◇Case Report

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Two cases of pustular erythema toxicum neonatorum

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Abstract
Case1: A 4-day-old male baby was observed redness and pustule on the face and trunk 4 days after birth. Case2: A 4-day-old female baby was observed small erythema at birth and became pustules. May-Giemsa staining of pustular content demonstrated numerous eosinophils. The lesions resolved spontaneously within about one week.

〈本文p.251～254〉

An elderly case of acute generalized exanthematous pustulosis (AGEP) induced by terbinafine

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Abstract
A 92-year-old woman visited us because of generalized skin eruptions associated with fever of three day's duration. The patient had taken terbinafine (Lamisil®) 125 mg/day for tinea unguium for 28 days until the initial eruption appeared on the abdomen. When the eruption spread to the trunk and extremities, oral terbinafine was discontinued. A diagnosis of drug-induced AGEP was made. She was treated with PSL 30 mg/day and the skin eruption promptly improved. PSL was tapered and discontinued two months after PSL therapy started. This is the oldest case of AGEP reported in the literature.
We should pay attention to the possibility of AGEP cased by terbinafine for the treatment of onychomycosis or tinea corporis and so on.

〈本文p.255～258〉

Papuloerythroderma of Ofuji caused by valsartan

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Abstract
A 90-year-old male presented with a 13-year-history of generalized itchy eruption. He showed erythroderma with cobblestone-like lichenoid papules. Histopathologically, there were dermal cellular infiltrates, comprising lymphocytes and eosinophils with minimal epidermal changes. Atypical lymphocytes were not observed. The diagnosis of papuloerythroderma of Ofuji was made. No underlying malignancy was detected. Patch test for metals yielded negative results. On the other hand, lymphocyte stimulation test (DLST) for valsartan was positive. Cessation of valsartan resulted in the improvement of skin symptoms. Although patch test for valsartan was negative, re-administration of valsartan resulted in the recurrence of erythema and papules. Our patient seems to be the first case of papuloerythroderma of Ofuji induced by valsartan.

◇Case Report

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A case of acute generalized exanthematous pustulosis induced by amoxicillin with a history of pustular psoriasis

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Abstract

A 59-year-old woman with pustular psoriasis started to take three oral medicines including amoxicillin for pylorus eradication. On the day starting medication she was suffering from fever, generalized erythema, and pustules (<5 mm). She was diagnosed as acute generalized exanthematous pustulosis (AGEP) and treated with anti-allergic drug and topical corticosteroid. The skin rash disappeared with scale and pigmentation. There are some reports that the patients with psoriasis have a risk for developing AGEP, and that the patients with pustular psoriasis are aggravated by penicillins. Therefore, we should pay careful attention when we dispense medication to the patients with pustular psoriasis.

〈本文p.263～266〉

A case of pityriasis lichenoides et varioliformis acuta with severe fever and large-sized blister formation

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Abstract

A 65-year-old man was admitted to our hospital due to developed generalized necrotic papules with blister formation up to 20mm in diameter associated with severe fever. At the first medical examination, he was incorrectly diagnosed as Kaposi Varicelliform Eruption, however, treatment with antiviral agents was not effective for his eruptions and general symptoms. His skin condition was getting worse with severe fever lasting for seven days. He was eventually diagnosed as pityriasis lichenoides et varioliformis acuta (PLEVA) with histopathological findings of basal layer vacuolar degeneration and extravasation of erythrocytes without any atypical lymphocytes. His condition might be pathophysiologically located between ordinary PLEVA and febrile ulceronecrotic Mucha-Habermann disease (FUMHD). He was successfully treated with oral administration of minocycline hydrochloride.

◇Case Report

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Successful treatment of pityriasis rubra pilaris by methotrexate

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Abstract

A 65-year-old male presented with small erythematous plaques on his clavicular, inguinal, abdominal region and hyperkeratotic papules on hands for several years. Histological examination revealed hyperkeratosis, dilated infundibula filled with orthokeratotic plug, alternating orthokeratosis and parakeratosis oriented in both vertical and horizontal directions. We therefore diagnosed this case as pityriasis rubra pilaris (PRP). Oral administration of etretinate (20mg/day) with topical use of steroid ointment improved partially his lesions but exacerbation occurred on his face. After switched to methotrexate (7.5mg/week), his lesions cleared and no recurrence was observed for three years. Clinical manifestations of PRP are various and it is classified into 5 types, which lead us some difficulty to make proper diagnosis. Methotrexate is not allowed to use for PRP in Japan, but it is effective and it is placed as first line treatment for adult in the world wide review. We should bear this disease in mind and methotrexate should be used for the case of PRP which is resistant to etretinate.

〈本文p.271～274〉

Pityriasis lichenoides chronica successfully treated with NB-UVB single therapy; A case which was suspected as cutaneous T cell lymphoma

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Abstract

A 26 year-old male patient complained of asymptomatic erythematous papules on his trunk and extremities lasting for 6 months. Biopsy specimens revealed parakeratosis, necrotic keratinocytes, lymphocyte exocytosis, and vacuolar alteration of basement membrane. Epidermotropic infiltration was observed. There found a mild predominance of CD8 positive and partial loss of CD7 expression in infiltrated lymphocytes. CD30 was positive for some lymphocytes. Additionally, a TCR-gamma gene rearrangement was detected by PT-PCR method. Thus, cutaneous T cell lymphoma was a powerful differential diagnosis, although the diagnosis was comfirmed as pityriasis lichenoides chronica. The lesions improved dramatically with NB-UVB single therapy.

〈本文p.275～278〉

Human parvovirus B19 infection in a patient during chemotherapy

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Abstract

A 79-year-old man, who had been treated with azacytidine and red blood cell concentrate infusion for myelodysplastic syndrome, presented with multiple reddish brown papules on the four extremities and trunk without itch, following a fever and arthralgia. Histopathological findings showed the infiltration of neutrophils and lymphocytes around the capillaries and swelling of the endothelial cells in the upper dermis. Based on the laboratory results on positive for IgM and IgG antibodies to human parvovirus B19 (B19), and B19 DNA, a diagnose of B19 infection was made. It is suggested that the possibility of B19 infection should be considered in the immunesuppressed patients with multiple purpura.

◇Case Report

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Varicella observed in two advanced age patients

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Abstract

We examined two advanced age patients with vesicle formations on whole body, which were infected with varicella-zoster virus (VZV). They didn't experience such neuralgia as herpes zoster. Case 1 was 78-year-old female. She visited our hospital at fifth day when the vesicle appeared, and didn't have fever nor general symptom. The EIA titers of VZV at fifth day were IgG 66.0 (<1.9) and IgM 1.70 (<0.79), and those at 12th day ware 4,110, 2.11, respectively. Case 2 was 67-year-old man. He visited our hospital at seventh day, and also didn't have fever nor general symptom. The VZV titers at seventh day were IgG 127 and IgM 4.32. From these results of serological examinations and their clinical course, we diagnosed these patients as varicella (reinfection of VZV).

〈本文p.283～286〉

A case of tsutsugamushi disease

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Abstract

A 60-year-old man worked in the field near his house in Wakayama Prefecture in the middle of December, 2011. About ten days later, he had a high fever, rash, and an eschar on his upper arm. We considered it to be tsutsugamushi disease and he was treated with intravenous minocycline. All the symptoms were improved in a week. We diagnosed with kawasaki type tsutsugamushi disease based on a positive result of the eschar polymerase chain reaction testing. In Wakayama, many similar cases of tsutsugamushi disease has been reported previously.

〈本文p.287～290〉

A case of Japanese spotted fever

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Abstract

A 61-year-old male was admitted to our hospital with a high fever, general fatigue, generalized maculopapular erythema, and an eschar near his navel. He was diagnosed with Japanese spotted fever (JSF) based on his seropositivity for specific IgM antibodies against *Rickettsia japonica* and successful treatment with minocycline hydrochloride (200 mg/day) and levofloxacin hydrate (500 mg/day). Both immunohistochemistry (IHC) and real-time PCR (RT-PCR) analysis of his skin biopsy sample were positive; therefore the diagnosis of JSF was made using IHC and RT-PCR and was quicker than using serology.

◇Case Report

〈本文p.291～294〉

Dengue fever due to overseas travel: a case report

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Abstract
A 19-year-old woman developed diffuse dark red erythema on both cheeks, the dorsal side of the nose, and the extremities, accompanied by general fatigue, fever, diarrhea, and vomiting. These symptoms appeared one day after her coming back to Japan from traveling for three weeks in India. Based on the identification of IgM against dengue virus and dengue virus NS1 antigen in both serum and urine, she was diagnosed as having dengue fever. All symptoms disappeared within one month without any special treatment.

〈本文p.295～298〉

One case of cutaneous plasmacytosis with anti-phospholipid antibody syndrome and anti SS-A antibody positive

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Abstract
A 58-year-old female was hospitalized with cerebral infarction. She had a lot of red-brown macules on her face and body. Histological examination revealed the nodular infiltration of normal plasma cells in the dermis. Lupus anticoagulant and anti SS-A antibody was found by her blood test. We diagnosed this case as anti-phospholipid antibody syndrome and cutaneous plasmacytosis. In recent years, it was reported Arid5a proved it as a factor about abnormal production of IL-6. The express of Arid5a is induced under Th17-polarizing conditions in T cells. We considered the mechanism of this case from a role of Th17.

〈本文p.299～302〉

Dermoscopy as a useful diagnostic tool of eruptive syringoma

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Abstract
Syringomas are benign adnexal tumors of eccrine origin. This disease can be classified into three types：eyelid type, eruptive syringoma and localized syringoma. Herein, we describe a case of eruptive syringoma. A 48-year-old man presented with a 40-year history of brownish papules on his trunk and arm. Physical examination revealed brownish papules, 1-2 mm in diameter on his chest, upper arm and lower abdominal region. The dermoscopic findings showed a homogeneous light brown area, irregular shaped pigment network and multifocal hypopigmentations. Dermoscopy might be helpful to differentiate syringoma from lichen nitidus and multiple dermatofibroma.

◇Case Report

〈本文p.303～306〉

Two cases of generalized lichen nitidus

Yamaguchi Kana[1)] Niiyama Shiro[1)] Oharaseki Toshiaki[2)] Mukai Hideki[1)] Hashimoto Yukiko[3)] Ujigawa Ayako[4)]

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Abstract

A 39-year old man visited our department with multiple brown papules measuring 2-3 mm in diameter on the abdomen, forearms, axilla and popliteal fossa, which had begun to appear 1 year previously. Based on the clinical and histological findings, he was diagnosed as having generalized lichen nitidus. A 42-year old woman visited our department with multiple brown papules measuring 2-3 mm in diameter on the neck, trunk, upper arms and axilla, which had begun to appear 9 years previously. This patient was also diagnosed as having generalized lichen nitidus. The patients that we encountered were characterized by onset of the disease in middle age, with the papules spreading to the entire body.

〈本文p.307～310〉

A case of eruptive vellus hair cysts

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Abstract

A 19-year-old female. Facial papules appeared 3 years before the initial consultation. Acne treatment, such as expulsion and Differin gel application, was performed at another hospital, but the symptom did not subside. She was referred to our department. Multiple skin-colored or partially red papules measuring 3 to 5 mm were observed in the forehead, bilateral buccal, and mandibular regions. There were no clinical findings, such as pimples or folliculitis. Histopathologically, a cyst was seen in the dermis. In the cyst, horn-like materials and vellus hair were observed. As the features of the cyst wall and horn-like materials were not typical, we considered the possibility of secondary follicular occlusion related to folliculitis. However, clinically, neither pimples nor folliculitis was observed. The presence of vellus hair in the cyst suggested vellus hair cysts. Furthermore, a marked granuloma response was detected. We considered the possibility of foreign body responses to expulsion-related stimulation or destruction of the cyst wall.