

◇ Case Report

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A case of a mass occurrence of skin lesions caused by *bindii* (*soliva sessilis*)Fukuro, Shuhei¹⁾¹⁾ *Fukuro Dermatology Clinic***Abstract**

One teacher and 12 students belonging to the same school visited for skin wounds caused by prickles of bindiis growing in the wild at the venue of a soccer tournament held the previous day. Multiple erythematous lesions accompanied by pain were observed in the exposed areas of the skin, such as the hands and knees, in all the subjects. Bindii is a naturalized plant of South American origin, belonging to the family Asteraceae, that grows in grass areas, parks, etc., mainly in western Japan. Although the symptoms are minor, information about bindii needs to be disseminated among medical professionals, because of the scant level of awareness prevailing about this plant and its effects.

〈本文p.361～364〉

Two cases of erythema nodosum induced by exacerbation of ulcerative colitisUmemoto, Junichi¹⁾ Takahashi, Kazuo¹⁾¹⁾ *Department of Dermatology, Fujisawa City Hospital***Abstract**

A 84-year-old female and a 51-year-old female with exacerbation of ulcerative colitis developed large erythema nodosum on their legs. We confirmed the exacerbation of ulcerative colitis by colonoscopy. We examined about the relationship between ulcerative colitis and erythema nodosa by comparing the past reports. Large erythema nodosum is often a feature of the exacerbation of ulcer colitis and large erythema nodosum is useful to find the exacerbation of ulcer colitis.

〈本文p.365～368〉

A case of erythema nodosum in a patient with ulcerative colitisHiraiwa, Tomoko¹⁾ Yamamoto, Toshiyuki¹⁾¹⁾ *Department of dermatology, Fukushima Medical University***Abstract**

A 39-year-old man was diagnosed with ulcerative colitis in 2010 and treated with oral steroid, azathioprine and anti-TNF- α drugs. In February 2014, anti-TNF- α therapy was discontinued and azathioprine was reduced due to colonic cystocele fistula and abdominal abscess, and gastrointestinal symptoms were gradually worsened. Since early March, painful erythema with subcutaneous induration appeared on the legs. We diagnosed it as erythema nodosum by histological examination. One week later, each erythema expanded to efferent and coalesced with each other. Ten days after the first visit, subtotal removal of large intestine was performed, and then the skin lesions were spontaneously disappeared. In our case, cutaneous manifestations correlated with the condition of ulcerative colitis.

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A case report of erythema induratum of Bazin

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Abstract

The patient was a 53-year-old man with a family history of tuberculosis (father and wife). The initial diagnosis was erythema nodosum in both lower legs. However, subcutaneous induration and ulcers occurred thereafter, and he had positive results in the QuantiFERON test. Therefore, a diagnosis of erythema induratum of Bazin was made.

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Erythema induratum of Bazin eventually diagnosed after successful treatment with anti-tuberculosis drugs

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Abstract

A 61-year-old female was referred because she had developed multiple erythematous nodular eruption with tenderness on her both legs 10 months before her visit. She was diagnosed erythema nodosum at another hospital 5 months ago, but all treatments were ineffective. A skin biopsy revealed lobular panniculitis with neutrophilic infiltration and granulomatous inflammation. These findings led us to suspect erythema induratum of Bazin. Tuberculin reaction and T-spot were positive. CT scan showed a solitary pulmonary micronodule which was not typical findings of pulmonary tuberculosis. Diagnosis of erythema induratum of Bazin was eventually made after all nodules disappeared by anti-tuberculosis drugs.

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A case of subcutaneous nodular fat necrosis prior to acute pancreatitis

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Abstract

A 58-year-old male noticed painful erythema and subcutaneous nodules on the lower legs two weeks ago. One week later, he developed acute pancreatitis, and we made a diagnosis of subcutaneous nodular fat necrosis based on the result of skin biopsy. We reviewed the 87 cases of subcutaneous nodular fat necrosis reported in Japan between 1990 and 2016. In 54(62%) of the cases, the skin eruption occurred before pancreatic diseases, and in most of those cases, the skin eruption appeared within one month before the diagnosis of pancreatic disease was made. An antecedent skin eruption was seen in most of the cases of chronic pancreatitis (13/15, 87%) and primary or metastatic pancreatic cancer (19/28, 68%), which tend to be subclinical. It should be noted that subcutaneous nodular fat necrosis can be the skin manifestation of subclinical pancreatic diseases.

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A case of subcutaneous fat necrosis with acute pancreatitis

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Abstract

A 76-year-old man presented with acute pancreatitis. He developed nodular eruptions on his legs, during his medical treatment for pancreatitis. A month later, nodular eruptions appeared on his arm and he experienced pain on his finger joint. The biopsy specimen revealed the presence of ghost-like fat cells having no nuclear staining in the foci of fat necrosis surrounded by neutrophils and lymphoid cells. The biopsy diagnosis was subcutaneous fat necrosis. We continued therapy for pancreatitis. His nodular eruptions decreased after 3 months. It was observed that acute pancreatitis occurred repeatedly, however, nodular eruptions were never observed as stated in the previous studies.

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A case of polyarteritis nodosa with myalgia and arthralgia diagnosed with livedo reticularis

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Abstract

A 78-year-old man suffered from lower extremity myalgia and arthralgia since 10 years ago. When he admitted to our hospital, he showed livedo reticularis, pale erythema, and purpura on lower extremities. According to skin biopsy and other several examinations, he was diagnosed with polyarteritis nodosa. Without any visceral organ involvement, we could also diagnose him as cutaneous polyarteritis nodosa. Oral prednisolone therapy and intravenous cyclophosphamide pulse therapy markedly improved his symptoms. Accordingly, we considered that with such a case, sufficient amount of treatment, including a high-dose of prednisolone, is needed and when the effect is insufficient immunosuppressant therapy, such as cyclophosphamide, is required.

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Two patients with vulvar lipoma

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Abstract

Herein, we describe two patients with vulvar lipoma and present a review of the literature. A 36-year-old woman presented with a subcutaneous nodule located in the medial area of the right inguinal region that had persisted for one month. Under local anesthesia, we removed a membrane-covered lipoma measuring 11×10-mm. A 33-year-old woman presented with a subcutaneous nodule located adjacent to the clitoris, which had persisted for a few years, and recent perilesional pain. Under local anesthesia, we removed a membrane-covered lipoma measuring 80×10 mm that followed the line of the labia major.

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A case of cystic eccrine spiradenoma

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Abstract

A 54-year-old male noticed a painful subcutaneous nodule in the left forearm five years ago. Histopathology showed a nodular proliferation of basophilic cells, in which a cystic structure was formed. Tumor cells formed duct like structures consisted of a typical “two cell pattern” : one with a large, pale nucleus locating inside of the ductal structure and the other with a small, dark nucleus locating periphery of the duct. We assumed that the cyst might be caused by bleeding into a duct structure, because the cyst wall was lined with a epithelia with two cell layer similar to the duct structure in the tumor.

〈本文p.397～400〉

A case of glomus tumor on the right forearm with unusual clinical manifestation

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Abstract

A 73 year old male presented to our department because of a painful tumor on the right forearm which persisted from seven years ago. The tumor flattened like hernia when it was pushed from the skin surface, and returned to the original size within a half minute when he put his arm down. From these features, some kind of hemangioma was suspected. Histologically, many capillaries dilated to the various size were seen in the proliferations of glomus cells, leading to the final diagnosis of glomangioma.

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A Two cases of recurrent skin-soft tissue infections caused by PVL positive MSSA

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Abstract

Both patients were healthy young adults without systemic complications except for atopic dermatitis in Case 2. They had no fever. Multiple painful more-intense erythema and nodules were seen including palms and soles. They recurrently appeared despite using effective antibiotics. PVL is a cytotoxin produced by *Staphylococcus aureus* especially by Community-acquired methicillin resistant *S. aureus*(CA-MRSA). As PVL can cause to severe infections such as necrotizing pneumonia, we should care to recurrent skin infections with more-intense erythema in healthy young adults, and the same treatment or environmental counterplan as CA-MRSA infections should be done even if MSSA infection.

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A case of pyoderma gangrenosum successfully treated with infliximabHayashi, Hiroaki¹⁾ Murakami, Mai¹⁾ Ishii, Manabu²⁾ Fujimoto, Wataru¹⁾¹⁾ *Department of Dermatology, Kawasaki Medical School*²⁾ *Division of Gastroenterology, Department of Internal Medicine, Kawasaki Medical School***Abstract**

A 37-year-old Japanese man visited to our department in May 2015 with painful erythema on his left foot. In 2010, he had been treated for ulcerative colitis (UC). Since steroid therapy did not improve his skin condition, treatment with infliximab was started. Infliximab was administrated at a dose of 5 mg/kg through intravenous infusion at weeks 0, 2, 6, 8, then weekly thereafter and to maintain a good clinical course of UC. We experienced a case of PG associated with UC refractory to steroid therapy. TNF- α blocking agents, infliximab dramatically improved his skin lesion.

〈本文p.409～412〉

A case of mamushi (*Gloydius blomhoffii*) biteFukuhara, Yui¹⁾ Kishida, Kousuke¹⁾ Oh-i, Tsunao¹⁾ Gondo, Masahide²⁾ Sugamata, Akira²⁾ Arai, Takao³⁾¹⁾ *Department of Dermatology, Hachioji Medical Center of Tokyo Medical University*²⁾ *Department of Plastic Surgery, Hachioji Medical Center of Tokyo Medical University*³⁾ *Department of Emergency and Critical Care Medicine, Hachioji Medical Center of Tokyo Medical University***Abstract**

A 13 year-old man was bitten by a mamushi in the dorsum of the right hand while he was going on a hike. Three hours after injury, He presented with swelling and pain of the dorsum of the right hand and forearm. He was given cepharanthine, hydrocortisone sodium phosphate and bothropic antitoxin. 30 minutes after coming to hospital, his swelling and pain got worse, we undertook relaxation incision on the dorsum of the hand and forearm. Histopathological examination revealed swelling of collagen fiber, hemorrhage and thickening of blood vessel wall. There have been no complications in his right hand.

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A case of Human adjuvant diseaseIto, Yuta¹⁾ Okumura, Keiko¹⁾ Kamiyama, Taisuke¹⁾ Otoshi, Sinpei¹⁾ Nakada, Tokio¹⁾¹⁾ *Department of Dermatology, Showa University Fujigaoka Hospital***Abstract**

A 87-year-old woman presented at the Dermatology Department with a 10-day history of painful rash on trunk. The patient also awarded general fatigue. Physical examination revealed infiltrative erythematous lesions on both sub-mammary regions. She underwent a breast augmentation mammoplasty 47 years ago. Foreign body granulomas with lymphocytes infiltration were noted histopathologically. After the surgical removal of the foreign bodies, she was cured promptly. We diagnosed as human adjuvant disease on the basis of findings described above. In this case, although injected substance was unclear, we speculated it was silicon.