◇Case Report

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Two cases of moderate temperature burn after the use of the perioperative patient warming system

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Abstract
Case 1: A 72-year-old man who underwent stent grafting for abdominal aortic aneurysm developed erosions and ulcers in the buttocks and thighs. Case 2: A 57-year-old woman who underwent prosthetic vessel replacement of the ascending aorta for acute aortic dissection developed flaccid blisters, erosions, ulcers, and purpura in the buttocks and popliteal fossae.
Moderate temperature burn caused by a warming system was diagnosed according to the perioperative conditions, and locations and characteristics of the skin eruptions in these cases. We suggest that prolonged continuous use of a warming system during general anesthesia and factors such as circulation disorder caused the moderate temperature burn.

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Case of chemical burn caused by hydrofluoric acid

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Abstract
A 33-year-old man accidentally exposed his left index and middle fingers to hydrofluoric acid during works of washing tiles through the pin holes of his left glove. Severe pain had developed on his fingers, and he visited to our hospital 60 hours later. The tips of his fingers were swollen and had blood blisters. Continuous intra-arterial infusion of calcium gluconate was performed, then the tissue destruction was stopped and the symptoms in his fingers have been resolved after 55 days. If the burns appear to be deep, intra-arterial infusion of calcium gluconate should be applied immediately.

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Two cases of hydrofluoric acid burns

Nagashima Mayumi[1)] Nakamura Kazuko[1)] Suzuki Mao[1)] Utsunomiya Marika[1)] Sato Maki[1)] Morita Akiko[1)]
Kono Masumi[1)] Matsukura Setsuko[2)] Fukuro Shuhei[3)] Kambara Takeshi[1)]

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[2)] *Department of Dermatology, Yokosuka General Hospital Uwamachi*
[3)] *Fukuro Dermatology Clinic*

Abstract
We report two cases of hydrofluoric acid (HF) burns of the fingers successfully treated with subcutaneous injection of calcium gluconate. HF is a strong inorganic acid commonly used in the industrial field. HF is also available in lower concentrations as cleaning agents like our cases. We should notice that even lower concentration HF could cause severe chemical burns due to inadequate delayed treatment.

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Chemical burn caused by formic acid

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Abstract

We herein describe 2 cases of chemical burn caused by formic acid. A 45-year-old male and a 59-year-old female suffered chemical burn due to formic acid, used for release agent. Chemical burn recovered by local treatment within 3-4weeks. Because chemical burn caused by formic acid sometimes induces systemic toxicity, patients should be followed up carefully.

〈本文p.145～148〉

Follicular hyperkeratosis due to mechanical friction by a bag shoulder strap

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Abstract

A 19-year-old male presented with a 5-year history of keratotic papules on his chest. There were hyperkeratotic follicular papules with brown pigmentation aggregated on his left breast. The papules were histopathologicaly characterized by follicular opening with keratotic plugs accompanied by basal pigmentation. A bag shoulder strap appeared to provoke the skin lesions via persistent local mechanical friction.

〈本文p.149～152〉

A case of liquefied petroleum gas cold injury

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Abstract

Liquefied petroleum gas(LPG), which is popularized fuel for business and household use, is stored and transported in liquid form under high-pressure. Cold injury caused by LPG is rare. The heat of vaporization of the LPG is 101.8cal/kg, it causes the quick evaporative heat loss. In this paper, we reported a case of LPG cold injury. A 65-year-old man, handled LPG cylinder, sustained cold injury on bilateral fingers. He was treated by applying ointment and cured without complications. The first treatment of the injury is to defrost, and a 'wait-and-see polcy' should be taken.

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◇Case Report

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Friction blister due to use of a hand-held game console

Miyamoto Hideaki[1)]

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Abstract

A 35-year-old Japanese woman presented with a bulla, 13 mm in diameter, on the flexor side of the left first finger without itchiness. Diagnosis was initially difficult, but careful history-taking revealed that the patient had been playing with a hand-held gaming console (NINTENDO 3DS) for more than 2 hours a day over the previous 2 months. Because the incidence of similar cases of friction blister due to use of gaming consoles is expected to increase as more of these recreational toys are disseminated throughout the population, it is important to distinguish this condition from insect bites, drug eruptions, burns and coma blister.

〈本文p.157～160〉

Two cases of electrical injury

Iwata Yohei[1)] Hirakawa Akihiko[2)] Tomino Atsutoshi[2)] TakeyamaNaoshi[3)] Arima Masaru[1)]
TakahashiMasayuki[1)] Numata Shigeki[1)] Yagami Akiko[1)] Matsunaga Kayoko[1)]

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[3)] *Department of Emergency and Acute Intensive Care Medicine, School of Medicine, Fujita Health University*

Abstract

A 47-year-old man suffered from electrical injury with an alternative current of 6600-V voltage while engineering work. He was injured with right hand and left arm. Also, a 32-year-old man suffered from electrical injury with an alternative current of 200-V voltage while engineering work. He was injured with right fingers. By conservative treatment, his right fingers were epithelized. The serious complications such as arrhythmia or the renal failure were not found with two cases either. The appropriate management and the cooperation with each medical department are required in order that electrical injury can cause systemic complications as well as skin.

〈本文p.161～164〉

Case report of a chemical burn caused by a smartphone cable connector

Kawamoto Tomoko[1)] Nishimoto Tomoko[2)] Hirohata Ayaki[1)] Sakamoto Sachiko[1)] Nishino Yousuke[1)]
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[2)] *Department of Dermatology, Nissey Hospital*

Abstract

An 11-year-old female slept with a smartphone cable connector pressed against her right cheek. The next morning, she presented with a second degree burn on the area of contact. Experiments showed that there was no elevation in the temperature of the connector. However, alkalis and acids were produced due to electrolysis of sweat or tap water, resulting in a chemical burn.

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A case of stomal varices

Kibune Natsuko[1)] Umemori Yukie[1)] Shida Yukiko[2)] Hoshi Takahiro[3)] Hasegawa Jun[4)]

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[2)] *Department of Nursing, Nagaoka Red Cross Hospital*
[3)] *Department of Gastroenterological Medicine, Nagaoka Red Cross Hospital*
[4)] *Department of Surgery, Nagaoka Red Cross Hospital*

Abstract
A 64-year-old male with type B cirrhosis, esophageal varices and hypertension had undergone abdominoperineal resection and proctostomy operation for rectal cancer in December 2012. At four weeks after the operation, circumferential darkness erythema was identified in the peristomal skin. The darkness erythema began to expand and was perfomed for bleedeing. We diagnosed the darkness erythema as a stomal varices. We taught the patient a method of skin care, stoma care and correspondence at the time of bleeding from a stomal varices.

〈本文p.169～172〉

Undifferentiated pleomorphic sarcoma occurring after irradiation for breast cancer

Kato Yasunobu[1)] Mori Tatsuhiko[1)] Hiraiwa Tomoko[1)] Ohashi Takenobu[1)] Kikuchi Nobuyuki[1)] Hanami Yuka[1)] Yamamoto Toshiyuki[1)]

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Abstract
An 81-year-old female patient was seen for evaluation of a rapidly growing tumor on the chest of two months' duration. The tumor occurred in the radiation field 30 years after irradiation for the left breast cancer. The specimen from the tumor revealed a highly cellular, pleomorphic tumor composed of fibroblastlike spindle cells, histiocytelike cells and foam cells. A diagnosis of undifferentiated pleomorphic sarcoma was made based on the histopathological and immunohistochemical findings. We have reviewed the literature on undifferentiated pleomorphic sarcoma occurring after irradiation for breast cancer.

〈本文p.173～176〉

A case of radiation-induced acute alopecia after interventional radiology

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Abstract
A 83-year-old man underwent the interventional radiology (IVR) with digital subtraction angiography twice for the treatment of left dual arteriovenous fistula (AVF). Acute alopecia was noted in the right occipital area with erythema, cutaneous edema and pustules after the IVR. The hair pull test was positive, and anagen dystrophic hairs were observed. Black dots, pustules and telangiectasia were observed in the alopecia area with the dermoscopy.
He was diagnosed as radiation-induced acute alopecia, and complete recover of hair growth was noted in five months after IVR. Cases of radiation induced alopecia were reviewed.

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A case of radiation-induced morphea of the breast 6 years after radiotherapy for breast cancer

Yamamoto Mayuko[1)] Tarutani Masahito[1, 2)] Sano Shigetoshi[1)]

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Abstract
A 56-year-old female with right breast cancer had surgery and radiotherapy following chemotherapy. Six years later, she developed skin sclerosis in her right breast of the irradiated area. Histological examination revealed excessive fibrosis in the dermis with mild inflammatory cell infiltrates consistent with morphea. Occlusive therapy with corticosteroids showed mild effect. However, the lesion gradually progressed with slight retraction and sclerotic lesion spread over non-irradiated left breast.

〈本文p.181～184〉

A case of psuedolymphomatous reaction induced by a tungsten from saw blade

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Abstract
A 56-year-old man was referred to our department with a history of indurated subcutaneous nodule on the right temple. The lesion was surgically removed and a metal fragment was found in the tumor. X-ray microanalysis revealed the metal fragment was composed of tungsten, which was confirmed to be a tip of his using saw blade. Histopathological examination showed psuedolymphomatous reaction with a dense infiltrate of lymphoid cells forming lymphoid follicles with a germinal center. Patch testing with the metal fragment was negative. From these findings, the metal fragment might have become inadvertently implantation in the skin during his work and we think our case was induced by non-allergic reaction to tungsten.

〈本文p.185～188〉

A case of contact dermatitis with a lymphadenosis benigna cutis-like histological structure due to squaric acid dibutylester

Fukuda Ryoko[1)] Ishiguro Naoko[1)]

[1)] *Department of Dermatology, Tokyo Women's Medical University*

Abstract
A 64-year-old woman presented to our Department with an itchy erythema on her abdomen. Seven months earlier, she had been sensitized by 2% squaric acid dibutylester (SADBE) on her abdomen and had started contact immunotherapy for flat warts at another clinic. A physical examination revealed a round indurated red-brownish lesion on the left side of her abdomen, which was the site of sensitization. Histological findings showed mild intracellular edema with eosinophils , dense infiltrations of lymphocytes without atypism, eosinophils and histiocytes in the dermis. A lymphoid follicle-like structure, which consisted of B-cells with peripheral T-cell infiltrations, was also recognized in the mid-dermis. After 10 intralesional injections of triamcinolone acetonide, the symptoms disappeared. This case implies that persistent contact with SADBE, a strong sensitizer, can induce contact dermatitis with a lymphadenosis benigna cutis-like histological structure, and injections of steroid are effective for treatment.

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