PUVA Treatment of Mycosis fungoides

K.

Konrad

I. Universitäts-Hautklinik, Vienna

17 patients with histologically proven mycosis fungoides without any evidence of lymph node and/or visceral involvement were selected for this study. 7 patients were in stage I of the disease with erythematous plaques, 8 patients in stage II with infiltrated plaques and 2 patients in stage III with tumorous lesions in addition to infiltrated plaques. Oral 8-methoxypsoralen was followed by whole-body exposure to a high intensity UVA-light source, emitting a continuous spectrum between 320 and 390 nm (peak at 365 nm). Initial doses, ranging from 1.5-4.0 J/cm², were gradually increased up to 10.0 J/cm². The patients were treated 4 times a week.

Complete remission was achieved in all 15 patients in stage I and stage II and in 1 patient in stage III. In the second patient in stage III, the tumorous lesions diminished in number and size but were not resolved completely. After clearing, the treatment was discontinued and the patients were kept under observation.

The observation periods range from 4 to 25 months. Until now, recurrences were observed in 1 stage I patient, in 4 stage II patients and in both stage III patients. These recurrences respond equally well, when treatment is reinstalled.

These data confirm a previous study by Gilchrest et al. (Cancer 38: 683, 1976) and indicate that, in early stages of mycosis fungoides, PUVA is more effective than conventional phototherapy (UVB) and less problematic than treatment with cytotoxic agents.

1 A paper with a detailed description of the results has been submitted for publication to the Hautarzt.