◇Case Report

〈本文p.875～878〉

A case of hyper IgE syndrome successfully treated by ultraviolet therapy

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Abstract

Hyper IgE syndrome, HIES, is an autosomal dominant genetic disorder that manifests severe atopic dermatitis, repeated staphylococcal infection on the skin and the lung, extremely elevated serum IgE in autosomal dominant inheritance manner. We herein report a case of HIES whose atopic dermatitis was successfully treated with narrowband (NB) -UVB therapy. NB-UVB is effective on various inflammatory skin diseases including atopic dermatitis and psoriasis. Our case may suggest that NB-UVB induces anti-micropeptides in keratinocyte and help resist bacterial infection in HIES patients.

〈本文p.879～882〉

A case of vitiligo vulgaris improved by treatment of narrowband UVB

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Abstract

A 63-year-old male noticed some white macules which size is about 2 centimeters on his arm 6 years ago, and these macules had been increased on the trunk and lower extremity. He was diagnosed with vitiligo (non-segmental vitiligo ; NSV), based on these symptoms. After treatment of whole-body narrow-band ultraviolet B (Nb-UVB) therapy once or twice a week for about three months, it was dramatically improved. Nb-UVB is one of the most useful treatment for vitiligo.

〈本文p.883～886〉

Bullous pemphigoid developing during narrowband UVB therapy for prurigo nodularis

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Abstract

A 74-year-old Japanese female started receiving narrowband ultraviolet B radiation therapy for prurigo nodularis, resulting in a good response. Five months later, she developed a few blisters on her face and right arm. This was diagnosed as bullous pemphigoid based on the histopathological findings and high serum anti-BP180 antibody titer. Although phototherapy was not discontinued, blisters were well controlled with small oral corticosteroid doses. However, 19 months after the diagnosis, she experienced sudden widespread blisters and erythematous plaques ; immediate discontinuation of phototherapy and increased doses of corticosteroid proved effective in resolving this condition.

◇Case Report

〈本文p.887～890〉

Scleredema diabeticorum treated with narrow-band ultraviolet B phototherapy

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Abstract

A 55-year-old Japanese man presented with a 10-year history of firm induration of the skin on the nape and shoulders. Arm elevation was also restricted bilaterally. He had unstable type 2 diabetes mellitus. Histopathological examination showed a remarkable mucin deposition between thickened collagen bundles in the entire dermis. Diagnosis of scleredema diabeticorum was made. The patient was treated with narrow-band ultraviolet B therapy, and clinical symptom partially improved. Narrow-band ultraviolet B therapy may be an effective and useful treatment for scleredema diabeticorum.

〈本文p.891～894〉

A patient of alopecia universalis treated with 308-nm excimer light

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Abstract

We report a 30-year old Japanese male with diffuse scalp and body hair loss treated with 308-nm excimer light (VTRAC). He was diagnosed as alopecia universalis. Topical corticosteroid, topical psoralen and ultra-violet A (PUVA), and cryotherapy were not effective. The lesion was treated with 308-nm excimer light therapy at 2-weekly intervals. Hair regrowth was observed in 80% of scalp after 57 treatment sessions.

〈本文p.895～898〉

Successful combination therapy with systemic retinoid and narrow-band ultraviolet B phototherapy in a patient with severe plaque-type psoriasis

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Abstract

A 38-year-old man who presented with severe plaque-type psoriasis (PASI score 27.8, BSA 50%) that previously failed to respond satisfactorily to topical therapy of corticosteroid and calcipotriol. Narrow-band ultraviolet B phototherapy plus systemic retinoid significantly improved the psoriasis lesions within 2 months (PASI score 4.2：PASI improvement rate 84.9%). A combination therapy with systemic retinoid and narrow-band ultraviolet B phototherapy is one of the effective treatments for severe psoriasis prior to biologics.

◇Case Report

〈本文p.899～902〉

Two cases of elderly psoriasis patient who were successfully treated with combination therapy of etretinate and narrow band UVB

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Abstract

Case 1：A man aged 90 years presented with cyclosporine-resistant psoriatic arthritis. Treatment with narrow-band UVB（NBUVB）therapy and subsequent addition of etretinate（ETR）resulted in improvement of skin eruptions.
Case 2：A man aged 76 years presented with cyclosporine-resistant psoriasis. ETR plus NBUVB（ReNBUVB therapy）treatment was started, after which the Psoriasis Area and Severity Index（PASI）score significantly improved. ReNBUVB therapy allowed for use of a lower ETR dose and reduced NBUVB exposure.
ReNBUVB therapy appears to be an effective treatment for elders with moderate to severe psoriasis.

〈本文p.903～906〉

308-nm excimer light therapy for palmoplantar pustulosis and nail psoriasis

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Abstract

A 70-year-old female suffered from palmoplantar pustulosis was refractory to oral etretinate and bath PUVA therapy. The erythema and pustules on the palms and soles responded well to excimer light phototherapy. The PPPASI score before treatment was 9.7 and reduced to 3.1 at 12 weeks.
A 64-year-old female with nail psoriasis on all fingers and toes was treated with excimer light phototherapy and combination ointment of calciportriol and betamethasone dipropionate（once daily）. Nail plate of the fingers are markedly improved at one year after starting treatment. 308-nm excimer light therapy using VTRAC was effective for palmoplantar pustulosis and nail psoriasis.

◇Case Report

〈本文p.907～910〉

A case of acquired reactive perforating collagenosis successfully treated with narrow band UVB

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Abstract

A 80-years-old female was referred to our hospital. She suffered from persistent pustule and papule with eschar, which was refractory to oral and external use of corticosteroid in combination with antibiotics over the past three months. She complained severe itching and had multiple red papule, pustule, nodule with tick black eschar in body trunk and extremities showing Koebner phenomenon. Histological analysis of biopsied skin revealed the defect of epidermis and excretion of degenerated collagen fiber bundle through epidermis which was visualized by EVG staining. Based on clinical and histological findings, we diagnosed her with acquired reactive perforating collagenosis（ARPC）. As multiple topical corticosteroids and antihistamines were not effective, narrow band ultraviolet B（NB-UVB）therapy was initiated and resulted in dramatic improvement of skin rush and itching. This case illustrates that NB-UVB might be a good therapeutic option to treat ABPC.

〈本文p.911～914〉

Granuloma annulare successfully treated with bath-PUVA therapy

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Abstract

A 67-year-old female presented to our clinic with dark and annular erythemas and plaques on the extremities and trunk that began to appear 3 years earlier. Biopsy specimens revealed palisaded granulomas with focal collagen degeneration and mucin deposition. She was diagnosed with generalized granuloma annulare. Cormorbid conditions included diabetes mellitus and hyperlipemia. Topical corticosteroid treatment was not effective for the lesions, and the patient was referred to our dermatology clinic. Bath-PUVA therapy（66.0 J/cm^2）was performed 5 times a week, for a total of 20 sessions. Although the lesions persisted following bath-PUVA therapy, they were remarkably improved 4 months after treatment.

〈本文p.915～918〉

Treatment of generalized granuloma annulare with narrowband ultraviolet B therapy

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Abstract

A-77-year-old male complained of expanding asymptomatic erythematous papules on his trunk and extremities lasting for 2 months. Based on the histopathological findings which showed granulomas with infiltration of lymphocytes and histiocytes, and the clinical history, the patient was diagnosed with Generalized Granuloma Annulare. The eruptions developed to the whole body even after treatments with topical corticosteroid and oral tranilast, so we approached them with NB-UVB therapy. The lesions almost improved with NB-UVB irradiation.

◇Case Report

〈本文p.919～922〉

Successful treatment of cutaneous sarcoidosis using bath–PUVA therapy

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Abstract

A 58-year-old Japanese woman with cutaneous sarcoidosis presented with multiple, red-brown plaques on her limbs. Histologic examination showed noncaseating epithelioid granulomas in the upper dermis. Her chest CT scan showed bilateral hilar lymphadenopathy and the level of serum angiotensin-converting enzyme was elevated. Topical steroid therapy was ineffective. After bath PUVA treatment (66 times, 230.3 J/cm^2), the lesion was almost completely regressed. Bath PUVA therapy is effective treatment for cutaneous sarcoidosis.

〈本文p.923～926〉

Successful application of the topical psoralen-ultraviolet A (PUVA) therapy to necrobiosis lipoidica refractory to other treatments. Two case reports

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Abstract

A 47-year-old female and a 43-year-old female suffered from the pretibial brown-yellow plaques were referred to us. Although after diagnosing necrobiosis lipoidica they underwent the treatments including the topical steroid and NB-UVB therapies for approximately 2.5 years and 4.5 years, respectively, their symptoms were found refractory to the treatments. Hence the topical psoralen-ultraviolet A (PUVA) therapy was commenced. They both soon started resolving the symptoms and reached to almost complete remission about one and a half years after its commence. It is suggestive that the PUVA therapy should be considered when we encounter the patients with necrobiosis lipoidica refractory to the other treatments, since the PUVA is relatively safe and effective alternative for the treatment.

〈本文p.927～930〉

Effective therapeutic outcome of primary cutaneous anaplastic large cell lymphoma by ultraviolet radiation using the 312-nm NB-UVB lamp(TARNAB)

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Abstract

A 68-year-old Japanese female presented herself to our hospital with a solitary erythematous nodule on her right chest. There were multiple, infiltrative erythematous patches surrounding the nodule. Histopathologically, the nodule showed proliferation of large atypical mononuclear cells that express CD30 antigen. Positron emission tomography-computed tomography (PET/CT) showed no evidence of extracutaneous involvements over the body. From these findings, the diagnosis of primary cutaneous anaplastic large cell lymphoma (pc-ALCL) was made. She was treated with local electron beam, by which the nodule disappeared. Eight months later, however, three erythematous lesions and two nodules developed and became gradually enlarged. Histologic features of the erythema on the right thigh showed dermal infiltration of marked large atypical CD30$^+$ cells, indicating the relapse of pc-ALCL. We treated erythematous lesions with ultraviolet B irradiation using the 312nm flat-type fluorescent lamp, and nodules with electron beam, respectively, both of which showed favorable responses.