◇Case Report

〈本文p.367～370〉

A case of solitary vellus hair cyst occurred on the ear

Sawada Hiroko[1)] Ninomiya Junya[1)] Nagase Sanae[1)] Oryu Fuyuki[2)]

[1)] *Nagase Hifuka*

[2)] *Division of Dermatology, Tachikawa Sougo Hospital*

Abstract

A 17-year-old female had blue-gray soft mass in the left postauricular area, that gradually enlarged for a few months. The mass was surgically excised. Histopathological examination of the excised lesion revealed the solitary dermal cyst. The cystic structure was lined by squamous epithelium containing numerous vellus hair and several layers of laminated keratin materials.

〈本文p.371～374〉

Giant pilomatrixoma mimicking a squamous cell carcinoma

Aoyagi Naoki[1)] Yamamoto Yosuke[1)] Oguma Rena[1)] Wakabayashi Seiichiro[1)]
Nakano Tomoyo[1)] Togawa yaei[1)] Suehiro Keisuke[1)] Matue Hiroyuki[1)]

[1)] *Department of Dermatology, Chiba University School of Medicine*

Abstract

A 17-year-old man presented with a mass at his left elbow that had grown gradually since 2 years before. After an injury to the mass 2 months before, its growth speed increased.

The mass measured over 5 cm in diameter and looked like a squamous cell carcinoma. We diagnosed the mass as a squamous cell carcinoma and excised. However, histological examination revealed that it was a pilomatrixoma.

Pilomatrixomas larger than 5 cm in diameter(Giant pilomatrixomas) are difficult to distinguish from some malignant tumors. Therefore they should be excised at an early stage.

〈本文p.375～378〉

A case of diffuse neurofibroma requiring differentiation from dermatofibrosarcoma protuberans (DFSP)

Kondo Sachiko[1)] Asahina Akihiko[1)] Maki Tomoko[1)] Ito Keigo[1)] Nakagawa Hidemi[1)]

[1)] *Department of Dermatology, The Jikei University School of Medicine*

Abstract

A 62-year-old man presented with a faintly erythematous dish-shaped plaque on the left neck that had been noticed 40 years previously. Histopathological findings revealed diffuse proliferation of spindle cells extending from the dermis to the subcutaneous adipose tissue. Immunohistologicaly spindle cells were positive for CD34 and thereby differentiation from DFSP was required. Based on the simultaneous positivity for S100 protein , this case was diagnosed as diffuse neurofibroma.

◇Case Report

〈本文p.379～382〉

A case of cellular neurothekeoma, had been treated as keloid

Okawa Taori[1)] Okada Midori[2)] Takahashi Reiko[3)] Higashiyama Mari[3)]

[1)] *Department of Dermatology, Otemae Hospital*
[2)] *Department of Dermatology, Kinki- Chuo Hospital*
[3)] *Department of Dermatology, Nissei Hospital*

Abstract

A 40-year-old female presented with an asymptomatic single pinkish nodule on her left forearm. The doctor treated her with triamcinolone acetonide for almost a year, but the nodule was gradually growing.
Histological examination revealed that multi-lobulated tumor composed of epithelioid cells with atypical mitotic figure was arranged nests in the dermis and subcutaneous fat. Immunohistochemical findings showed positive reaction for NK1/C3, MITF and lack of S100, Melan-A.

〈本文p.383～386〉

A case of giant dermatofibroma diagnosed as calcifying epithelioma by ultrasonography and computed tomography

Yoshiike Saori[1)] Sato Yohei[1)] Hayakawa Jun[1)] Ohyama, Manabu[1)]

[1)] *Department of Dermatlogy, Kyorin University, School of Medicine*

Abstract

A 19-year old female case with a giant dermatofibroma was reported. A brownish, dome - shaped and elastic hard tumor measuring 5×4×2 cm was noted on the hip buttock. Ultrasonography and computed tomography detected possible intratumor calcification and suggested the diagnosis of calcifying epithelioma. Histopathological examination of the surgical specimen revealed a well-circumscribed lesion composed of fibroblastic cells distributed between collagen bundles. The diagnosis of giant dermatofibroma (GDF) was made. GDF is an unusual variant of dermatofibroma and the diagnosis can be challenging. In our case, post-hemorrhagic hemosiderin deposition was possibly detected as calcification leading to the preoperative diagnosis of calcifying epithelioma.

〈本文p.387～390〉

A case of lupus profundus that mimics malignant lymphoma clinically

Yamazaki Nao[1)] Ueno Makiko[1)] Katagiri Kazumoto[1)] Sakashita Sayuri[2)] Ono Yuko[3)]

[1)] *Department of Dermatology, Dokkyo Medical University Koshigaya Hospital*
[2)] *Wako Clinic*
[3)] *Department of Pathology, Dokkyo Medical University Koshigaya Hospital*

Abstract

A 62-year-old woman presented to our hospital with erythematous elastic hard nodules in size of walnut on her upper arms and on the anterior chest, which mimic malignant lymphoma clinically. Histopatological examination revealed marked inflammation in fat tissues including hyalinized septum, venous vasculitis, lymphocytic infiltration with plasma cells and membranous cystic lesion in fat lobules. Successful treatment with oral glucocorticoids diminished the nodules without depressed scars.

◇Case Report

〈本文p.391～394〉

A case of pagetoid Bowen disease which needed discrimination from mammary Paget's disease

Sando Yu[1)] Matsumoto Takaaki[1)] Yokota Kenji[1)] Kono Michihiro[1)] Manabe Mika[1)] Akiyama Masashi[1)]

[1)] *Department of Dermatology, Nagoya University School of Medicine*

Abstract

A 70 year old woman was referred to our department for evaluation of a lesion on the right mamma as mammary Paget's disease. Physical examination revealed a circle erythematous lesion of 12×10 mm on the right mamma. Histopathologic examination demonstrated small groups of anaplastic cells within the epidermis. All findings from immunostaining were negative for CAM, CK7, S-100, HMB-45, Ber-EP4, and GCDFP-15. In aggregate, these findings support the diagnosis of pagetoid Bowen disease. The pathological findings from the specimen taken by the operation showed large atypical nuclear and acidophilic cells, which showed pagetoid pattern and invaded into the epidermis. Thus, we diagnosed her lesion as pagetoid Bowen disease.

〈本文p.395～398〉

A case of Bowen's disease on the nail part which needed the differentiation with the malignant melanoma

Ishiwata Kaoriko[1)] Imafuku Keisuke[1)] Tsuboi Satoshi[1)] Otobe Sayaka[1)] Ohara Kuniaki[1)] Yoshino Koji[1)] Horiguchi Shinichiro[2)]

[1)] *Depatment of Skin tumor, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital*

[2)] *Depatment of Pathology, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital*

Abstract

35-year-old man. A dark brown pigmented streaks with a crack has appeared in the center of the nail plate of the left middle finger 3 years ago. Under a dermoscopic examination, irregular longitudinal melanonychia suggests subungual melanoma.

Nail bed epidermis was totally replaced with atypical dyskeratotic cells, so that the diagnosis of subungual Bowen's disease was made. Bowen's disease of the nail plate is relatively rare, and clinically required to be differentiated from malignant melanoma.

〈本文p.399～402〉

A case of eccrine porocarcinoma which needed the differentiation with basal cell carcinoma

Sato Akihiro[1)] Sakakibara Akihiro[1)] Suhara Murasaki[1)] Morimoto Akiko[1)]

[1)] *Depatment of Dermatology, Anjo Kosei Hospital*

Abstract

Pinkus and others first described eccrine poroma in 1956, which may occasionally become malignant, so called eccrine porocarcinoma.

We considered the black tumor of aged female back as seborrheic keratosis or basal cell carcinoma from clinical and dermoscopic findings. But we did a biopsy and diagnosed it histopathologically as eccrine porocarcinoma transformed from pre-existing eccrine poroma.

◇Case Report

〈本文p.403～406〉

A case of poroma with difficulty to distinguish from differentiation of sebaceous carcinoma, and BCC with sebaceous differentiation

Matsumura Yasuko[1)] Kawamura Anna [1)] Wada Hidefumi[1)] Ono Mai[1)] Yamanaka Shoji[2)] Okazawa Hiromi[3)]
Mohri Shinobu[3)] Aihara Michiko[1)]

[1)] *Department of Enviromental Immuno-Dermatology, Yokohama City University Graduate School of Medeicine*
[2)] *Department of Pathology, Yokohama City University Graduate School of Medeicine*
[3)] *Yokohama City*

Abstract

A73-year-old man was consulted to our clinic on a wide excision of the tumor on his right thigh which had been resected and diagnosed as sebaceous carcinoma.

Histological examination of the resected tumor revealed a clear margin between adjacent, normal epidermal keratinocytes and a mass of smaller cuboidal cells with darker nuclei, protruding down into the underlying dermis. Some small groups of mature sebaceous cells scattered in the tumor. The tumor cells were fairly monotonous, and showed the general lack of peripheral palisading of nuclei and cleft formation.

The tumor was diagnosed as eccrine poroma, and a wide excision(1 cm each from the scar)was performed. No recurrence and/or metastasis was observed since then.

〈本文p.407～410〉

A case of basal cell carcinoma on the head mimicking malignant melanoma dermatoscopically and histopathologically after incisional biopsy

Shimamoto Junko[1)] Otsuka Toshihiro[1)] Tanizaki Hideaki[1)] Kurokawa Teruo[1)] Moriwaki Shinichi[1)]
Tsuji Motomu[2)] Nakashima Yasuaki[3)]

[1)] *Department of Dermatology, Osaka Medical College*
[2)] *Department of Pathology, Osaka Medical College*
[3)] *Department of Diagnostic Pathology, Kyoto University Hospital*

Abstract

A 71-year-old female presented with a gradually enlarging nodule on her head for several years. Physical examination revealed a 1.2×1.1 cm in size, grayish-black, soft nodule with smooth surface on her frontal region of the head. Dermatoscopic features included blue-whitish veil and arborizing vessels. Looking at the incisional punch biopsy specimen from the nodule, oval and spindle cells having rich in melanin pigment were densely proliferating, resembling malignant melanoma.

We performed wide resection including surrounding 2 cm of normal skin. Observing this specimen, atypical cells from epidermis to dermis forming the conglometrating structure was noted with peripheral palisading of basaloid cells. At this point, we diagnosed the case as basal cell carcinoma. To differentiate BCC from MM, the excisional biopsy or the incisional biopsy gaining perspective of the lesion should be necessary.

◇Case Report

〈本文p.411～414〉

A case of metastatic lung carcinoma in the left second toe distinguished from the paronychia

Matsumoto Naoko[1)] Hata Yasuki[1)] Komuro Akio[2)]

[1)] *Department of Dermatology, Saiseikai Yokohama City Toubu Hospital*
[2)] *Department of Respiratory Medicine, Saiseikai Yokohama City Toubu Hospital*

Abstract

A 52-year-old male presented with a sharply painful erythematous nodule on his left second toe, which occurred during chemotherapy after an operation for pulmonary adenocarcinoma. It was regarded as a paronychia and was treated with taping, but it increased in size and developed into an ulcer. Histological examination revealed variant neoplastic hyperplasia with lumen formation from the dermis to the subcutaneous tissue. Based on the pathological findings, the diagnosis was metastasis to the skin from the pulmonary adenocarcinoma. Brain, bone, and adrenal gland metastases subsequently developed and enlarged, and the patient died five months after the cutaneous metastasis developed. Metastatic skin cancer occurring in the toe is rare. Attention must be paid to the diagnosis because the clinical symptoms are similar to a paronychia or a primary cutaneous tumor.