

◇ Case Report

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A case of complex regional pain syndrome occurring after a hymenoptera sting

Kurokawa, Motoki¹⁾ Tateyama, Shingo²⁾

¹⁾ *Kurokawa Dermatology Clinic*

²⁾ *Department of Pain Management, Junwakai Memorial Hospital*

Abstract

A 60-year-old woman visited my clinic due to a hymenoptera sting on her right lower arm 50 minutes previously. She was treated with oral and external applications of corticosteroids as well as oral administration of analgesic and topical cooling. Five days later, she was suspected as having a complex regional pain syndrome (CRPS) with a severe pain of her right lower arm and hand, and erythematous swelling of her fingers of the same site. She was referred to a department of pain management and successfully treated with intravenous administration of Lidocaine, methylcobalamin and neurotrophin as well as oral taking of pregabalin and stellate ganglion block.

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A case of toxic shock syndrome secondary to infectious atheroma

Hattori, Sayoko¹⁾ Shiomi, Mayu¹⁾ Konishi, Keisuke¹⁾ Tose, Saika²⁾

¹⁾ *Department of Dermatology, Kyoto City Hospital*

²⁾ *Department of Dermatology, Kyoto Prefectural University of Medicine*

Abstract

A 33-year-old woman developed infectious atheroma, followed by a high fever, hypotension, myalgia, pharyngeal/conjunctival congestion, a sunburn-like diffuse erythema, and high levels of hepatobiliary enzymes. Incision and drainage were performed for the infectious atheroma. A culture of the pus revealed methicillin-sensitive staphylococcus aureus (MSSA) (a toxic shock syndrome toxin 1 [TSST-1]-producing strain). The erythema disappeared with desquamation. While toxic shock syndrome (TSS) secondary to a skin infection is relatively rare, awareness of toxic shock is needed because TSS can also develop in patients with infectious atheroma, a condition that is frequently encountered during dermatological practice.

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A case of pruritic papular eruption associated with HIV infection

Shimosaka, Reiko¹⁾ Otaguchi, Risako¹⁾ Kimura, Satoko¹⁾ Kadono, Takafumi¹⁾ Kawakami, Tamihiro¹⁾ Soma, Yoshinao¹⁾

¹⁾ *Department of Dermatology, St. Marianna University School of Medicine*

Abstract

A 42-year-old man presented with itchy red papules on his right arm for 3 months. Red papules spread through the whole body. Laboratory examination showed an abnormally small number of lymphocytes, and decreasing CD4/CD8 ratio. Anti-HIV antibody was positive. A biopsy specimen showed hydropic degeneration of basal cells, and an inflammatory infiltrate of histiocytes in the upper dermis. The laboratory and histopathological findings were consistent with pruritic papular eruption associated with HIV infection. We treated the patient with topical steroid and oral antihistamine, but itch and the papules did not improve. After anti-retroviral therapy started, the lesions gradually disappeared.

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A case of retronychia of the both big toesTaguchi, Rieko¹⁾ Ozawa, Kentaro¹⁾ Isei, Taiki¹⁾¹⁾ *Department of dermatology, National hospital Organization Osaka National Hospital***Abstract**

A 30-years-old male presented with retronychia affecting both big toes. Treatment was surgical nail avulsion under local anesthesia revealing four layers of proximal nail lying tiered from the matrix to the dorsal surface of the nail of the right big toe. In spite of routine wound care, the tip of the right big toe nail curved to the nail bed and a granulo-ma telangiectaticum developed on the nail bed, because the proximal portion of the nail bed was elevated. We clipped the nail and applied coating material to the nail bed. This care resulted in subsequent growth of normal nail.

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Interstitial granulomatous drug reaction induced by tolterodineShinkawa, Eriko¹⁾ Nakamura, Korefumi¹⁾ Kawata, Yumiko¹⁾ Takai, Toshihiro¹⁾ Murata, Yozo¹⁾ Tsuru, Keichiro²⁾¹⁾ *Hyogo Cancer Center*²⁾ *Tsuru Clinic***Abstract**

A 73-years-old female developed slightly palpable erythematous plaques on her lower legs, 3 months after initiation of tolterodine administration. The histopathological findings revealed typical dermal interstitial granulomatous reaction pattern. Her skin lesions gradually faded after withdrawal of tolterodine, that confirmed the eruption was induced by tolterodine. Divergent drugs are reported to be causative ; calcium blockers, angiotensin-converting enzyme inhibitors, beta-blockers, lipid-lowering agents, antihistamines, anticonvulsants, antidepressants, furose-mide, sennoside, herbal medications and various biologics. This is the first report of drug reaction due to toltero-dine.

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A case of reticulohistiocytic granulomaSakamoto, Tomoko¹⁾ Kitayama, Asuka¹⁾ Mochizuki, Takashi¹⁾¹⁾ *Department of Dermatology, Kanazawa Medical University***Abstract**

A 25-year-old female noticed a solitary reddish nodule, 6 mm in diameter, on her abdomen three months prior to visiting our hospital. Histological examination of an excised lesion revealed histiocytes and multi-nucleated giant cells with cytoplasm resembling ground glass. Accumulation of red material in the cytoplasm of giant cells and periphery of histiocytes were also seen in PAS-stained sections. These clinical and histopathological findings were compatible with those of reticulohistiocytic granuloma (RG). This report discusses the similarities and differences between RG and solitary xanthogranuloma.

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A case of orofacial granulomatosis

Miyake, Masako¹⁾ Tatebayashi, Megumi¹⁾ Oiso, Naoki¹⁾ Kawada, Akira¹⁾

¹⁾ *Department of Dermatology, Kindai University Faculty of Medicine*

Abstract

A 51-year-old man was referred to us with recurrent labial and cheek enlargement. Pathology of the resected specimen showed many non-caseating granulomas and lymphocytic infiltration in the dermis. Giant cells were seen in the granuloma. The patient had no other symptom and disorder in serologic examination. We diagnosed the patient to be orofacial granulomatosis. Oral examination at oral surgery revealed lower left radicular cyst. After tooth extraction, the cutaneous symptom had improved with no other treatment.

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A case of spiny keratoderma

Inomata, Ai¹⁾ Osada, Atsushi¹⁾ Ho, Myonfa¹⁾ Tsukamoto, Katsuhiko¹⁾ Honda, Takayuki²⁾

¹⁾ *Department of Dermatology, Yamanashi Prefectural Central Hospital*

²⁾ *Department of Respiratory Medicine, Yamanashi Prefectural Central Hospital*

Abstract

A 70-year-old man presented at our hospital with a 1-month-history of spiny keratotic lesion on the palms and fingers. He received chemotherapy for his lung poorly-differentiated squamous cell carcinoma (T4N2M0 stage III B) for 2 months. On histology, a parakeratotic column such as coronoid lamella with a diminished granular layer was noted. Neither dyskeratosis nor vacuolar change was found in the epidermis. He was diagnosed as spiny keratoderma and treated with 10% urea cream with no improvement. He passed away by lung carcinoma 1 month later.

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A case of aquagenic palmoplantar keratoderma

Nogita, Ayaka¹⁾ Nishiwaki, Kaoru¹⁾ Kawakami, Hiroshi¹⁾ Sakai, Noriyasu¹⁾ Harada, Kazutoshi¹⁾ Tsuboi, Ryoji¹⁾ Kusunoki, Toshio²⁾

¹⁾ *Department of Dermatology, Tokyo Medical University*

²⁾ *Tetsugakudo Kusunoki Dermatology Clinic*

Abstract

A 34-year-old man complained of hyperkeratosis and scale on his right palm. The symptoms were exacerbated by exposure to water. Hyperkeratosis was also observed at the left palm and right sole during childhood but the eruption have improved in adolescence without treatment. The lesions changed to maceration after 5 minutes of exposure to water and resolved within 30 minutes drying. This phenomenon is known as a “hand-in-the-bucket” sign. Based on these findings, we diagnosed this case as aquagenic palmoplantar keratoderma.

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A case of enlarging rhabdomyomatous mesenchymal hamartoma(RMH) in 2 yearsKatayama, Hiroki¹⁾ Akimoto, Norihide¹⁾ Yoon, Sunyoung¹⁾ Abe, Humito¹⁾ Mitsuyama, Shinji¹⁾ Kimura, Masaaki¹⁾ Higuti, Tetsuya¹⁾¹⁾ *Department of dermatology, Toho University Sakura Medical Center***Abstract**

We report a case of a 14-years old healthy male presented with a soft tissue mass in the subcutaneous of median part of mandibular. Histopathological finding revealed disorganized bundles of mature skeletal muscle in the dermis extending into subcutaneous tissue and intermingled adipose tissue elements. After 2 years from diagnosis, an increase of tumor was observed. So far, about 47/cases of rhabdomyomatous mesenchymal hamartoma (RMH) have been reported in the literature, however no case of the enlargement of RMH was not found.

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A case of Acral pseudolymphomatous angiokeratoma of children (APACHE)Kobayashi, Maasa¹⁾ Kawase, Masaaki¹⁾ Etoh, Takafumi¹⁾ Ito, Keigo²⁾¹⁾ *Division of Dermatology, Tokyo Teishin Hospital*²⁾ *Department of Dermatology, The Jikei University School of medicine***Abstract**

A 24-year-old female complained of papules on the right hand, which had been appeared repeatedly for 1 year, and any oral and external medicine was not effective. Histological examination revealed a degeneration of basal layer of epidermis and a band like lymphocytic infiltrate in the upper dermis, consistent with acral pseudolymphomatous angiokeratoma of children. We prefer the term 'papular angiolymphoid hyperplasia' for this entity, as our case was adult, lack of clinical and histological angiokeratomatous features, and many cases of non-acral lesions were reported.

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A case of rippled pattern sebaceomaTsuboko, Tomoko¹⁾ Asakage, Yoko¹⁾ Sawada, Mizuki¹⁾ Tanaka, Masaru¹⁾ Fujibayashi, Mariko²⁾ Mogami, Mariko³⁾¹⁾ *Departments of Dermatology, Tokyo Women's Medical University Medical Center East*²⁾ *Departments of Pathology, Tokyo Women's Medical University Medical Center East*³⁾ *Department of Plastic Surgery, Tokyo Women's Medical University Medical Center East***Abstract**

A 33-year-old man presented with a rose-pink 17 mm nodule on the scalp, which had been gradually enlarging for ten years. The elastic firm nodule was smooth-surfaced and showed a yellowish area and telangiectasia. Dermoscopy revealed linear and arborizing vessels peripherally with a pinkish background and yellowish area with multiple white dots in the center. Histopathological examination showed multiple nests of basaloid cells in the dermis, which partly showed differentiation towards sebocytes and a typical rippled pattern.

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A case of angiolymphoid hyperplasia with eosinophilia presented with multiple nodules spreading from the forehead

Nakagawa, Yukinobu¹⁾ Okada, Midori¹⁾ Kitaba, Shun¹⁾ Tarutani, Masahito¹⁾

¹⁾ *Department of Dermatology, Kinki Central Hospital*

Abstract

A 80-year-old woman suffering from recurrent pleural effusion and an ovarian tumor developed with multiple red nodules on his forehead. Histopathological examination revealed an inflammatory infiltrate composed of lymphocytes and eosinophils, and the proliferation of blood vessels lined by plump endothelial cells. Immunohistochemical findings showed that these endothelial cells were positive for CD34. A diagnosis of angiolymphoid hyperplasia with eosinophilia was made. The patient was treated with steroid ointment and local steroid injection, but the treatments were not effective.

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A case of eccrine angiomatous hamartoma

Yashiro, Kiyoshi¹⁾ Kasai, Hiroko¹⁾ Obata, Shoko¹⁾ Kawahara, Yoshie¹⁾

¹⁾ *Department of Dermatology, Keiyu Hospital*

Abstract

Eccrine angiomatous hamartoma (EAH) is a rare benign cutaneous tumor characterized by the proliferation of eccrine structures and vascular elements. 37-year-old Japanese woman presented with light brown nodule on the left palm. There was hyperhidrosis but no hypertrichosis nor tenderness on the nodule. Histological examination showed the proliferation of eccrine glands and ducts and blood vessels in the subcutis, which are characteristic histological findings of EAH. It was unique that our case showed a large amount of mucin deposition in the dermis and around the proliferating eccrine glands.

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A case of white fibrous papulosis of the neck

Fukuda, Hidetsugu¹⁾ Enomoto, Yasunori²⁾ Takahashi, Misaki¹⁾

¹⁾ *Department of Dermatology, Toho University Ohashi Medical Center*

²⁾ *Department of Pathology, Toho University Ohashi Medical Center*

Abstract

White fibrous papulosis of the neck (WFPN) is white, non-follicular, clearly demarcated papules on the neck in elderly persons. Here, we report a relatively young case of WFPN. A 37-year old woman presented to our hospital with a two-year history of an asymptomatic, white papules on her neck. Histopathological examination revealed a relatively well-circumscribed areas consisting of thickened collagen bundles in the upper to mid-dermis. On the basis of these findings, the patient was diagnosed with WFPN. Physiological aging was regarded as the cause, but WFPN was also supposed by a factor of ultraviolet rays as a development mechanism.

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Six cases of cutaneous B-cell pseudolymphomaMizuno, Takashi¹⁾ Hasegawa, Akio²⁾¹⁾ *Department of Dermatology, Odawara Municipal Hospital*²⁾ *Department of Diagnostic Pathology and Laboratory Medicine, Odawara Municipal Hospital***Abstract**

We report six cases of cutaneous B-cell pseudolymphoma (CBPL). Two cases had a single lesion and four had multiple lesions. Four cases showed spontaneous remission. Histopathologically, two cases showed top-heavy infiltration and four showed bottom-heavy infiltration; of the latter cases, two showed diffuse infiltration and two showed follicle formation with germinal centers. Immunohistochemically, in two cases which showed bottom-heavy infiltration and follicle formation with germinal centers, the germinal centers showed positive staining for bcl-6 and MIB-1, and negative staining for bcl-2, which is the typical immunohistochemical staining pattern of CBPL. In only one case, the gene rearrangement of the immunoglobulin heavy chain was investigated and was negative.