South Korea; Hyun Seok Choi, MD, Hanyang University Guri Hospital, Guri-si, South Korea; Hyung Kwon Park, MD, Hanyang University Guri Hospital, Guri-si, South Korea; Hee Joon Yu, MD, PhD, Hanyang University Guri Hospital, Guri-si, South Korea

Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma (CTCL). Apart from the classic type of MF, many atypical variants have been reported, including hyperpigmented, hypopigmented, unilesional, follicular and ichthyosiform MF. Ichthyosiform MF is very rare and this represents 1.8% of all MF cases. A 73-year-old man presented with localized brownish scaly plaques involving trunk, back and both extremities over a period of 10 years. The lesions were round-shaped ichthyosiform plaques of varying sizes five to ten centimeters in diameter, clinically similar to pityriasis rotunda. Histopathologic examination revealed a compact orthokeratosis and hypogranulosis in the atrophic epidermis and atypical lymphocytes in the upper dermis showed epidermotropism and formed Pautrier microabscess. Immunohistochemically, the specimen showed a CD2+, CD3+, CD5+ with predominance of CD4+ but loss of CD7. From these clinical and histopathologic findings, he was diagnosed with MF. Our case showed ichthyosiform eruption as the sole manifestation and clinically presented with large oval shape scaly plaques. Herein, we report a patient with a rare case of ichthyosiform MF clinically mimicking pityriasis rotunda.

*Commercial support: None identified.*