◇Case Report

〈本文p.581～584〉

A survived case of diabetic non-clostridial gas gangerne

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Abstract

The patient was a 64-year-old female who had untreated diabetes mellitus. The redness and purpura of the left foot progressed rapidly, and she was admitted to our hospital. A CT scan revealed subcutaneous gas formation in the left foot. Culture of the pus from the left foot was positive for Streptococcus group G, Enterococcus faecalis and negative for Clostridium. Immediately, incision and drainage with extensive debridement of necrotic tissue were performed and antibiotics started. Three time-operations were done including amputation of fore foot and the wound healed with spilt thickness skin grafting. About 2 months later, she could left the hospital by her own foot.

〈本文p.585～588〉

A case of abdominal cellulitis occurring after lipectomy for lymphedema

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Abstract

Lipectomy has been described as a treatment option for end-stage lymphoedema. However, little is known about postoperative complications such as skin infections. We herein report a 59-year-old Japanese female who developed abdominal cellulitis after 8 months of lipectomy against abdominal lymphoedema.

〈本文p.589～592〉

Hidradenitis suppurativa on the back accompanied by obesity disease

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Abstract

51-year-old obese man presented to my clinic with painful abscess on his left scapular region and groin. He also had acneiform eruptions and comedones on his back. I diagnosed this case as hidradenitis suppurativa spreadding to the back. He was suffered from the obesity disease, his body weight was 156.6 kg and his BMI was 49.0 kg/m^2. Acanthosis nigricans also revealed on his face, axilla and groin. I supposed that these skin manifestations are related to the obesity. The anti-inflammatory effects of local steroid injection was useful for the pyoderma in acute exacerbations.

◇Case Report

〈本文p.593～596〉

A case of cholesterol granuloma on the nose

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Abstract

A 71-year-old female presented with a yellowish-brown papule on her nose, which contained yellowish creamy material. Histopathological examination revealed cholesterol crystal deposition in dermis and infiltration of histiocytes and multi-nucleated giant cells surrounding the needle-shaped cholesterol clefts. She was diagnosed with cholesterol granuloma. Cholesterol granuloma occurs due to cholesterol deposition derived from inflammation or bleeding. Although the relation between hyperlipidemia and cholesterol granuloma is still unknown, the patient has hyperlipidemia and eyelid xanthoma. Eyelid xanthoma, caused by cutaneous cholesterol deposition, has been known to be related to hyperlipidemia. Therefore, in the present case, hyperlipidemia may possibly related to development of cholesterol granuloma.

〈本文p.597～600〉

A case of acquired reactive perforating collagenosis

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Abstract

A 58-year-old Japanese male who had type Ⅱ diabetes mellitus (DM) for 2 years came to our hospital complained of an itchy rash on the limbs and trunk three months before visiting us. On his first visit, we observed scattered crusted papules with central recession on upper limbs, thighs, chest and abdomen. On histopathological examination, transepidermal elimination (TEE) of collagen fibers in the dermis was observed. On the basis of these findings, we diagnosed this case as acquired reactive perforating collagenosis (ARPC). Because ARPC is commonly associated with DM or chronic kidney disease (CKD), our case is considered to be related to type Ⅱ DM for 2 years.

〈本文p.601～604〉

A case of type II Kounis syndrome induced by wheat allergy

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Abstract

Kounis syndrome has been defined as an acute coronary syndrome that manifests as unstable vasospastic or non-vasospastic angina, and even as acute myocardial infarction. It is continuously triggered by the release of inflammatory mediators following an allergic insult. A-61-year-old man who had wheat allergy were suffering from anaphylaxy shock after eating Japanese wheat noodle. He was diagnosed as anaphylaxy shock, and epinephrine was administered. Once he got relieved, but he suffered from acute myocardial infarction 5 minutes after administration of epinephrine. It is important to observe the patients suffering from anaphylaxy shock whether they will develop acute myocardial infarction or not.

◇Case Report

〈本文p.605～608〉

A case of prurigo pigmentosa occurring during low-carbohydrate diet

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Abstract

A 43-year-old woman was referred to our dermatology clinic with a 2-week history of a pruritic eruption involving the chest, back, and waist. She had started a low-carbohydrate diet 7 weeks earlier and had lost 12 kg in this duration. The patient was initially treated with topical steroids in a local clinic；however, the treatment did not improve the skin lesions. Physical examination revealed erythematous papules and pigmented macules arranged in a reticular pattern on the back and waist. Blood ketone levels were markedly elevated（2137 μmol/L：normal ＜130 μmol/L）, indicating ketosis. A biopsy specimen obtained from a reddish papule revealed liquefaction degeneration of the basal layer in the epidermis and an inflammatory infiltration of lymphocytes with eosinophils in the superficial dermis. A diagnosis of ketosis-associated prurigo pigmentosa（PP）caused by the low-carbohydrate diet was made. Treatment with minocycline and diet modification resolved the skin lesions.

Ketosis, resulting from diet or diabetes, has been reported to be an important cause of PP. Considering that low-carbohydrate diet has recently become popular in Japan and can easily cause ketosis, we need to be aware of patients with PP following a low-carbohydrate diet.

〈本文p.609～612〉

Three cases of sclerederma with immunohistochemical examination

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Abstract

We report three cases of sclerederma who complained the hardness of the posterior neck or upper back. One case had a complication with type 2 diabetes mellitus treated by insulin, while two were suspected to be boundary type of diabetes which were revealed by 75 g oral glucose tolerance test. In all cases, histopathological examination showed glycosaminoglycan deposition between thickened collagen fibers in the deep dermis. Staining with picrosirius under a polarizing microscope demonstrated diagonally running collagen fibers. One case was treated by topical corticosteroids with topical 308 nm Excimer UV light and oral vitamin E, but not effective.

〈本文p.613～616〉

A case of venous leg ulcer successfully treated with negative pressure wound therapy

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Abstruct

A 50-year-old male presented with a 20-cm in diameter ulcer on his outside of left lower leg. The ulcer was accompanied by necrotic tissue and extensive effusion. Histological examination revealed hyperplasia and meandering of vessels and sclerosis in dermis. There were no malignancy and vasculitis. We suspected that venous return failure of the legs was caused by massive ascites, left hemiparesis and morbid obesity. Negative pressure wound therapy was effective preparation of the wound bed and support of the skin grafts at the recipient sites for venous leg ulcer such as our case.

◇Case Report

〈本文p.617～620〉

Multiple subcutaneous granuloma annulare on the forearm and knee joint of the adult female case

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[2)] *Department of Dermatology, Jichi Medical University Saitama Medical Center*

Abstract
A 66-year-old Japanese female presented multiple painless subcutaneous nodules on the left forearm, bilateral fingers and left knee joint. She has been treated for diabetes mellitus and hypertension. Skin biopsy revealed palisading granuloma in the dermis and subcutaneous tissue. We diagnosed this case as subcutaneous granuloma annulare. Skin lesions gradually improved, but small lesions were persistent. This is typical adult case of subcutaneous granuloma annulare. We should take care of subcutaneous nodules of the diabetic mellitus patient.

〈本文p.621～624〉

Two cases of carbuncle in the patient with diabetes mellitus

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Abstract
Carbuncle is a deep seated mass of fistulous tract connected between infected hair follicles which has multiple pustular openings onto the skin. Herein, we describe two cases of carbuncle with diabetes mellitus. (Case 1) A 75-year-old diabetic man presented to our hospital with a painful erythematous swelling associated with multiple pustules on his back, which he had noticed 3 days earlier. (Case 2) A 54-year-old diabetic woman presented to our hospital with a painful erythematous swelling associated with multiple pustules and oozing pus on her back, which she had noticed 1 month earlier. On the basis of these findings, the patients were diagnosed with carbuncle. Patients were treated with intravenous antibiotics and blood glucose control and the symptoms had healed.

〈本文p.625～628〉

A case of diabetes mellitus with diabetic scleredema and clear cell syringoma

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Abstruct
We report a 60 years old male with diabetic scleredema and clear cell syringoma. He had a history of type II diabetes mellitus of 12 years' duration. Physical examination showed multiple, oval, brown, soft nodules (2 to 3 mm) on the bilateral lower eyelid. And he had an indurated, painless and ill-defined plaque on the skin of the upper back. Histological findings from the eyelid showed numerous tubular structures in single and double rows in the upper layer of the dermis, which consisted of clear cells containing glycogen in the alveolar. Skin biopsy was also performed from the upper back, and histology showed thickened collagen bundles separated by spaces filled with mucin deposition in the dermis.

◇Case Report

〈本文p.629～632〉

A case of insulin ball exhibiting reduction of size by the adequate guidance of insulin injection

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Abstract

A 74-year-old old man with type 2 diabetes mellitus presented subcutaneous nodules at both side of lower abdomen. He had continuously injected insulin at the same location for 32 years. Histological examination showed the deposition of amorphous structure through the lower dermis to subcutaneous tissue. Deposition of insulin amyloid was detected by Congo red staining and anti-insulin monoclonal antibody. The insulin injection sites were changed to thighs from abdomen, and moderate control of diabetes mellitus has been acquired during 4 years observation. Furthermore, the reduction of size of insulin ball was confirmed by computed tomography.

〈本文p.633～636〉

A case of chronic obesity lymphoedematous mucinosis appearing within a few months

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[3] *Department of Pathology, Matsumoto Medical Center*

Abstract

A 55-year-old man was diagnosed with type II diabetes mellitus about 10 years previously. However, he rejected treatment. In 2007, he was hospitalized for treatment of diabetic gangrene in both all digits of foot. After completion of treatment and release from hospital, he rejected dietetic therapy. His body weight increased by 2 kg in 1 month. Eight months later, the patient was taken to hospital due to diabetic renal failure. His weight had increased from 65 kg at discharge to 93 kg. At this time, a few egg-sized plaques were found on both lower thigh. Mucin was found in the reticular dermis and around the vessels in the biopsy specimen.

〈本文p.637～640〉

A case of lipohypertrophy at the site of insulin injection

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Abstract

A 74-year-old man had been treated with insulin for 25 years after total pancreatic extirpation for pancreas cancer. In 2015, he was hospitalized for improved blood sugar control and the tumors were discovered in his abdomen, arms and thighs where insulin was injected. On histological examination the mass was not found a deposit of amyloid in the dermis. So we diagnosed insulin-induced lipohypertrophy. After he changed sites of injection, the tumors decreased in size and we succeeded in keeping his blood sugar level stable. Both lipohypertrophy and localized amyloidosis “insulin ball” are known as adverse reaction of insulin injection, and injection into the mass can result in insulin resistance. Distinguishing them is very important for glycaemic control. After diagnosis, it is necessary to lead patients using of different sites for injection by cooperating with internal medicine physicians.