◇Case Report

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A case of non-tuberculous mycobacterial tenosynovitis incidentally detected in a patient with cellulitis of the hand

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Abstract

A 76-year-old man who had had limited range of joint movement in the right thumb developed cellulitis of his right hand and forearm, and antibiotics therapy was started. During the treatment, a large amount of pus was discharged from the base of his right thumb. Computed tomography scan revealed abscess along his right forearm flexor tendon, and mycobacterium intracellulare was detected from the abscess. We diagnosed the patient with non-tuberculous mycobacterial tenosynovitis. He was treated with multidrug chemotherapy and surgical synovectomy.

〈本文p.25～28〉

A case of *Mycobacterium chelonae* infection on the left lower leg

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Abstract

A 83-year-old female presented with a nodule on the left lower leg which she had noticed 1 months before. First examination revealed a 15×12 mm, light red-colored granulomatous nodule with a central ulcer on the posterior surface of her left lower leg. At the time of biopsy after a week, we found another subcutaneous nodule of 10 mm in the distal part to the first nodule. Histopathologically, micro abscesses composed of neutrophils, surrounded by granulomatous polymorphous inflammatory cells were observed and acid-fast organisms were detected by Ziehl Neelsen stain. *Mycobacterium chelonae* was isolated and identified by DNA-DNA hybridization. The lesions healed in 4 months by oral administration of clarithromycin and levofloxacin.

〈本文p.29～32〉

A case with localized cutaneous mycetoma of the buttocks caused by *Nocardia*

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Abstract

A 32-year-old female noticed a lesion on her right buttock with tenderness 2 weeks before visiting our hospital. She had no injury history at the lesion site. There was a tender, reddish-purple flat, 2 cm-in-diameter, elevated subcutaneous mass with a slightly irregular margin on the right buttock. Inflammatory atheroma was suspected. Total removal was performed. Histopathological findings were an abscess with grains and surrounding granulomas in the dermis. *Nocardia* species were suspected. A 16S rRNA gene sequence study of bacterial DNA extracted from the lesion identified *Nocardia thailandica* (98.X% homology). *Nocardia thailandica* was thus considered the likely causative bacterium.

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MRI as a valuable tool for the diagnosis of eosinophilic fasciitis: report of a case

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Abstract

We report a case of eosinophilic fasciitis successfully diagnosed with MRI. Sometimes it is difficult or takes time to diagnose eosinophilic fasciitis, especially in cases which lack characteristic clinical symptoms, laboratory data, and histological features. However, for a better outcome of the disease, it is highly desirable that treatment with corticosteroids is initiated immediately after the diagnosis of eosinophilic fasciitis is confirmed. In our case, MRI has proven very valuable not only for the definitive diagnosis, but also for objectively assessing effectiveness of the treatment.

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Two cases of necrotizing fasciitis caused by Group Aβ-hemolytic *Streptococcus pyogenes*

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Abstract

Necrotizing fasciitis is a rapidly progressive inflammatory of the fascia. Therefore, accurate diagnosis (especially, differential daiagnosis from diffuse cellulitis), surgical debridement, and intensive care are necessary to decrease mortality. We report two cases of necrotizing fasciitis caused by Group A β-hemolytic *Streptococcus pyogenes*. In both cases LRINEC score was useful for rapid diagnosis, and the patients were successfully treated with rapid surgical debridement and intensive care, without amputation.

〈本文p.41～44〉

A case of necrotizing fasciitis caused by group G streptococci

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Abstract

A 37-year-old woman was admitted to our hospital suffering from redness, ecchymosis and blood blister of her left lower limb. She had a medical history of diabetes mellitus and pyoderma gangrenosum, and had been administered 5mg of prednisolone/day and 14mg of methotrexate/week for arthritis of unknown cause. At the first medical examination, she was incorrectly diagnosed as necrotizing vasculitis accompanied with some kind of autoimmune disease. Two days after the first visit, the involved area of her left lower limb was rapidly worsening, and she was eventually diagnosed as necrotizing fasciitis caused by group G streptococci. It should be noticed that severe infections such as necrotizing fasciitis could be caused by group G streptococci for compromised hosts like this case.

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Subcutaneous nodular fat necrosis with acute pancreatitis

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Abstract
A 75-year old male visited his doctor with a 9-day history of left lower abdominal pain, vomiting and diarrhea, and was hospitalized. He was diagnosed as having peritonitis and initiated on treatment with antibiotics. However, he developed rash on both lower legs, which was suspected as being drug eruption. Therefore, antibiotics were discontinued. Thereafter, due to the worsening of general condition and rash, the patient was transferred to our hospital and diagnosed as having acute pancreatitis. At the first consultation to our department, physical examination revealed multiple red nodules measuring about 2 cm in size on both lower legs and the dorsum and soles of both feet. A skin biopsy showed ghost-like fat cells with thick, faintly stained cell peripheries and no nuclear staining (absent nuclei). Based on the findings, the patient was finally diagnosed as having subcutaneous nodular fat necrosis associated with acute pancreatitis.

〈本文p.49～52〉

Nodular-cystic fat necrosis with a 30-year history, showing calcification histopathologically

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Abstract
A 65-year-old woman complained of a subcutaneous node in her left lumbar area. She had noticed induration following an insect bite 30 years earlier, and it grew gradually. Her history included gastric and breast cancer. The physical examination revealed a well-defined, elastic, hard, 12×10 mm subcutaneous node. The overlying skin looked normal. The nodule was excised under a clinical diagnosis of pilomatricoma. Histology showed an encapsulated node with a cystic structure containing fat cells without nuclei and degenerate honeycomb-like structures. There was marked calcification in the lesion, reflecting its 30-year history.

〈本文p.53～56〉

A case of drug induced rhabdomyolysis with cellulitis

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Abstract
A large variety of causes can involve in rhabdomyolysis such as trauma, drug intake, infections, electrolyte abnormalities, and metabolic diseases. We report a patient who experienced an onset of rhabdomyolysis due to oral antihyperglycemic drug intake and acute cellulitis. Elimination of the causative factors and rapid fluid infusion resulted in a normalization of Creatine phosphokinase(CPK) and recovery of renal function.

◇Case Report

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Transcutaneous eliminated gallstones needed differential diagnosis of cold abscess and soft tissue tumor

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Abstract
A-84-year-old female with a painless subcutaneous mass was referred to our department from an orthopedist. We suspected a soft tissue tumor at the first time. Skin biopsy revealed dermal edema with neutrophils and fat necrosis, but no tumor lesions. Because a computerized tomographic scanning revealed abscess of subcutaneous mass through thoracic cavity, cold abscess or actinomycete were suspected. However bacterial cultures of tissue were negative. 2-month after, many black stone-like materials were eliminated from the fissure caused by the skin biopsy. The material was confirmed as black gallstones with a component analysis. This patient received laparoscopic cholecystectomy 4 years ago, and several gall stones could be fallen into abdominal cavity. This report is a rare case of transcutaneous eliminated gallstones from abdominal cavity.

〈本文p.61～64〉

Behçet's disease with deep vein thrombosis

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Abstract
We present a case of 40-year-old man with vascular type Behcet's disease, in which deep vein thrombosis (DVT) was complicated. In our case, DVT was suspected from clinical symptoms and confirmed by contrast CT. Vascular type Behcet's disease is common in male, and less merger of eye lesions. The patient was consistent with these characteristics. There are still various opinions for the treatment of DVT in vascular type Behcet's disease, especially for anti-coagulation therapy. Further investigation is needed to determine whether anti-coagulation therapy should be used or not.

〈本文p.65～68〉

Intradermal nodular fasciitis arising on the forehead

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Abstract
A 31-year-old male presented with a 10mm in diameter, elastic hard tumor on the forehead. Histologic examination showed circumscribed, unencapsulated tumor composed of spindle cells in the deeper dermis. The tumor cells were arranged in bundles, which exhibited disarrayed or storiform pattern with rare mitotic figures and no significant cytologic atypia. Immunohistochemistry showed that the spindle cells were positive for alpha smooth muscle actin, Vimentin, and CD-34. These findings were consistent with intradermal nodular fasciitis. As intradermal nodular fasciitis locates more frequently on the head and neck than normal nodular fasciitis, this tumor has to be considered in the differential diagnosis of any dermal spindle cell tumor.

◇Case Report

〈本文p.69～72〉

A case of giant cell tumor of the tendon sheath

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Abstract

A 70 year old male visited our hospital with a subcutaneous nodule on the dorsum radial area of the right index finger, in October of 2011. The lesion had been increasing in size since March of 2008. The slightly tender lesion was 3 ×2 cm in size, high in elasticity, and non-fluctuant and was excised under local anesthetic. Dilated capillary vessels were seen on the surface of the nodule. Histological examination revealed and diagnosed as Giant Cell Tumor of the Tendon Sheath. There had been no antecedent trauma to the lesion, and no recurrence was noted post-surgery for as long as we have followed.