

Regarding MF and/or Sezary syndrome early stage disease may be difficult to differentiate from benign inflammatory dermatoses, multiple biopsies need for confirm the diagnosis. ( [REDACTED]; Cutaneous T cell Lymphoma in Children) In our case (**AERS ISR NUMBER 4251585-X**), biopsies were performed two times prior to the beginning of tacrolimus therapy, but no definitive characteristic feature in early stage lesion such as atypical lymphocytes, cerebriform nuclei and Pautrier's microabscesses couldn't be obtained.

There is little data that the issue of long-term prognosis for patients who develop CTCL in childhood, but Zuckheim et al recently published the largest review of 24 patients with onset of CTCL before 20 years of age. The follow-up period after diagnosis ranged between 2 months and 24.6 years (median, 12 years) The most advanced stage was T2N1 (compatible to the stage 2A of CTCL). At the end of follow-up period, none of the patients had progressed to more advanced disease. They concluded that early onset mycosis fungoides was not more aggressive than CTCL apparent in adult life.

In our case (**AERS ISR NUMBER 4251585-X**), at the first visit, her disease had developed to the stage 4A of CTCL. Therefore even if her onset of CTCL might have been 6 years prior to our diagnosis, it is obvious that topical immunosuppressants accelerate the development of CTCL.

Long-term topical tacrolimus therapy for not only children but also adult patients with AD is dangerous because of the risk of malignancy development.

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