◇Case Report

〈本文p.471～474〉

A case of cellulitis-like reaction after pneumococcal vaccination

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Abstract

A 64-year-old male with intestinal Behçet disease had been treated by 3mg of oral prednisolone. The next day after pneumococcal vaccination, mild redness and swelling with pain were appeared on the injection site of his upper arm. These symptoms were associated with fever, severe leukocytosis, and high value of inflammatory response. In spite of increased serum creatinine kinase level, necrotizing fasciitis was excluded from CT and good prognosis.

〈本文p.475～478〉

A case of Stevens–Johnson syndrome induced by edoxaban (LIXIANA)

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Abstract

A 71-year-old man visited to our hospital with complaints of generalized rash and high fever. Before his first visit to our clinic, physical examination have showed painful ulcers on the lips and the palate, and some erosions have appeared to his back and lumber. Because edoxaban, the fourth non-vitamin K antagonist oral anticoagulants, had been started to treat two weeks ago, the symptoms were suspected to be drug eruption. The Nikolsky's sign was observed, and the index of drug-induced lymphocyte stimulation test of edoxaban was high. As a result, we have diagnosed the patient as a case of edoxaban induced SJS.

〈本文p.479～482〉

A case of Stevens-Johnson's syndrome with severe liver dysfunction

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Abstract

A 52-year-old man who have been treated as schizophrenia developed sudden fever of over 39℃, diarrhea, conjunctive hyperemia and erythema with blisters on his face and trunk (under 3% BSA). In addition to these symptoms, blood test revealed severe hepatic dysfunction. He was diagnosed as Stevens-Johnson's syndrome, as his conjunctive ulcer reached throughout cornea and his oral mucous membrane was also involved. His symptoms except for liver dysfunction, were remarkably improved and healed with systemic corticosteroid therapy after two weeks hospitalization. Liver dysfunction (ALT：860 IU/L, T.BIL：25 mg/dl) was even worsened thereafter and it took 9 months to improve in normal level.

◇Case Report

〈本文p.483～486〉

A case of toxic epidermal necrolysis successfully treated by high-dose intravenous immunoglobulin

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Abstract

A 45-year-old man visited our hospital complaining of pruritic erythema on his neck and anterior chest 19 days after administration of lansoprazole, and 2 days after administration of zopiclone. On the day, drugs were discontinued. The next day, he developed a widespread skin eruption accompanied with a high fever of 39℃. Topical corticosteroid and oral antihistamines were started for the treatment. The next day, blisters and erosions were appeared on his body. Approximately 20% of the body surface area was detached. Histopathological findings of a skin biopsy demonstrated extensive epidermal cell necrosis and subepidermal blisters. He was diagnosed as TEN and treated with steroid pulse therapy. However, epidermal detachment progressed up to 60% of the body surface area. Two days after completing of steroid pulse therapy, high-dose intravenous immunoglobulin (IVIG)was administered. Progression of epidermal detachment ceased within 2 days after starting treatment of IVIG. He recovered without any adverse effect. Early administration of IVIG together with corticosteroids was suggested to be effective for ster-oidresistant TEN.

〈本文p.487～490〉

drug-induced hypersensitivity syndrome with pulmonary injury caused by carbamazepine

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Abstract

A 48-year-old female, changed her regular drug from valproic acid to carbamazepine for the treatment of epilapsy.25days later, patient developed oral erosion accompanied by fever. On the next day, she showed erythema on her whole body , cervical and inguinal lymphadenopathy, and abnormal liver enzymes.CT scanning revealed grond glass opacity on her both lung fields. Human Herpesvirus (HHV)-6 reactivation and drug-induced lymphocyte stimulation test (DLST) for carbamazepine were positive. Lung injury and other clinical symptom healed with an administration of prednisolone.

〈本文p.491～494〉

A case of drug-induced hypersensitivity syndrome due to diaphenylsulfone in a patient with Pyoderma gangrenosum

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Abstract

A 50-year-old female with pyoderma gangrenosum developed a fever and cervical lymphadenopathy after taking DDS for 15 days. She stopped taking DDS and the symptoms improved immediately. After stopping DDS for a week, she developed fever, cervical lymphadenopathy and erythema. Laboratory examination showed a leukemoid reaction with atypical lymphocytes and eosinophilia, liver dysfunction. We diagnosed as DIHS due to DSS and increased the dose of corticosteroids. One month after onset, the reactivation of HHV - 6 was revealed. We summarized 14 cases of DIHS in our hospital between 2011 and 2015.

◇Case Report

〈本文p.495～498〉

A case of adult onset Still's disease with prominent satellite cell necrosis

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Abstract

A 31-year-old woman with a 1-month history of generalized rash and pruritus developed a sore throat, a remittent fever of approximately 38° C–39° C, and joint pains. Palpable erythema and intensely pruritic red papules were observed over the trunk and limbs. Blood examination revealed neutrophil-dominant leukocytosis, liver dysfunction, and elevated ferritin levels. Histological findings revealed epidermal keratinocytic necrosis, degenerative liquefaction, and neutrophilic infiltration of the dermal upper layer. Based on these results, the patient was diagnosed with adult-onset Still's disease presenting with atypical eruptions. Treatment was initiated with 40 mg/day of prednisolone. Here we report this case along with a discussion of the literature.

〈本文p.499～502〉

Two cases of Adult-onset Still's disease with scratch dermatitis-like eruptions

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Abstract

Adult-onset Still's disease (AOSD) is characterized by high spiking fevers, joint pain and salmon-pink evanescent rash. Atypical, non-evanescent itchy rashes named persistent pruritic eruptions (PPE) are also common in AOSD, including scratch dermatitis-like eruptions. We herein report two cases of treatment-resistant AOSD (36-year-old female and 71-year-old female) with scratch dermatitis-like eruptions. Both patients experienced remittent fever, joint pain, high blood cell counts and high ferritin levels. Histological examinations showed single necrotic keratinocytes in the upper epidermis and perivascular lymphocytic infiltrations in the dermis. AOSD cases with scratch dermatitis-like eruptions while showing typical histological features of PPE were found difficult-to-treat.

〈本文p.503～506〉

Cogan's syndrome with the rapid onset of generalized pustules, sensorineural deafness, and visual impairment

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Abstract

A 60-year-old female presented with the rapid onset of high fever, hypoacusis, decreased visual acuity, and generalized erythema with pustule. Histological examination of pustule revealed that the dense inflammatory cells mainly composed of neutrophils were infiltrated into the epidermis and the upper dermis with nuclear dust. Also it presented leukocytoclastic vasculitis with vascular endothelial enlargement and fibrinous deposition. This case was specific with rapid progress and the generalized pustules.

◇Case Report

〈本文p.507～510〉

A case of Kawasaki disease with annular erythematous manifestation

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Abstract

A 2-year-10-month old boy presented with multiple irregular annular erythema with scale appeared on the face, trunk, and limbs on 3 days previous (day1) to the first visit of the department of pediatrics Fukuoka University hospital. The number of eruption had gradually increased, and high (> 40℃) fever and ocular conjunctival injection followed afterward. On day 3, he was diagnosed as having Kawasaki disease by a pediatrician and referred to the department of dermatology to evaluate the eruptions. Physical examination revealed multiple annular erythemas accompanied by mild hyperkeratosis on the face, trunk and limbs, in some of which they were merged. Histopathologically, the section from erythema on the thigh showed mild acanthosis, spongiosis with a few necrotic keratinocytes. Moderate inflammatory cells of lymphocytes, histiocytes and debris were seen mainly around the appendages and small vessels in the upper dermis. Administration of γ-globulin , followed by systemic corticosteroid (2mg/kg/day) hoped the skin rashes to fade at day 27. Various cutaneous manifestations of Kawasaki disease, such as erythema multiform-like, psoriasis-like, rubella-like, measles-like, have been reported in the literatures so far. Our case clinicaly resembled psoriasis, however the histopathological findings supported viral toxic eruption.

〈本文p.511～514〉

A case of Kawasaki disease with generalized pustular eruption

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Abstract

We report the case of an 11-year-old boy who presented with generalized pustular eruption. It was difficult to distinguish between Kawasaki disease and acute generalized exanthematous pustulosis (AGEP) . Other clinical findings included high body temperature for 5 days, indurated edema of fingers, strawberry tongue, and lymphadenopathy. Kawasaki disease rarely presents as a pustular eruption. However, the clinical criteria for diagnosis of Kawasaki disease were being met ; therefore, we established a diagnosis of Kawasaki disease.

〈本文p.515～518〉

Kawasaki disease in adult

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[2] *Department of Pediatrics, Yamanashi Kose Hospital*
[3] *Department of Cardiology, Yamanashi Kose Hospital*

Abstract

A 45-year old female was admitted to the hospital 2-day high fever and diffuse erythematous rash. She had congested conjunctivae, strawberry tongue, bilateral cervical lymphadenopathy, and edema and erythema of the palms and soles. On day 3, a diagnosis of Kawasaki disease was made and the patient was treated with aspirin. The fever disappeared and other clinical aspects started to improve. Echocardiography showed no abnormalities. Aspirin was continued for about five months, and she had no complication.

◇Case Report

〈本文p.519～522〉

A case of granulomatosis with polyangiitis.

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Abstract

We describe the case of a 52-year-old man with a 4-month history of hematuria and fever of undetermined origin. Several days before presentation, palpable purpura, numbness of the legs, and dysbasia had appeared. Histopathological findings of the purpura showed necrotizing vasculitis in the dermis. Serum antibodies against PR-3 ANCA was positive. Examinations revealed polyneuropathy, renal dysfunction, chronic sinusitis, otitis media, uveitis, scleritis. Computed tomography showed multiple nodular shadows in the lungs. Granulomatosis with polyangiitis was diagnosed. In cases of purpura of the legs with systemic symptoms, ANCA-associated vasculitis should be considered as a differential diagnosis.

〈本文p.523～526〉

A case of giant cell arthritis

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Abstract

We report a case of giant cell arteritis of 69-year-old male. He had a fever and malaise for two weeks and was admitted to the department of internal medicine of our hospital. Physical examination showed prominences and enlargements of bilateral temporal arteries and he was given a referral for our department to be performed a biopsy from the left superficial temporal artery. The biopsy tissue revealed arteritis in all layers of the vessel wall and multinucleated giant cells mainly in the tunica media. He was diagnosed as giant cell arteritis and treated with prednisolone and methotrexate.