◇Case Report

〈本文p.667～670〉

Two cases of pyoderma bullosa manuum similar to blistering distal dactylitis

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Abstract

We describe two adults with pyoderma bullosa manuum. Bacterial culture from the skin lesion grew *Group A Streptococcus* and *Staphylococcus aureus*. Pyoderma bullosa manuum one of the impetigo are similar to blistering distal dactylitis (BDD). BDD is an infection of the anterior fad pad and overlying skins of the distal phalanx of the fingers usually caused by streptococci. We treated these patients with antibiotics and improved.

〈本文p.671～674〉

A case of *Pasteurella multocida* cutaneous infection caused by a cat bite

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Abstract

We experienced the case of an 83-year-old man with a Pasteurella multocida cutaneous infection resulting from an alley cat bite. He developed an extensive skin ulcer on right forearm that took more than 3 weeks to heal. A bacterial culture of the pus grew *P. multocida*. During his treatment course, he developed acute cerebral infarction that required co-management by a brain surgeon and dermatologist.He was successfully treated with a 2-week course of cephem antibiotics. Notably, patients of advanced age are at an increased risk of infection. We feel that this case can aid in the diagnosis of similar cases.

〈本文p.675～678〉

A case of primary cutaneous nocardiosis on the right thigh of a post-renal transplant patient

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Abstract

A 74-year-old man presented with erythema, swelling, and pain in the right thigh. He had received a renal transplant 1 year and 9 months previously. We performed incision and drainage of a abscess. A pus smear showed acid-fast, gram-positive bacteria with a branching, bead-like, filamentous morphology. Subsequent culture yielded Nocardia sp. The patient's symptoms decreased following drainage, intravenous infusion of imipenem–cilastatin, and oral administration of trimethoprim-sulfamethoxazole. Oral minocycline was then continuously administered for the next 10 months.

◇Case Report

〈本文p.679～682〉

Two cases of large carbuncle in patients with diabetes mellitus

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Abstract

A carbuncle is a deep infection of a group of association with contiguous follicles. Carbuncles are commonly seen in patients with diabetes mellitus. We report two cases of large carbuncles in association with diabetes mellitus. A 43–year-old man and a 63–year-old man presented to our hospital with a painful erythematous swelling associated with discharge of pus on his posterior neck. Both patients were diagnosed as carbuncle. One of the patient was diagnosed as diabetic scleroderma with skin biopsy from his posterior neck. Patients were treated with intravenous antibiotics and repetitive debridements, and skin lesions gradually improved.

〈本文p.683～686〉

Pseudomonas folliculitis induced by half bath

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Abstract

A 43-year-old woman presented to our hospital with 4-month history of slightly pruritic follicular papules and pustules on the flank, waist, buttocks, and posterior aspect of the thigh. Histopathological and bacterial examination revealed folliculitis due to pseudomonas aeruginosa. She had often taken a half body bath in a 24-hour circulation type bath unit where we also found pseudomonas aeruginosa. Her mother who lives with her also had a similar rash. The rash disappeared by oral and topical antibiotics and had not recurred after she stopped half bathing and bath cleaning.

〈本文p.687～690〉

Buruli ulcers on the right cheek and back of the left hand

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Abstract

A 88-year-old women was referred to us for evaluation of nodules with ulcers on her right cheek and back of the her left hand. Histopathological examination showed a necrotic area of the dermis and adipose tissue with inflammatory cells. Ziehl-Neelsen's staining showed some acid-fast bacilli. The presence of *Mycobacterium ulcerans* in the lesion was confirmed by polymerase chain reaction targeting the insertion sequence 2404. A diagnosis of Burili ulcer was made. The patient was successfully treated with oral clarithromysin（800 mg/day）, rifampicin（450 mg/day）and revofloxacin（500 mg/day）for 24 weeks.

◇Case Report

〈本文p.691～694〉

A case of cellulitis on the right lower leg with rhabdomyolysis caused by friction blister

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Abstract

A 39-year-old man was seen with redness and swelling on his right lower leg. Hen egg sized ulcers were observed in his right sole. He was a schizophrenia and taken risperidone. Sole ulcers appeared after a long walking. We suggest his sole ulcers as friction blister. His laboratory studies showed significant elevation of creatine kinase. We diagnosed redness and swelling on his right lower leg as cellulitis with rhabdomyolysis caused by friction blister. He was managed by intravenous antibiotics. As results, symptoms were improved.

〈本文p.695～698〉

A case of infective endocarditis leading to diagnosis from erysipelas of both upper limbs

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Abstract

A 62-year-old woman showed erythema and fever in the right upper limb. *β Hemolytic Streptococcus group G* was positive in the blood culture test. She was diagnosed as epilepsy of right upper limb. We treated the patient with antibiotics. From 7 days after discharging she showed erythema in the left upper limb. Because vegitation was found in transesophageal echocardiography, we diagnosed as infective endocarditis.

〈本文p.699～702〉

A case of Fournier's gangrene that was noticeable with continuous priapism

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Abstract

A 60-year-old man with a previous medical history of paraplegia by spinal injury was consulted to our hospital for high grade fever and continuous priapism. Physical examination showed a penetrating decubitus ulcer on his left sacral area, surrounded by diffuse erythematous swelling from his genital aspect to the left inner thigh. His penile shaft was continuously erected. Laboratory Risk Indicator for Necrotizing Fasciitis (LRINEC) score was 8 unit. CT scanning revealed intense inflammation with numerous gas images in the affected subcutaneous tissue. We diagnosed as havivng Fournier's gangrene, and started an intensive treatment with debridement of the affected skin, broad-ranged antibiotics, hemodiafiltration, and temporary colostomy, all of these contributed to the favorable survival outcome.

◇Case Report

〈本文p.703～706〉

Successful treatment of subacute type necrotizing fasciitis by limited surgical debridement

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Abstract

By disease type of necrotizing fasciitis（NF）, it is different that clinical passage and life prognosis. Aggressive surgical debridement is required in fulminant type NF. However, there are cases that can treat by limited surgical debridement in subacute type NF. Here, we reported seven cases of subacute type NF that were successfully treated by limited surgical debridement. Aggressive surgical debridement is associated with significant morbidity, leaving patients with substantial tissue loss and complex wounds. Therefore, we should decide the proper extent of surgical debridement considering cutaneous symptom, severity of NF, and general status of patient.

〈本文p.707～710〉

A case of toxic shock syndrome caused by small burn wound

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Abstract

A 23-year-old man sustained 9% total body surface area dermal burn on his face and extremities from hot oil. On the 4th day, he suddenly developed a 40℃ fever, hypotension, vomiting and diarrhea. Generalized diffuse erythema appeared on the next day. He was diagnosed with toxic shock syndrome（TSS）. The patient's symptoms improved by the treatment with antibiotics. Wound closure was achieved by conservative therapies. It is necessary to take into account the possibility of TSS when patients with small burn wounds undergo a sudden change especially, the rapid onset of fever and rash.

〈本文p.711～714〉

Staphylococcal scalded skin syndrome in an adult patient receiving epidermal growth factor receptor tyrosine kinase inhibitor

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Abstract

A 75-year-old Japanese woman had suffered from lung cancer with brain metastasis. One month before her initial visit to us, EGFR tyrosine kinase inhibitor erlotinib was initiated at 150 mg daily. The patient was referred to us with a one-week history of multiple erosive lesions with Nikolsky phenomenon on the trunk and extremities. A skin biopsy specimen showed subcorneal splitting of the epidermis with acantholytic keratinocytes. No apoptotic keratinocytes were seen in the epidermis. Serum anti-desmoglein 1 or 3 antibodies were not detected. Since MSSA was cultured from the skin lesion, we diagnosed the eruption as Staphylococcal scalded skin syndrome. The patient was treated with cefazorine, 3 g daily, and the eruption was remarkably improved.

◇Case Report

〈本文p.715～718〉

A case of acute infectious purpura fulminans in pneumococcal sepsis

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Abstract

On the first day, a 70-year-old woman had fever and consciousness disorder. The next day, when she was admitted to our hospital, due to septic shock, disseminated intravascular coagulation (DIC), and cyanosis of limbs. A rapid urinary detection kit for Pneumococcus showed a positive result. Accordingly, she was diagnosed as having acute infectious purpura fulminans due to Pneumococcus. No Pneumococcus vaccine was given, since she had asplenia. She recovered from sepsis and DIC because of an appropriate treatment including recombinant human soluble thrombomodulin. However, the purpura became necrosis on her lips, the oral cavity, and extremities. She underwent lower limb amputation.

〈本文p.719～722〉

A case of soft tissue infections of the upper limb caused by group A streptococcus

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Abstract

A 71-year-old man was referred to us with fever, redness and swelling of the right upper limb. Group A streptococcus from the culture of the lesion was detected. Following treatment with antibiotics against soft tissue infections of the upper limb, erysipelas-like erythema on the right side of the trunk and systemic edema associated with hypoalbuminemia appeared. Both symptoms were successfully treated by antibiotics and diuretics.

〈本文p.723～726〉

Nontuberculous mycobacteria infection resulting in osteomyelitis with articular destruction

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Abstract

A 71-year-old woman, who had a 15-year history of antisynthetase syndrome treated with prednisolone 9 mg daily, had presented a 6-month history of right middle finger swelling accompanied by abscess. We detected Mycobacterium chelonae from the abscess. X-ray and MRI revealed osteomyelitis with articular destruction of the distal interphalangeal joint. Her soft tissue infection and osteomyelitis caused by Mycobacterium chelonae were successfully treated with antibiotic combination therapy (levofloxacin, clarithromycin and minocycline) and thermotherapy without any surgical operations.