◇Case Report

〈本文p.563～566〉

A case of transient neonatal pustular melanosis

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Abstract

A female newborn presented with vesicopustules on the forehead, trunk, and toes. On the third day after birth, she was presented to our department because several pustules had developed. Laboratory data were within almost normal limits. Physical examination results were normal. HSV and VZV antigens were not detected in pustule smears. The pustule cultures were negative for bacteria and fungi. Gram stain and KOH preparation did not reveal bacteria or fungi. Pustule fluid smears stained using Wright-Giemsa stain revealed predominance of neutrophils with occasional eosinophils. Vesiculopustular lesions spread until the fifth day after birth; however, they ruptured, gradually faded, and subsequently disappeared, leaving behind hyperpigmented macules on the forehead and collarettes of white scales on the trunk and extremities. Based on these findings, this case was diagnosed as transient neonatal pustular melanosis.

〈本文p.567～570〉

A case of azacitidine-induced fixed drug eruption with desensitization by the repetitive treatments

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Abstract

A 67-year-old man with myelodysplastic syndromes (MDS) was treated with azacitidine. Five days later, erythematous lesions developed with a burning sensation on the trunk and limbs. Histopathology of the biopsy taken from the erythema on his side chest showed necrotic epidermal cells, vacuolar changes at the dermoepidermal junction and lymphocytes infiltration in the upper dermis, suggestive of drug eruption. We treated him with topical glucocorticoid and antihistamine, which relieved his symptom in a week. Erythema recurred at the same sites where were the previous lesions at the third day of the second cycle of the azacitidine treatment. We diagnosed him as having a fixed drug eruption due to azacitidine. Interestingly, he did not have a relapse of eruption from the third cycle onward of the treatment with azacitidine. We considered that he might be desensitized to azacitidine over time by repetitive treatments through the development of antigen-induced tolerance of the specific T lymphocytes.

◇Case Report

〈本文p.571～574〉

Three cases of facial pigmentation induced by gardenia fruit

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Abstract

We described three cases of facial pigmentation induced by gardenia fruit in female patients. These patients were suffering from bronze-like pigmentation on their faces especially around their eyes for several months. They were administered Chinese herbs containing gardenia fruits for treatments of skin diseases and allergic rhinitis, and all the eruptions disappeared after withdrawal of this agent, suggesting that these cases were diagnosed as pigmented type drug eruption induced by Gardenia fruit. Characteristic feature of bronze-like pigmentation in intestine of the patients treated with Gardenia fruit has been reported in association with idiopathic mesenteric phlebosclerosis. The similar mechanism may be involved in the pathogenesis of facial pigmentation induced by gardenia fruit although further investigation should be needed to clarify this issue.

〈本文p.575～577〉

Prurigo pigmentosa occurring one week after Harvoni® administration

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Abstract

A 49-year-old woman presented at the Dermatology Department with 3-week history of pruritic lesions of neck and trunk. The onset of these was one week after Harvoni® combination tablet (sofosbuvir + ledipasvir) was started for hepatitis C treatment. Physical examination revealed dark reddish or dark reddish brown reticular erythematous lesions on nape and back. Papules were seen around those lesions. Prurigo pigmentosa was diagnosed on the basis of morphology, and oral minocycline was effective for treatment. We speculated that this clinical behavior was produced not by Harvoni® but by ketosis because she had lost 7-8 kg in the past 6 months.

〈本文p.579～582〉

A case of minocycline-induced cutaneous hyperpigmentation with punctate grouped distribution

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Abstract

A 77-year-old Japanese man visited to our hospital complaining with a 5-year history of blue-black pigmentation on his lower legs. He had a history of seborrheic dermatitis and had taken minocycline intermittently for 10 years. Physical examination revealed blue-black punctate grouped patches on his lower legs, and diffuse brown pigmentation on his face and dorsum of hands. Histopathological examination of the blue-black patches showed basal pigmentation and deposition of blackish-brown granular substance in the blood vessels in the superficial and middle layers of the dermis and around the sweat glands. Based on these findings, the patient was diagnosed with minocycline-induced hyperpigmentation.

◇Case Report

〈本文p.583～586〉

A case of bromoderma

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Abstract

A 19-year-old female presented with a 3-year-history of acne-like papular eruptions on the face and trunk. She also had dark-red nodules with pustules on the lower extremities, that had persisted for approximately two months. Her clinical history included intractable epilepsy which had been treated with sodium bromide and various antiepileptics since age 9. Histopathological examination of the nodules revealed pseudocarcinomatous proliferation of the epidermis accompanied by a dense cellular infiltrate comprising neutrophils, lymphocytes and histiocytes. She was diagnosed as having bromoderma. A gradual decrease of sodium bromide resulted in the improvement of skin lesions.

〈本文p.587～590〉

Long-term therapeutic effects of tocilizumab on cutaneous plasmacytosis associated with multicentric Castleman's disease

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Abstract

A 66-year-old female presented with multiple asymptomatic brown macules on her trunk. A skin biopsy showed the dermal infiltration of plasma cells and she was diagnosed with cutaneous plasmacytosis. Three years later, the brown macules increased and spreaded to her neck and face. Multiple superficial lymphadenopathies were observed and laboratory studies revealed anemia, polyclonal hyperimmunoglobulinemia and elevations of serum C-reactive protein and interleukin-6. She was finally diagnosed with multicentric Castleman's desease. Some skin lesions almost disappeared after 1-year treatment with tocilizumab, but others persisted (albeit partially improved) even after 3 years of the treatment.

〈本文p.591～594〉

A case of unilateral ashy dermatosis following the lines of Blaschko

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Abstract

A 37-year-old woman presented to our hospital with ashy-colored hyperpigmented plaques on her left arm and leg. The physical examination revealed hyperpigmented plaques in a linear distribution along Blaschko's lines. Histological findings showed epidermal and dermal melanosis. Taken together, we diagnosed her with unilateral ashy dermatosis. We performed a one time treatment of the plaques with a Q-switched alexandrite laser, however, no clinical improvement was observed.

◇Case Report

〈本文p.595～598〉

A case of lichen planus annularis on the lower legs

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Abstract

A 62-year-old woman presented to our hospital with an 8-year history of annular brownish erythematous lesion on her legs. The lesion was cyclical ; erupting in summer and subsiding in winter. Physical examination revealed slightly pruritic annular brownish erythematous lesions and brown papules on her lower legs. The eruption initially occurred as lichen-papules, then enlarged, and finally developed annular manifestations. Histopathological examination shows hyperkeratosis, acanthosis, liquefaction degeneration in the epidermis, and patchy lymphocyte infiltration in the upper dermis. Based on these findings, the patient was diagnosed with lichen planus annularis. The patient was successfully treated with topical steroid and heparinoid ointment.

〈本文p.599～602〉

A case of phylloid hypermelanosis

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Abstract

Phylloid hypermelanosis is a rare form of pigmentary mosaicism. It is characterized by asymmetrical leaf-shaped macules, oval or round patches and hyperpigmented streaks. We described a 14-year-old Japanese male with melanotic macules arranged in typical phylloid pattern since birth. He also had mental retardation, bilateral sensorineural, accessory ears, ptosis, equinus deformities and hammertoes. Chromosome analysis of peripheral blood leukocytes was performed and mosaic karyotype (47,XY,+del(13) [2]/46,XY[8]) was found. This case suggests that chromosome 13 abnormalities may be related to the development of phylloid hypermelanosis.

〈本文p.603～606〉

A familial case of pigmented fungiform papillae of the tongue

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Abstract

A 6-year-old girl presented with blackish pigmentation on her tongue of 1 year's duration. Examination of the tongue showed pigmentation confined to the fungiform papillae on the dorsum of the tongue. Similar pigmented fungiform papillae were seen on her mother's tongue. They were otherwise healthy and asymptomatic. Dermoscopy of both tongues revealed multiple brown projections with pigmented borders and dichotomized vessels originating at the base, resembling a rose petal pattern. A diagnosis of pigmented fungiform papillae of the tongue (PFPT) was made for mother and daughter.

◇Case Report

〈本文p.607～610〉

A case of adult cutaneous mastocytosis with bone marrow hypoplasia

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Abstract

A 26-year-old male had small brown macules without pruritus on the trunk and extremities about 3 years ago. Darier's sign was positive. Histopathological examination showed perivascular infiltration of mast cells in the upper dermis, however, no infiltration of mast cells was found in bone marrow. Therefore he was diagnosed as cutaneous mastocytosis. However, he may develop systemic mastocytosis with myelodysplastic disorder in the future, because the bone marrow biopsy showed hypoplasia. We recommend bone marrow biopsy for adult mastocytosis patients, as well as careful follow-up for patients with any abnormal finding suspecting hematological involvement.

〈本文p.611～614〉

A case of disseminated discoid lupus erythematosus successfully treated with hydroxychloroquine sulfate

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Abstract

A 66-year-old male developed itchy, scaly coin-shaped erythema on his both arms and face. Clinical presentation and histlogical examination was compatible with disseminated discoid lupus erythematosus. Treatment with topical and systemic glucocorticoids was not effective, but hydroxychloroquine sulfate resulted in improvement. Five months after started hydroxychloroquine sulfate, the eruption disappeared completely.

〈本文p.615～617〉

A case of pigmented Bartholin gland cyst

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Abstract

A 46-year-old female presented with a black nodule in the left labium minora, which had been noticed 2 months earlier. A clinical diagnosis was an angioma and resection of the nodule was performed. Histopathological study showed a cyst wall lined by one or two layers of cuboidal cells. Dendritic melanocytes positive for Melan-A were observed in the cuboidal cell layer. This case was finally diagnosed as pigmented Bartholin gland cyst due to the presence of melanin pigment in the cyst wall. This is the second case of pigmented Bartholin gland cyst.

◇Case Report

〈本文p.619～622〉

Bowenoid papulosis revealing brownish patches

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Abstract

A 35-year-old man presented at the Dermatology Department with one-month history of pruritic lesions of penis. Physical examination revealed up to soy-bean sized, blackish brown patches are present on left side of penis. Depigmented patches were admixed. Histopatholgical findings demonstrated irregular acanthosis and several dyskeratotic keratinocytes with atypical hyperchromatic nucle in the epidermisi. We diagnosed as Bowenoid papulosis on the basis of findings described above. Bowenoid papulosis is considered as a transitional state between warts and Bowen disease. Patients with this behavior should be observed for recurrence carefully because of its some malignant potential.