◇Case Report

〈本文p.567～570〉

A case of cutaneous actinomycosis suspected folliculitis of the face

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Abstract

A 48-year-old with neuro-Behçet disease has been taking oral prednisolone 30 mg/day developed recurrent pustules on the right cheek for 6 month. At first visit of our department, folliculitis was suspected and a punch biopsy was taken. At biopsy, bloody and purulent discharge was observed. The histology revealed abscesses formation containing sulfur granule that are bordered by eosinophilic, club-like material. A diagnosis of cutaneous actinomycosis was confirmed. The patient was treated with oral cephem antibiotics for three month and recurrence was not observed again.

〈本文p.571～574〉

A case of lichen striatus that was required to be differentiated from linear lichen planus

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Abstract

Lichen striatus is a common dermatosis characterized by a linear inflammatory papular eruption. A 14-year-old girl was referred with an asymptomatic linear rash on her left leg. Multiple small erythematous papules corresponded to the lines of Blaschko. The eruption was resolved, leaving postinflammatory hypopigmentation, by applying corticosteroid ointment. The clinical diagnosis was considered as lichen striatus or linear lichen planus. Although histological differential diagnosis is useful, it is sometimes difficult to differentiate lichen striatus from linear lichen planus.

〈本文p.575～578〉

A case of perianal nodular lesions in Crohn's disease mimicking condyloma acuminatum

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Abstract

A 31-year-old female was diagnosed as Crohn's disease 17 years before. Her symptoms with Crohn's disease have been improved by infliximab for recent 1-year. Her perianal verrucous nodules diagnosed as condyloma acuminatum were removed 2-years-ago. Multiple nodules recurred 1-year-ago, and treated as condyloma acuminatum without efficacy in local hospital and she was referred to us. Physical examination revealed perianal red nodules up-to-15 mm and multiple glossy red-blown papule. Histological examination revealed epithelioid granuloma associated with infiltration by lymphocytes and plasm cells, leading to a diagnosis of perianal nodular lesions in Crohn's disease.

◇Case Report

〈本文p.579～582〉

A case of dermatomyositis mimicking drug eruption during treatment for ovarian carcinoma

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Abstract

A 64 -year-old woman was admitted to our department due to itchy eruption spreading throughout her trunk two weeks after treatment with the second chemotherapy session of paclitaxel and carboplatin for ovarian cancer. At her first medical examination, she was suspected as drug eruption caused by these antitumor agents. Subsequently, typical dermatomyositis lesions such as Gottron's sign or papules on the dorsal finger joint and flagellate erythema on the back were appeared and muscle weakness was getting worse with high level of serum creatine kinase and serum anti-TIF1-γ antibody was detected. We diagnosed this case as dermatomyositis and treated with systemic corticosteroids. Even after starting the therapy, she developed aggressive skin lesions and muscular symptoms with dysphagia, and finally died. Not only comorbidity of malignant tumor, but administration of antitumor agent such as paclitaxel in this case might be associated to induce dermatomyositis.

〈本文p.583～586〉

Discoid lupus erythematosus associated with C1 inhibitor deficiency

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Abstract

We herein describe a case of discoid lupus erythematosus associated with C1 inhibitor deficiency. A 68-year-old-male suffered from hyperkeratotic erythema on left check without edema four years ago. The skin biopsy specimens demonstrated liquefaction of the basal layer and a dense lymphocytes infiltrated around hair follicle and sebaceous gland, blood vessels compatible with discoid lupus erythematosus. Laboratory examinations revealed low tier CH_{50} and C4, C1-inactivator, although normal level of C3 and antinuclear antibody in his serum. His daughter has no clinical symptom although laboratory study presented low C4 titer in her serum. The diagnosis of discoid lupus erythematosus with hereditary C1 inhibitor was made.

◇Case Report

〈本文p.587～590〉

A case of superior vena cava syndrome initially suspected as angioedema

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Abstract

A 67-year-old man presented with edema of the face and upper extremities, following the intake of several medicines, including a painkiller for the cervical pain, approximately 1 week ago. We initially considered this case to be drug-induced angioedema and prescribed oral antihisatmines and low-dose oral corticosteroids, however, the edema did not resolve. Chest computed tomography revealed a mass lesion compressing the superior vena cava (SVC), with thrombosis of the left brachiocephalic vein; a diagnosis of SVC syndrome was made. A biopsy of the mass lesion revealed lung adenocarcinoma, and magnet resonance imaging revealed its metastasis to the brain. The patient was treated with radio- and chemotherapy, resulting in reduction of the mass and disappearance of SVC symptoms. Dermatologists should be aware of SVC syndrome when treating patients with facial edema, particularly middle-aged and elderly patients.

〈本文p.591～594〉

A case of tuberous sclerosis with acne vulgaris-like eruption

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Abstract

We reported a case of 21-years-old woman diagnosed as tuberous sclerosis without seizures or mental retardation. She had facial angiofibromas and shagreen patches. She had been treated as acne vulgaris or verruca plana in some hospitals for 5 years. The diagnosis of tuberous sclerosis is often difficult in cases with a mild form of angiofibromas and without seizures or mental retardation. A careful physical examination and skin biopsy are needed in such cases.

〈本文p.595～598〉

Two cases of axiallry papules needed differential diagnosis of pseudoxanthoma elasticum

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Abstract

Case 1：A 15-year-old female presented with a 5-year history of asymptomatic papules on the bilateral axilla. The patient had been misdiagnosed as pseudoxanthoma elasticum (PXE) for years because of the clinical resemblance. The patient was referred to our hospital for further evaluation. We performed gene analysis of ATP-binding cassette sub-family C member 6 gene (ABCC6). There were no pathogenic mutations. Thus, we made additional specimens from the original biopsy sample, which disclosed multiple ductal and small cystic structures embedded within fibrous stroma in the dermis. We diagnosed this case as axillary syringomas. Case 2：A 20-year-old female presented with a 2-year history of light brown papules on the bilateral axilla, which had pruritus during sweating. Fox-Fordyce disease (FFD) was suspected from clinical symptoms. We considered PXE, verruca vulgaris and axially syringomas. Histological examination revealed hyperkeratosis and spongiosis of the hair follicle and apocrine acini proliferation. Thus we diagnosed the patient with FFD. We should consider axillary syringomas, FFD ,and PXE when we see multiple asymptomatic small papules on the bilateral axilla.

◇Case Report

〈本文p.599～602〉

A case of factitious disorder: Munchausen syndrome with pyoderma gangrenosum-like ulcer

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Abstract

Factitious disorder (Munchausen syndrome) is a condition in which patients feign physical or psychological symptoms, or inflict injury on themselves in order to counterfeit symptoms of an illness. Herein we report a 31-year-old Japanese woman who presented with a two-month history of multiple ulcerations and edema in upper and lower extremities. The clinical findings resembled those of pyoderma gangrenosum, though the specimen taken from the abscess demonstrated dense neutrophilic infiltration in mainly subcutaneous tissues and degeneration of fat tissues. A syringe not used at our hospital and a container filled with mud were found in her sickbed. The patient admitted to having a habit of injecting mud percutaneously, however, the content of the mud could not be analyzed. She was diagnosed as factitious disorder, and pyoderma gangrenosum-like ulcers were thought to be induced by self-injection.

〈本文p.603～606〉

Successful treatment of facial erythema by topical application of selective α_2-adrenergic receptor agonist, tramazoline in a Japanese woman with erythematotelangiectatic subtype of rosacea

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Abstract

A 66-year-old woman with more than 10 years history of facial erythema visited our hospital. Examination revealed slightly indurated erythema plaque on her bilateral cheek. Histopathologic examination showed telangiectasia of superficial dermal vessels. Mild perivascular and perifollicular lymphocytes infiltration were also seen. We made the diagnosis of erythematoteleagiectatic subtype of rosacea (ETT), and treated her with once a day topical application of tramazoline solution; selective α2-adrenergic receptor agonist. Two weeks later, facial erythema completely disappeared. In 1-year follow-up period, she showed no recurrence of the facial erythema without medication.

〈本文p.607～610〉

A case of pyogenic granuloma of the tongue mimicking epithelioid angiosarcoma

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Abstract

A 61-year-old man had presented with a nodule on left side of the tongue to a previous doctor, which had been removed and diagnosed as an epithelioid angiosarcoma. He consulted to our hospital for further treatment. From our histopathological view, the lesion was polypoid and well-circumscribed tumor with a collarette. It consisted of plump epithelioid endothelial cells forming numerous vascular channels or growing diffusely. Mitotic activity was fairly high. Although the lesion showed a high proliferation rate, it was well-organized and showed little cytological atypia. Immunohistochemically, both CD31-positive endothelial cell and SMA-positive pericytes were observed. We finally diagnosed as pyogenic granuloma, which was closely resembled epithelioid angiosarcoma.

◇Case Report

〈本文p.611～614〉

A case of reactive arthritis associated with tuberculosis

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Abstract
A 87-year-old man who had both hands arthralgia from two months ago, visited our hospital. We diagnosed his oligoarthritis as undifferentiated arthritis and started immunosuppression treatment regimen. Miliary tuberculosis developed probably due to its treatment and he was started the treatment by anti-TB drugs. We finally diagnosed his arthritis as Reactive arthritis associated with tuberculosis, because the arthritis was resolved after tuberculosis treatment. Reactive arthritis associated with tuberculosis is a rare but important in terms of differential diagnosis of arthritis in Japan with many tuberculosis patients. The biopsy by the bone marrow aspiration is useful for the diagnosis of the miliary tuberculosis.

〈本文p.615～618〉

A case of generalized granuloma annulare that was difficult in diagnose

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Abstract
76-year-old male with itchy eruption of the whole body. We diagnosed his eruption as generalized granuloma annulare from the histopathological appearance. He had been on medicines for this hypertension and diabetes. His cutaneous symptom was improved immediately after we stopped him taking the suspected medicine.

〈本文p.619～622〉

A case of granuloma faciale disappeared and recurred without any treatment

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Abstract
A 61-year-old male developed a red infiltrated nodule on the left cheek 2 weeks before our first medical examination. Histological examination revealed dense mixed inflammatory cellular infiltrates of lymphocytes, eosinophils, neutrophils, and histiocytes, and a narrow Grenz zone beneath the epidermis. The lesion disappeared 4 weeks after the biopsy without any treatment. However, new lesions appeared on both sides of the upper eyelid.
Clinical findings and histopathological findings were consistent with granuloma faciale (GF), but spontaneous regression of GF was very rare.

◇Case Report

〈本文p.623～626〉

A case of necrobiosis lipoidica-like skin lesions in subcutaneous sarcoidosis

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Abstract

A 56 year-old woman visited our hospital with multiple itchy pretibial plaques. The plaques were red-brown in color, hard and the center of the lesion was slightly atrophic with indurated peripheral border. There was no ulceration. Systemic examination revealed only diabetes mellitus. Histologically, multiple granulomas consisting of histiocytes and multinucleate giant cells with asteroid bodies were observed predominantly in subcutaneous fat lobules. Septal fibrosis was prominent with partially necrobiosis-like changes surrounded by giant cells. Overlying dermis was almost intact. Immunohistochemically, adipophilin was positive within clustered histiocytes and multinucleate giant cells. From these histological findings we distinguished subcutaneous sarcoidosis from necrobiosis lipoidica.