◇Case Report

〈本文p.991～994〉

A case of lichen sclerosus et atrophicus

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Abstract

Lichen sclerosus et atrophicus (LSA)is a common dermatosis that affects the penis. We report a case of a 50-year-old English man with LSA who presented with lesions on the glans penis and prepuce. He had been complaining of tightness of the foreskin since 1 or 2 years. After a diagnosis of LSA was confirmed, he was treated with a topical potent corticosteroid, 0.1% tacrolimus ointment, and systemic immunosuppressive agents (cyclosporine and tacrolimus), but with no success. Subsequently, he underwent successful circumcision and no recurrence has been observed to date.

〈本文p.995～998〉

Two cases of surgically treated balanitis xerotica obliterans

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Abstract

Case 1：A 75-year-old man had erosion of the glans penis and was treated with steroid ointment, but in a year, his foreskin showed white plaques formation, sclerosus, and atrophy. The foreskin could not be inverted and developed phimosis.Case 2：An 85-year-old man was unable to retract his foreskin, and had difficulty in urination. His foreskin also showed white plaques formation, sclerosus, atrophy, and phimosis. We diagnosed the patients with balanitis xerotica obliterans, and performed circumcision for both cases. After the surgery, both patients showed improvement in their symptoms without surgical complications.

〈本文p.999～1002〉

A case of Fournier's gangrene —the evaluation of severity and treatment of Fournier's gangrene—

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Abstract

We report a case of Fournier's gangrene caused by a mixed infection of aerobic and anaerobic bacteria. A 61-year-old man was referred to our hospital for scrotal swelling and purulent discharge with a strong fetid odour. Computed tomography (CT)scan showed the presence of gas in the right scrotum and we diagnosed him as Fournier's gangrene. We successfully treated him with emergent surgical debridement and broad-spectrum antibiotics for the initial empiric therapy.

◇Case Report

〈本文p.1003～1006〉

A case of lichen planus localized on glans penis

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Abstract

A 55-year-old male with a history of B-type hepatitis developed many polygonal and slightly elevated erythematous papules on his glans penis during the past 6 years. He had no other skin rashes. A histopathological examination of the biopsy specimen showed a lichenoid tissue reaction, involving liquefaction degeneration in the basal layer, band-like infiltration by lymphocytes and histiocytes just beneath the epidermis, and a few melanophages. Tacrolimus ointment (0.03％) had a similar effect to alclometasone dipropionate ointment, and the intermittent application of tacrolimus ointment after the lesion had healed helped to prevent the disease from relapsing.

〈本文p.1007～1010〉

Three cases of hard chancre

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Abstract

We report three male patients of primary syphilis presenting with typical hard chancre near corona of glans penis, not accompanied by indolent bubo. The ages of them were 48-, 25-, and 37-years old. In all cases, the ulcers became cured and STS titers went down promptly by an administration of amoxicillin, although a Jarisch-Herxheimer reaction occurred in a 48-year-old man. Contagion by sex service was speculated in two men.

〈本文p.1011～1014〉

A case of tuberculide of the penis

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Abstract

A 66-year-old man was referred to our dermatology department from the urology department with a four-month history of two undermined ulcers in the dorsum of the glans penis. Biopsy specimens showed caseous necrosis and epithelioid cell granuloma with Langhans type giant cells. Mycobacterium tuberculosis-polymerase chain reaction (PCR)was negative. He was positive on testing with the Quanti FERON TB-2G kit and tuberculin skin test. He was diagnosed with tuberculid of the penis, and successfully treated with antituberculous drugs. Tuberculids are not well known except in the dermatology field. Collaboration between medical departments is needed for diagnosis and treatment of tuberculids.

◇Case Report

〈本文p.1015～1018〉

Condyloma acuminatum effectively treated with etretinate

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Abstract

Condyloma acuminatum multiplied on the penis of a 31-year old male was treated with cryotherapy and with coix seed orally administered for four months. However, the condition was not improved. Therefore, the authors started administering etretinate (20 mg/day)to him, and the condyloma acuminatum reduced 1 month later and disappeared 3 months later. Although administration of etretinate is effective in the treatment of condyloma acuminatum, it should be administered carefully not to cause teratogenicity, which is a severe side-effect.

〈本文p.1019～1022〉

A case of giant condyloma acuminatum successfully treated with imiquimod cream

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Abstract

A 65-year-old man presented with blackish brown nodules and tumor covered a wide range of penis, scrotum and inguinal region. He was bedridden and decerebrated state after cerebral infarction. Tumor biopsy revealed papillomatosis and koilocytosis without the evidence of malignancy,suggesting condyloma acuminatum.We choose the therapy with imiquimod cream. The region completely disappeared 6 weeks after the treatment.

〈本文p.1023～1026〉

A case of hidradenitis suppurativa with newly diagnosed ulcerative colitis after surgery

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Abstract

A 52-year-old man presented at our hospital with indurated nodules and fistulas of a gluteal lesion. He had a history of multiple surgeries for hidradenitis suppurativa in the axillary and genitocrural regions. We performed extensive excision of the gluteal nodules and fistulas and covered the defect with a split thickness skin graft. A colostomy was performed concurrently to prevent postoperative infection. In the post-operative period, bloody stools were discharged from the stoma. A diagnosis of ulcerative colitis was made by colonoscopic examination.

◇Case Report

〈本文p.1027～1030〉

Anocutaneous fistula caused by Crohn's disease

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Abstract

The patient, a 20-year-old man with no significant past medical history presented with the chief complaints of pain and swelling, with pus discharge, from the left hip. A small ulcer was noted in the left hip, with a fistula measuring approximately 1.5 cm in size. A perianal abscess or pilonidal sinus was suspected. A fistulography was performed to identify anal fistula, however, because the continuity with the anus was not clear, the lesion was resected as a cutaneous fistula. Three days after the surgery, another cutaneous fistula was noted, and a lower gastrointestinal endoscopy and biopsy confirmed the diagnosis of Crohn's disease.

〈本文p.1031～1034〉

A large verruciform xanthoma of the scrotum

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Abstract

A 71-year-old man was referred for dermatologic consultation with scrotal skin nodules, first noted as a papule a decade ago. The biggest nodule was red and pedunculated with a mulberry-like surface and diameter of 70×50×55mm that located on the left scrotum. Engorged blood vessels were noted near the stalk. Based on correlation of the clinical presentation, dermoscopic and histopathologic findings, a diagnosis of verruciform xanthoma was established. The microscopic findings were similar in each lesions, and foamy cells were noted even in the little papules . We notice that the lesion should be removed in early stage to avoid excessive bleeding.

〈本文p.1035～1038〉

A case of incomplete Behçet's disease treated successfully with diamino-diphenyl sulfone

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Abstract

A 69-year-old male presented with pyrexia and a 3-day history of increasing numbers of painful papules and pustules on the extremities and trunk. We diagnosed Sweet disease from the clinical presentation, laboratory findings, and pathological findings and commenced prednisolone at 0.5 mg kg-1 day-1 and NSAIDs. However, the rash spread and worsened and pudendal and oral ulceration developed. We diagnosed incomplete Behçet's disease (abortive type), and we started steroid pulse therapy and a course of sulbactam-ampicillin. Because the rash did not improve we began diamino-diphenyl sulfone treatment, which led to crusting of the skin lesions.

◇Case Report

〈本文p.1039～1042〉

A case of extra-mammary Paget's disease presenting elevated phase

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Abstract

We report a 75-year-old male with extramammary Paget's disease (EMPD) on the genital area. Patients with EMPD present various clinical presentations depending on their clinical stage. Obviously, most of in situ cases present as patches or plaques, but invasive cases often accompany indurations or nodules. Differentiating between in situ and invasive EMPD cases on careful inspection is very important to estimate prognosis. We evaluated clinical and histopathological features of each lesion in the present case. Here, we report that careful inspection is helpful for estimating clinical stage and also for choosing the right treatment options.

〈本文p.1043～1046〉

Erythroplasia of Queyrat mimicking eczema

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Abstract

A 59-year-old uncircumcised man presented with itching and erythema along the coronal sulcus of his glans penis. He was treated for condyloma acuminatum. Erythema disappeared with the use of the corticosteroid ointment ; however, relapse occurred after discontinuing treatment. Histopathological findings were compatible with Bowen's disease. We diagnosed the lesion as erythroplasia of Queyrat. These findings were also observed in apparently normal-appearing areas without erythema. He underwent local excision and a partial glansectomy. In this case, squamous cell carcinoma in situ spread over the visible erythematous lesions which caused by inflammation. Such cases are often misdiagnosed as eczema instead of erythroplasia of Queyrat. It is recommended that a skin biopsy should be performed to confirm the benign vs. malignant nature of chronic erythematous lesions of the penis even in lesions that mimic eczema.

〈本文p.1047～1050〉

Linear Basal Cell Carcinoma on the Penis

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[4] *Tokutome Dermatology Clinic*

Abstract

A 77 year-old male patient with a 20-year history of penile basal cell carcinoma (BCC). Black-colored minute and discrete macules or papules were found along the penoscrotal junction, with the lesions distributed in a linear fashion. Dermoscopic examination revealed blue-gray globules and focal ulceration. On histopathology, basaloid cell nests with marginal palisading and cleft formation were seen in close contact with the epithelium. In 5 out of the 55 reported cases with linear BCC, the lesions were located at the genitals. The etiology of the linear distribution remains unknown.

◇Case Report

〈本文p.1051～1054〉

Apocrine carcinoma of scrotum with orchiectomy

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Abstract

A 65-year-old man presented with erythema of the scrotum 5 years before the first visit, which gradually spread and formed a nodule. Skin biopsy revealed adenocarcinoma. After the mapping biopsy, tumor resection including the superficial fascia of scrotum and sentinel lymph node biopsy were performed. Histopathological examination revealed apocrine adenocarcinoma with deep positive margin；therefore, it was necessary to perform a second surgical operation including orchiectomy, followed by radiation therapy. The sentinel lymph node was negative, and no recurrence or metastasis has not been detected for 5 years.

〈本文p.1055～1058〉

Skin metastasis of neuroendocrine carcinoma on the glans

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Abstract

A 65-year-old man diagnosed with stage Ⅳneuroendocrine carcinoma of the rectum noticed a white nodule on his glans 2 months prior to his first visit. The lesion was elastic, hard and showed limited subcutaneous mobility. Histopathological examination revealed multiple nodules showing atypical mitotic cells in the dermis. Immunohistochemical analysis showed that the tumor cells stained positive for synaptophysin, CK56, and CK20 and negative for chromogranin A. Histopathological and immunohistochemical features of this mass were similar to the primary lesion. Thus, we concluded that the nodule on his glans was skin metastasis of a neuroendocrine carcinoma.