

◇ Case Report

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A case of cutaneous nocardiosis on the dorsum of the nose by *Nocardia brasiliensis*Sasaki, Yu¹⁾ Yoshida, Tetsuya¹⁾ Saito, Yuko¹⁾ Yamamoto, Sakiko¹⁾ Sato, Tomotaka^{1, 2)}¹⁾ *Department of Dermatology, National Hospital Organization Tokyo Medical Center*²⁾ *Department of Dermatology, Kitasato University Kitasato Institute Hospital***Abstract**

A 78-year-old male with rectal carcinoma developed a growing cutaneous ulcer on the dorsum of the nose, which had occurred after falling down on the entrance floor at his home approximately a month before. The cutaneous ulcer was 15×10 mm, irregularly shaped, and accompanied by surrounding redness, swelling, tenderness, and purpura. Cultivation survey and histological examination revealed cutaneous nocardiosis. The bacterial species was finally identified as *Nocardia brasiliensis* by 16S rRNA genetic analysis. The cutaneous ulcer was not responsive to oral levofloxacin or topical silver sulfadiazine cream; however, treatment with oral minocycline for 20 days resulted in a cure.

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A case of eosinophilic pustular folliculitis on dorsum of noseKurita, Ryoji¹⁾ Yamamoto, Yosuke¹⁾ Togawa, Yaei¹⁾ Matsue, Hiroyuki¹⁾¹⁾ *Department of Dermatology, Chiba University***Abstract**

A 62-year-old male with a history of stomach ulcer presented with a 1-month history of pustules and erythema on the nose. At medical examination, erythema and pustules with a tendency to central healing were found on the dorsum of nose. Histological examination revealed pustules with numerous eosinophils in the hair follicle funnel. Depending on the clinical examination and histological findings, we diagnosed him as eosinophilic pustular folliculitis. He was treated with topical tacrolimus ointment and oral roxithromycin. Pustules and erythema had improved remarkably within 1 month of the therapy. Topical tacrolimus ointment and oral roxithromycin may become an effective treatment choice for eosinophilic pustular folliculitis with less side effects.

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A case of Sjögren's syndrome presenting with acne-like eruptionsHamasaki, Youichiro¹⁾ Hayashi, Shujiro¹⁾ Hatamochi, Atsushi¹⁾¹⁾ *Department of Dermatology, Dokkyo Medical University***Abstract**

We report the case of a 61-year-old woman with Sjögren's syndrome who presented to us with acne-like eruptions on her face. She gave a history of having had small red papules on her cheeks, nose and eyelids for about 2 and a half years. Biopsy of the red papules revealed dense nodular lymphocytic infiltration of the middle dermis with lymphoid follicle formation. Lymphocytic infiltration surrounding the eccrine glands was also noted. There were no atypical lymphocytes examination revealed CD20- and CD79a- positive B cells at the center of the follicles, which were surrounded by CD4- and CD5- positive T cells. The findings of the acne-like eruptions were considered to be compatible with the diagnosis of pseudolymphoma associated with Sjögren's syndrome.

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A case of rosacea with vitiligo vulgaris

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Abstract

A 62-year-old man with vitiligo vulgaris noticed erythema on his right wing of the nose 1 month before his first visit to our clinic. It gradually enlarged, and became a golf ball-sized mass with telangiectasis on his cheek. He was diagnosed with rhinophyma histopathologically. Treatment was started with oral roxithromycin, diaminodipenil sulfone, and tetracyclin ointment. After that, he recovered in 7 months. He had been exposed sunlight occupationally. We suspect that acute developing rhinophyma is associated with vitiligo vulgaris and sunlight exposure.

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Ophthalmoplegia and ocular lesions caused by herpes zoster ophthalmicus

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Abstract

An 80-year-old male was referred to our clinic for painful rash of the face and visual disturbance. Vesicular erythematous lesions with bloody crust distributed on the dorsum of the nose and inner canthus area suggestive for Hutchinson's sign. Vesicular lesions spread through the body, and inclusion bodies were identified in the vesicles. The right eyelid didn't move with conjunctivitis and keratitis. The right eye movement disorder was suggestive for III, IV and VI nerve injury. The skin lesions responded to intravenous acyclovir, but it took 7 months for recovery of the corneal lesions, and 3 months for eye movement.

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A case of cutaneous vasculitis with purpura on the face

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Abstract

A 37-year-old male developed purpura on his nose, trunk, and limbs. He also had ulcers in his mouth and nodule on his tongue. Histological examination revealed leukocytoclastic vasculitis in dermis but there was no granulomatous changes. Any types of antibody were not presented in direct immunofluorescence. Necrotic changes of the skin were progressing rapidly and were not responding to steroid pulse therapy. Finally, we needed two courses of cyclophosphamide pulse therapy to get a remission. This case was not categorized in any known vasculitis involving small cutaneous vessels.

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A case of nodular localized cutaneous amyloidosis on the right ala of noseNishihara, Yoshimi¹⁾ Tabata, Atsuko¹⁾ Ikeda, Hiroshi¹⁾ Kabasawa, Mikako¹⁾ Tanaka, Atsushi¹⁾¹⁾ *Department of Dermatology, Kameda Medical Center***Abstract**

A 79-year-old man presented with a waxy nodule on the right ala of the nose. The deposits of amyloid were present in the whole dermis and also around the wall of blood vessels. Systemic involvement has not been observed to date.

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Pedunculated epidermal cyst of the nasal alaHirano, Tomoko¹⁾ Murata, Satoru¹⁾ Fusumae, Takayuki¹⁾ Maekawa, Takeo¹⁾ Komine, Mayumi¹⁾ Ohtsuki, Mamitaro¹⁾¹⁾ *Department of Dermatology, Jichi Medical University***Abstract**

A man in his early seventies presented with a nodule on his left nasal wing, reportedly with gradual growth for 8 years. The nodule was pedunculated, 14-mm in diameter, and reddish brown. Dermoscopy revealed irregular vessels on the surface. The lesion was surgically removed and histopathologically diagnosed as an epidermal cyst. Pathological findings showed partial differentiation to a hair follicle, which suggested the possibility that it had originated as a folliculosebaceous cystic hamartoma. Pedunculated epidermal cysts are rare, but have been reported. Based on descriptions from these reports, and our own findings, we hypothesize that the cyst developed against the nasal cartilage, outgrew the small area of poorly elastic skin of the nose, and gradually increased in size, being contained by the fibrotic tissue of the encapsulating cyst wall.

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Trichofolliculoma which needed differential diagnosis with keratoacanthomaShiraki, Naoko¹⁾ Muto, Mayuko¹⁾ Morita, Miho¹⁾ Sato, Kanji¹⁾ Saito, Norimitsu¹⁾ Moriyama, Masami²⁾¹⁾ *Department of Dermatology, Yokohama Rosai Hospital*²⁾ *Moriyama Dermatology Clinic***Abstract**

A 33-year-old male with trichofolliculoma on his right side of nose wing. On clinical examination, this tumor which needed differential diagnosis with keratoacanthoma. On histopathological examination, a cystic space lined by squamous epithelium represented a “primary” hair follicle. Radiating from the wall of the “primary” hair follicle, epithelial strands with hair differentiation interconnect the “secondary” hair follicles. Trichofolliculoma is a rare benign tumor found around nose. The clinical and histopathological feature of trichofolliculoma are discussed.

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A case of trichodiscoma

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Abstract

A 73-year-old man presented with a 6 mm-sized dome-shaped nodule of 3 years duration on the nose. Histopathological examination revealed a circumscribed proliferation of fibrous tissue surrounded by banana-shaped sebaceous lobules. Elongation of epithelial cords was observed in the periphery of the nodule. Immunohistochemically, the spindle cells in the fibrous tissue were CD34-positive. Based on clinical and pathological findings, we diagnosed the nodule as trichodiscoma. Trichodiscoma and fibrofolliculoma are on the same spectrum. The present case showed pathological features of not only trichodiscoma but also fibrofolliculoma.

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A case of palisaded encapsulated neuroma (PEN)

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Abstract

A case of palisaded encapsulated neuroma (PEN) is as presented. An 82-year-old woman is presented with a smooth nodule on the right nostril, enlarging over several years. PEN is a benign neural tissue tumor which occurs most frequently on the face. Histological examination revealed a well-circumscribed nodule in the dermis that is composed of interlacing fascicles of spindle cells. The cells were positive for S-100 protein. In addition, axons stained with neurofilament stain and the surrounding tissue show as EMA positive. These immunohistochemical studies were used to distinguish between traumatic neuroma, neurofibroma, or schwannoma.

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A case of cutaneous myxoma

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Abstract

A 44-year-old man presented with a mass on his right ala of nose that had grown gradually since 4 years before. Physical examination revealed a 11x12mm in size, hemispherical, flesh tint, elastic soft nodule with smooth surface. The mass was surgically excised with rhomboid flap. Histopathological examination revealed spindle tumor cells were in the mucious matrix, which showed positive reaction of alcian-blue stain, from the dermis to the subcutaneous adipose tissue. Immunohistochemical finding showed positive reaction for CD34, vimentin, and lack of S-100, desmin, and α -SMA. A diagnosis of cutaneous myxoma was made.

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Two cases of basal cell carcinoma with ossification

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Abstract

An 86-year-old female presented with a light brown 10×7 mm nodule with blood crust at the periphery on the left nasal wing, which had been bleeding easily for several months. Dermoscopy revealed arborizing vessels and multiple blue-gray globules with a background of diffuse hypopigmentation. An 84-year-old female presented with a skin-colored and slightly depressed 14×13 mm nodule on the left nasal wing, which had been repeatedly bleeding and crusting for several months. Dermoscopy revealed arborizing vessels, multiple blue-gray globules, and ulceration. The both cases showed basaloid proliferation of tumor nests with partial continuity to the epidermis and showing palisaded arrangement at the periphery of the nests. There were eosinophilic amorphous structures in the vicinity of the tumor nests in the dermis, suggesting secondary ossification. Diagnoses of basal cell carcinoma with ossification were established in the both cases.

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Three cases of reddish basal cell carcinoma on the nose

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Abstract

Case1 was an 81 year-old man, who presented with a reddish nodule on the left nose. Dermoscopy showed arborizing vessels and blue-gray globules. Histopathological examination revealed that the tumor cells showed peripheral palisading, and retraction artifacts were observed around tumor nests. Case2 was an 82 year-old man, who presented with a reddish nodule with crust on the right nose wings for 3 years. Dermoscopy showed arborizing vessels and blue-gray globules. Histopathological examination showed basaloid and basosquamous tumor nests, with showing peripheral palisading. Case3 was an 88 year-old man, who presented small ulceration on the right root of nose. Dermoscopy showed ulceration, blue-gray globules. Histopathological examination showed basaloid tumor nests in the upper dermis, with fibrotic stroma.

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A case of metastatic tumor on the nasal ala as an initial apparent sign of esophageal cancer

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Abstract

A 70-year-old man presented to our department with a 1-month-history of a nodule on the right ala of his nose. Histologically, the lesion was metastatic carcinoma. From the result of FDG-PET/CT, esophageal carcinoma was suspected to be the primary lesion, and endoscopic biopsy revealed squamous cell carcinoma in the esophagus. Radical therapy was not indicated because of multiple metastasis, thus 40Gy of X-ray was irradiated on the nasal tumor palliatively. The tumor on the nose reduced in size by radiation, however the patient died of esophageal cancer 10 months after the first visit.

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A case of the extranodal NK/Tcell lymphoma,nasal type that first appear the redness of the root of nose to eyelid

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Abstract

An 82-year-old man had been noticed erythema of the nose since five months. He visited our department because the lesion rapidly extended with erosion and swelling of the eyelid. Although antibiotics and antiviral agents were administered under the tentative diagnosis of erysipelas or herpes zoster, they were ineffectual. Histological examination revealed the nodular infiltration of lymphoid cells in the dermis and subcutaneous tissue, preferentially perivascular area. Most of lymphoid cells expressed CD56, EBER, Granzyme B and Ki-67 over 90%. The diagnosis of extranodal NK/T cell lymphoma (ENKL) nasal type was made, and the combination of DeVIC therapy with radiotherapy was performed. Then the patient was in remission. Our case does not show any nasal lesion with nasal discharge, bleeding, and/or nasal congestion, while over 70% of ENKL are associated with nasal lesions. Clinical findings of our case mimicked infectious disease such as erysipelas and herpes zoster.