Bullous mycosis fungoides is a skin disorder characterized by the appearance of bullae and ulcers. These lesions are often associated with a poor prognosis due to their ability to cause significant morbidity. In this case report, a patient with bullous MF presented with multiple recurrences of bullae, which eventually developed into extensive ulcers. The patient's leukocyte count over 50,000/µL, a condition known as leukemoid reaction, was also a notable finding.

The patient's condition deteriorated rapidly, with the development of pseudomembranous colitis, which is a complication that can occur in patients with severe skin disorders. The patient died shortly after the diagnosis, with a leukocyte count of 118,000/µL.

Histologically, the skin lesions were characterized by a dense lymphocytic infiltrate, with many atypical lymphocytes distributed around dermal blood vessels and in the fat layer. The infiltrate included T cells, which were positive for CD3, CD4, and CD8, but negative for CD5 and CD30. A monoclonal rearrangement of the T-cell receptor gene was also identified.

The patient's clinical presentation, laboratory findings, and histopathological examination support the diagnosis of bullous MF. This case highlights the importance of early recognition and prompt treatment of bullous MF, as well as the need for close monitoring of patients with this condition to prevent the development of complications such as pseudomembranous colitis.
From other histological findings, most of the tumor cells were doubly-positive for CD4 and 8. From other histological findings, most of the tumor cells were doubly-positive for CD4 and 8. Therefore, the leukocytosis was determined to be due to a leukemoid reaction. When the leukemia cells were examined in the bone marrow, the patient had MF, and the tumor was negative for G-CSF antibody, the tumor cells showed negativity for G-CSF, therefore, the possibility of MF as the cause of the reaction was considered. A large clinical study showed that 20 out of 334 cases were fatal, and all of the cases had a leukemoid reaction. Ten of those 20 cases in the clinical study were fatal, and all of the cases had a leukemoid reaction. A leukemoid reaction is a common cause of the reaction; a large clinical study showed that 20 out of 334 cases were fatal, and all of the cases had a leukemoid reaction. Therefore, the leukemoid reaction in the current case was likely caused by the pseudomembranous colitis. Regarding cutaneous lymphoma, the only type which is known to cause a leukemoid reaction is anaplastic large cell lymphoma, and this type of lymphoma is known to cause a leukemoid reaction. Therefore, the leukemoid reaction in the current case may reflect a step toward his ultimate death.

Discussion

Many causes of leukemoid reaction are known, including infections, malignant chemotherapies rather than local therapies. However, the effect was observed in the current case, which was likely due to the presence of the tumor cells, and the extensive ulceration of the skin. Therefore, the leukemoid reaction in the current case may reflect a step toward his ultimate death. The distribution of most of the rashes was in non-exposed areas, thus representing an underwear distribution; c) histological appearance of a rash on the trunk (original magnification X40). Inlet: Pautrier's microabscess in the epidermis (original magnification X400). Lower inlet: Close-up view of the infiltrate (original magnification X40). Figure 1. Initial appearance of the patient: a) multiple indurated plaques are present on the skin, which is covered by ulcers with serous exudate. Pautrier's microabscesses can be seen; f) appearance 3 weeks before death. Most of the tumors, etc.1,2 In the current case, the leukemoid reaction was likely caused by the presence of the tumor cells, and the extensive ulceration of the skin. Therefore, the leukemoid reaction in the current case may reflect a step toward his ultimate death.
tain specific treatment. By accumulating sim-
tation in malignant lymphoma may require cer-
the clinical course of the patient, ulcer forma-
tional remission for 8 months. Considering from
responded to radiation therapy, enabling a par-
apy had a marginal effect, the rashes briefly
before death. Although a systemic chemother-
strating a rare extremely high leukocyte count
occurred because of the colitis, demon-
ous colitis. Finally a severe leukemoid reac-
tration of antibiotics lead to pseudomembran-
showed a strong tendency to form ulcers. The
leukemoid reaction.

We reported a case of bullous MF which
developed.

ulcer-forming malignant lymphoma can be
ilar cases, a therapeutic protocol for treating
outcome of extreme leukocytosis in 758
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3.15 Pseudomembranous colitis
been reported to have a leukocyte count of
only 2 other cases have
leukemoid reaction observed in the current
for a poor prognosis. In particular, the severe
ings indicate that a higher leukocyte count in

Figure. 3. Autopsy findings: a) descending colon, gross view; b) microscopic view of the
plaque on the colon (original magnification X100); c) CD 45-blast gating analysis of the