

◇ Case Report

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A case of pilomatricoma grown rapidly during pregnancyShiraishi, Hideka¹⁾ Koreeda, Narumi¹⁾ Yoshida, Aki¹⁾ Kishi, Akiko¹⁾ Ohara, Kuniaki¹⁾ Hayashi, Nobukazu¹⁾¹⁾ *Department of Dermatology, Toranomon Hospital, Tokyo, Japan***Abstract**

A 41-year-old female noticed an azuki-sized tumor on her upper arm a year before. The tumor rapidly enlarged during pregnancy, and had grown up to 12 cm in diameter. Histological examination revealed the typical features of pilomatricoma, and enlarged blood vessels in subcutaneous tissue besides. We supposed that overexpression of sex hormones due to pregnancy promoted hyper vascular proliferation and increased blood flow causes rapid growth of the pilomatricoma. More case accumulation is needed to resolve the mechanism of pilomatricoma.

〈本文p.675～678〉

A case of Rubinstein-Taybi syndrome with calcifying epitheliomaWatanabe, Yukihiro¹⁾ Wada, Hidefumi¹⁾ Sato, Maki¹⁾ Oda, Kayoko¹⁾ Aihara, Michiko¹⁾¹⁾ *Department of Dermatology, Yokohama City University School of Medicine***Abstract**

A 33-year-old male was consulted to our clinic about a subcutaneous tumor on his left thigh. The resected tumor was pathologically diagnosed as calcifying epithelioma. Besides, he had broad thumbs and characteristic facial abnormalities such as downward slanting palpebral fissures. He also had past history of cryptorchidism and mental retardation. Taken together, we diagnosed him with Rubinstein-Taybi syndrome. The calcified epithelioma seen in the patient was one of the skin symptoms of this syndrome.

〈本文p.679～682〉

Milia-like idiopathic calcinosis cutis in Down syndrome (MICCD) in a child with Japanese and Polish parentsTsutsumi, Midori¹⁾ Hirose Haruna¹⁾ Sato, Toshihiro¹⁾ Hatano, Yutaka²⁾¹⁾ *Department of Dermatology, Oita Prefectural Hospital*²⁾ *Department of Dermatology, Faculty of Medicine, Oita University***Abstract**

A 12-year-old boy with Down syndrome, whose parents are Japanese and Polish, developed asymptomatic papules over the extremities. The papules were hard, whitish, and 1–3 mm in diameter. Small syringomatous papules were also present on his eyelids. Histopathological examination revealed subepidermal calcified nodules. Laboratory findings, including serum calcium, phosphate and intact parathyroid hormone levels, were within their normal ranges. Brain computed tomography and cardiac echography did not reveal any calcifications. After the exclusion of thyroid disorder and iatrogenic calcinosis cutis, we established a diagnosis of milia-like idiopathic calcinosis cutis in a patient with Down syndrome.

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A case of leg ulcer with calcinosis cutis successfully treated with topical sodium thiosulfate

Nagata, Ayako¹⁾ Hirasawa, Yusuke²⁾ Hasegawa, Toshio²⁾ Iida, Hideo²⁾ Honma, Yukiko²⁾ Sasano, Hiroko²⁾
Kudo, Yukako²⁾ Shiraishi, Eriko²⁾ Tsukamoto, Yuko¹⁾ Ikeda, Shigaku²⁾

¹⁾ *Department of Dermatology and Allergology, Juntendo University Nerima Hospital*

²⁾ *Department of Dermatology, Juntendo University School of Medicine*

Abstract

We report a case of leg ulcer caused by calcinosis cutis, which was resistant to various topical treatments. A 60-year-old woman with a 30-year history of rheumatoid arthritis presented with a painful ulcer on her left lower leg. We diagnosed her as calcinosis cutis on the basis of clinical, pathological and X-ray findings. She was successfully treated with topical 25 % sodium thiosulfate compounded in zinc oxide.

〈本文p.687～690〉

A case of calcinosis cutis arising from pseudoxanthoma elasticum

Baba, Kanako¹⁾ Kanto, Hiromi¹⁾ Ohara, Fumiko¹⁾ Ishiko, Akira¹⁾

¹⁾ *The Department of Dermatology, School of Medicine, Toho University*

Abstract

A 31-year-old male presented to our department because of white papules on the abdomen which persisted since he was a junior high school student. In addition, he had yellowish brown papules on his axillae and the abdomen. The yellow papules were linearly distributed like wrinkles, and the white papules scattered along the yellow wrinkles. Histologically there were transitional features between the two kind of papules suggesting that calcinosis cutis was formed from calcium deposition to the elastic fiber, which was a hole mark of pseudoxanthoma elasticum.

〈本文p.691～694〉

A case of pseudoxanthoma elasticum

Ohno, Marie¹⁾ Sato, Megumi¹⁾ Yamada, Kazuaki²⁾
Terada, Hisao³⁾ Sezai, Yumiko⁴⁾ Chiba, Yoshiyuki¹⁾

¹⁾ *Department of Dermatology, National Hospital Organization Disaster Medical Center*

²⁾ *Department of Clinical Laboratory, National Hospital Organization Disaster Medical Center*

³⁾ *Department of Ophthalmology, National Hospital Organization Disaster Medical Center*

⁴⁾ *Sezai Dermatology Clinic, Fussa City*

Abstract

The patient was a 30-year-old woman who first noticed a rash on the neck, axillae, periumbilical area, and both inguinal regions approximately 8 years ago. Aggregations of mild yellowish papules were found in these regions at initial presentation to our department. Skin biopsy revealed torn and swollen elastic fibers in the dermis, and Von Kossa staining showed calcifications in the same regions. Fundoscopy revealed angioid streaks ; thus, the condition was diagnosed as pseudoxanthoma elasticum. pseudoxanthoma elasticum is a hereditary disease, in which progressive disorders in the skin, eyes, cardiovascular system, etc. occur due to elastic fiber degeneration.

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Primary plaque-like osteoma cutis

Akaike, Tomoko¹⁾ Nakano, Toshiaki¹⁾ Shimizu, Rie¹⁾ Zenke, Yukari¹⁾ Eto, Hikaru¹⁾ Arai, Satoru¹⁾ Matsui, Mizuko²⁾
Akaike, Gensuke³⁾ Nozaki, Taiki³⁾ Doi, Rin⁴⁾

¹⁾ *Department of Dermatology, St. Luke's International Hospital*

²⁾ *Department of Plastic Surgery, St. Luke's International Hospital*

³⁾ *Department of Radiology, St. Luke's International Hospital*

⁴⁾ *Toyosu Dermatology Clinic*

Abstract

A 43-year-old male had a bone-like, hard, asymptomatic, slowly growing lesion over the right side of scalp, measuring 3×8 cm. His past medical history was unremarkable, including Albright's hereditary osteodystrophy, trauma, or other skin lesion. Tumor resection was performed and the histopathological sample showed typical features of osteoma cutis, consisting of multiple spicules of bone involving the entire dermis. Therefore, we diagnosed as primary osteoma cutis and classified it as plaque-like osteoma cutis based on its gross appearance.

〈本文p.699～702〉

A case of calciphylaxis successfully treated with surgical debridement and LDL-apheresis therapy

Kabuto, Miho¹⁾ Kato, Takeshi¹⁾ Fujimoto, Noriki¹⁾ Isshiki, Keiji²⁾ Uzu, Takashi²⁾ Tanaka, Toshihiro¹⁾

¹⁾ *Department of Dermatology, Shiga University of Medical Science*

²⁾ *Department of Medicine, Shiga University of Medical Science*

Abstract

A 70-year-old Japanese female presented with painful ulcer in the erythematous lesions with purpura on her left leg. The ulcer got larger rapidly within two months. Histopathological findings in a cutaneous biopsy specimen from the edge of the ulcer showed calcification of the arterial wall in the dermis. We diagnosed her with calciphylaxis and treated her with the combination of surgical debridements of the necrotic tissue on the ulcer and LDL-apheresis therapy. Although the most common cause of death in calciphylaxis is septicemia caused by bacterial infection from the ulcer, the combination therapy avoided severe infection and healed the ulcerative lesion.

〈本文p.703～706〉

A case of penile necrosis induced by calciphylaxis

Shuzenji, Noriko¹⁾ Amoh, Yasuyuki¹⁾ Hirano, Shuhei²⁾

¹⁾ *Department of Dermatology, Kitasato University School of Medicine*

²⁾ *Department of Urology, Kitasato University School of Medicine*

Abstract

A 76-year-old Japanese man who had been under hemodialysis therapy for diabetic nephropathy for over 10 years, presented to us complaining of severe pain in his glans penis. We diagnosed necrosis of the glans penis and performed partial penectomy. CT angiography revealed calcification of the aorta and arteries. Histological examination of the resected penis showed epidermal and dermal necrosis and calcification of the arterioles in the corpus cavernosum. On the basis of these findings, we diagnosed the patient as suffering from calciphylaxis caused by chronic renal failure. He died of multiple organ failure 3 months after the diagnosis was made.

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Autopsy findings and histopathological evaluation of calciphylaxis

Kurihara, Emi¹⁾ Watanuki, Saori¹⁾ Ishibashi, Masafumi¹⁾ Kuramoto, Junko²⁾ Chen, Ko-Ron¹⁾

¹⁾ *Department of Dermatology, Saiseikai Central Hospital*

²⁾ *Department of Pathology, Saiseikai Central Hospital*

Abstract

We report a case of a leg ulcer induced by calciphylaxis associated with chronic renal failure and evaluated the vascular lesions based on both skin biopsy and autopsy findings. The media of the affected small arteries revealed ring-like calcification and the intima revealed marked edema with narrowing of the lumen, but without findings of calcification.

Although treatment with sodium thiosulfate was initiated, the patient died 3 months after hospitalization, and an autopsy was performed thereafter. Based on the detailed evaluation of skin biopsy and autopsy, medial calcification was identified only in deep dermal and subcutaneous small arteries, but not in other extracutaneous organs.

〈本文p.711～714〉

A case of calciphylaxis successfully treated with sodium thiosulfate

Nunoi(Furuhashi), Haruka¹⁾ Hashimoto, Yuki¹⁾ Baba, Kanako¹⁾ Sakai, Ken²⁾ Ishiko, Akira¹⁾

¹⁾ *The Department of Dermatology School of Medicine, Toho University*

²⁾ *Kidney Center, School of Medicine, Toho University*

Abstract

A 68-year-old female with secondary hyperparathyroidism and chronic renal failure due to diabetes mellitus presented to our department with chronic skin ulcer on the abdomen, lower leg and left middle finger. She had been on hemodialysis for 3 years. Four months after the coronary artery bypass surgery, painful purpuric ulcers appeared on the left lower leg. Skin biopsy revealed ring-shaped calcifications in the vessel walls of the subcutaneous fat. The patient was diagnosed as having calciphylaxis and sodium thiosulfate intravenous administration 12.5 g/day was started. Although the dose of sodium thiosulfate was decreased to 2 g/day, 3 times/week due to nausea, all the skin ulcer cured within 5 months. The treatment with sodium thiosulfate may be a promising treatment ever for the proximal type of calciphylaxis.

〈本文p.715～718〉

A case of angioleiomyoma on the heel with calcification

Yamada, Yoshinori¹⁾ Kanemaru, Mai¹⁾ Tashima, Saki¹⁾ Okuzawa, Yasutaro¹⁾ Nomiyama, Tomoko¹⁾

Takenaka, Hideya¹⁾ Katoh, Norito¹⁾

¹⁾ *Department of Dermatology, Kyoto Prefectural University of Medicine*

Abstract

A 79-year-old woman presented with a nodule on her right heel. She had first noticed it in around 1992, and it gradually enlarged. At presentation, she had an elastic hard and smooth nodule measuring 46×43×20 mm in size on the heel. Calcinosis was suspected after the skin biopsy. The nodule was excised under local anesthesia five months after the first visit. Histopathologically, the nodule was diagnosed as angioleiomyoma with calcification. When we see a painful, elastic and hard tumor on the foot, we should think of this disease as one of the differential diagnosis.

◇ Case Report

〈本文p.719～722〉

A case of multiple miliary osteomas of the face

Mizuta, Haruki¹⁾ Tanimura, Hirotsugu¹⁾ Nakamaru, Sei¹⁾ Makimura, Kaoru¹⁾ Okamoto, Hiroyuki²⁾
 Hosokawa, Hiroshi³⁾ Kiyohara, Takahiro¹⁾

¹⁾ *Department of Dermatology, Kansai Medical University Medical Center*

²⁾ *Department of Dermatology, Kansai Medical University Hospital*

³⁾ *Hosokawa Dermatology Clinic*

Abstract

A 68-year-old Japanese woman presented with multiple, flesh-colored and intradermal nodules in the bilateral cheeks, each measuring a few millimeters in diameter. Her previous practices were a daily facial pack by yogurt and a self-peeling every ten days. Past history did not include acne conglobata. Serum levels of calcium and inorganic phosphorus, the parathyroid function, and a variety of autoantibodies were all within the normal limit. Histologically, there were oval, amorphous nodules in the whole dermis. Osteocytes with perinuclear haloes and eosinophilic cytoplasm were concentrically arranged around haversian canals, forming osteons. Osteoblasts surrounded these osteons without osteoclasts and adipose tissue. We could extirpate one of many nodules by a 3 mm punch trephine successfully despite the failure by the scalpel curettage.

〈本文p.723～726〉

A case of reccurant ossifying fibromyxoid tumor with long term observation

Katayama, Hiroki¹⁾ Abe, Humihito¹⁾ Mituyama, Shinji¹⁾ Kimura, Masaaki¹⁾ Sasai, Daisuke²⁾ Kawahara, Kazutoshi³⁾
 Higuchi, Tetsuya¹⁾

¹⁾ *Department of Dermatology, Toho University, Sakura Medecial Center*

²⁾ *Department of Pathology, Toho University, Sakura Medecial Center*

³⁾ *Department of Dermatology, Chousei Municipal Hospital*

Abstract

We report a case of recurrent ossifying fibromyxoid tumor (OFMT) which developed in a 75-year-old female Japanese. She underwent tumor resection on left temporal region at the age of 54. When she was 72 years old, she found a nodule which appeared at the same lesion. The nodule had increased gradually and at the age of 75, second surgery was performed and diagnosed as OFMT. Reports of recurrent OFMT are not a few, but cases of long-term observation of OFMT are rarely reported.