

◇ Case Report

〈本文p.925～928〉

Basal cell carcinoma arising by seborrheic keratosis in renal transplant recipientMori, Shoichiro¹⁾ Yoshikawa, Michiko¹⁾ Fujishiro, Rika¹⁾ Suzuki, Noriyuki¹⁾ Yamada, Motohito¹⁾¹⁾ *Department of Dermatology, Toyohashi Municipal Hospital***Abstract**

A 65-year-old male who had received a renal transplantation before 7 years developed a dark brown gourd-shaped nodule and small ulcer on his face. Histological examination revealed basal cell carcinoma (BCC) and seborrheic keratosis (SK) in the same lesion. We think that BCC arised by SK, and they made collision tumor. He has used cyclosporin A, mycophenolate mofetil, and prednisolone for seven years. He had previous story of Bowen's disease (BD) before 5 years. Chronic immunosuppression might have involved BD and BCC.

〈本文p.929～932〉

Two cases of basal cell carcinoma showing spontaneously regression after biopsyOtsuka, Yoko¹⁾ Kadono, Takafumi¹⁾ Inoue, Ayako¹⁾ Matsuoka, Maya¹⁾ Kawakami, Tamihiro¹⁾ Soma, Yoshinao¹⁾¹⁾ *Department of Dermatology, St. Marianna University School of Medicine***Abstract**

Case 1 was a 52-year-old woman with a 11×10 mm black nodule on her left ala of nose. Punch biopsy revealed the diagnosis of basal cell carcinoma. Total resection was performed 2 months after the biopsy, and the tumor cells were not found histopathologically. Case 2 was an 83-year-old woman with an 8×6 mm black dome-shaped nodule on her ala groove of nose. The tumor was removed one month after the punch biopsy, and the histopathology showed complete regression of basal cell carcinoma. Although spontaneous regression of cutaneous malignant neoplasms, especially malignant melanoma, could occasionally occur, complete regression of basal cell carcinoma is relatively rare.

〈本文p.933～936〉

A case of giant basal cell carcinoma on the face successfully treated with chemoradiotherapyMurata, Miwa¹⁾ Kurumatani, Ayano¹⁾ Amagai, Juniku¹⁾ Fujita, Hideki¹⁾ Maebayashi, Toshiya²⁾ Terui, Tadashi¹⁾¹⁾ *Division of Dermatological Science, Nihon University School of Medicine*²⁾ *Division of Radiology, Nihon University School of Medicine***Abstract**

An 85-year-old man presented with a 6×5 cm ulcerative tumor covering his nose and right side nasolabial fold, which occurred 10 years earlier and extended gradually. A diagnosis of basal cell carcinoma (BCC) was made by skin biopsy. Magnetic resonance imaging indicated tumor invasion into the extraocular muscles and the ethmoid bone. Radical excision was abandoned because of its deep invasion and his general condition. The patient was successfully treated by chemotherapy using carboplatin and epirubicin in combination with radiotherapy followed by additional surgical excision of a small remanent lesion partly due to the absence of melanin. Chemoradiotherapy can be an important treatment option in cases of inoperable BCC.

◇ Case Report

〈本文p.937～940〉

A case of non-pigmented morphea-like basal cell carcinoma on the right cheek

Hara, Mizuki¹⁾ Kawase, Masaaki¹⁾ Etoh, Takafumi,¹⁾ Tonegawa, Mamoru²⁾ Ito, Keigo³⁾

¹⁾ *Division of Dermatology, Tokyo Teishin Hospital*

²⁾ *Division of Plastic Surgery, Tokyo Teishin Hospital*

³⁾ *Department of Dermatology, The Jikei University School of Medicine*

Abstract

A 53-year-old female presented with erythema on the right cheek. Dermoscopy showed pigmented spots which were matched the pores and arbolizing vessels. Histopathological examination showed basaloid proliferation of tumor nests, with showing peripheral palisading and the growth of fibrous tissue. We diagnosed this case as morphea like basal cell carcinoma and we think findings of arbolizing vessels were useful for making diagnosis of non-pigmented morphea-like BCC.

〈本文p.941～944〉

Squamous cell carcinoma arising from seborrheic keratosis

Fujinuma, Chihiro¹⁾ Horiguchi, Yoko¹⁾ Takayanagi, Takane¹⁾ Suzuki, Takako¹⁾ Iwasawa, Utsugi¹⁾

¹⁾ *Department of Dermatology, Tokyo Metropolitan Hiroo General Hospital*

Abstract

Squamous cell carcinoma(SCC) arising within seborrheic keratosis(SK) is rare. We report an 80-year-old woman who presented with an arising bleeding tumor on her pigment freckle of the left temple area. Clinical examination revealed an pigment freckle that measured 16x16mm and elevated hemorrhagic black tumor that measured 8mm. We performed a biopsy of black tumor. Histopathology demonstrated SK, accompanied by SCC in the center. Although the pathogenesis of malignant transformation is controversial, SCC was supposed to arise from SK in the present case.

〈本文p.945～948〉

2 cases of squamous cell carcinoma after treatment of imiquimod cream to solar keratosis

Nishio, Eiichi¹⁾ Horio, Ai¹⁾ Kamiya, Koji¹⁾ Matoya, Mami¹⁾

¹⁾ *Department of Dermatology, Toyokawa City Hospital*

Abstract

Case1, a 91-year-old male with erythema of the forehead was diagnosed Actinic Keratosis by biopsy. It cleared after 4 weeks topical treatment of imiquimod cream. But about 6 months after the treatment, a 1cm sized nodule appeared on the same place. Histological diagnosis revealed that it was Squamous Cell Carcinoma (SCC) and it was surgically removed. Case2, an 82-year-old male with the right cheek scaly erythema was diagnosed Actinic Keratosis by biopsy. The erythema cleared after 4 weeks topical treatment of imiquimod cream. But, like case1, a 1cm sized nodule appeared on the same place a month after the treatment. It was diagnosed SCC and was surgically removed. In both cases, causal relationship between topical imiquimod cream treatments and the subsequent appearance of SCC is unclear.

◇ Case Report

〈本文p.949～952〉

A case of primary cutaneous myxoid spindle cell squamous cell carcinomaMatsushima Yoshiaki¹⁾ Habe Koji¹⁾ Yamanaka Keiichi¹⁾ Mizutani Hitoshi¹⁾ Imai Hiroshi²⁾ Masatoshi Watanabe²⁾¹⁾ *Department of Dermatology, Mie University, Graduate School of Medicine*²⁾ *Department of Pathological Oncology, Institute of Molecular and Experimental Medicine Mie University, Graduate School of Medicine***Abstract**

An 86-year-old female developed hemorrhagic tumor on her face. The tumor was speculated as Merkel cell carcinoma, and we performed excisional biopsy with 6 mm surgical margin above the facial fascia. Histopathological examination revealed poorly differentiated spindle cell proliferation containing large amount of mucus. AE1/AE3, CK-5/6 and p63 were positive, and S100 and α SMA were negative by the immunostaining. We diagnosed the tumor as primary cutaneous myxoid spindle cell squamous cell carcinoma, one of very rare subtypes of squamous cell carcinoma.

〈本文p.953～956〉

A case of apocrine carcinoma of the cheekYamada, Yoshinori^{1,3)} Suehiro, Mitsuhiro¹⁾ Uenaka, Maki²⁾ Kanehisa, Fuminao³⁾ Asai, Jun³⁾ Katoh, Norito³⁾ Takenaka, Hideya⁴⁾¹⁾ *Department of Dermatology, Otsu City Hospital*²⁾ *Department of Plastic Surgery, Kyoto Prefectural University of Medicine*³⁾ *Department of Dermatology, Kyoto Prefectural University of Medicine*⁴⁾ *Department of Dermatology, Kyoto City Hospital***Abstract**

A 62-year-old man presented with a nodule on his left cheek that he had first noticed about a year prior to his first visit to our hospital. At presentation, examination revealed a smooth reddish nodule on his left cheek that measured 6 × 7 mm in size. As the nodule gradually increased in size, it was excised under local anesthesia seven months after the patient first presented to us. Based on the findings of whole-body imaging examination and histopathology of a biopsy specimen obtained from the nodule, the nodule was diagnosed as apocrine carcinoma of the skin. This case serves to emphasize the need to bear in mind apocrine carcinoma of the skin in the differential diagnosis in patients presenting with a cutaneous tumor on the cheek.

〈本文p.957～960〉

A case of mucinous carcinoma of the skinNako, Toshie¹⁾ Ansai, Shin-Ichi²⁾ Matsuda, Hidenori²⁾ Shinohara, Rie²⁾ Ogita, Azusa²⁾ Saeki, Hidehisa¹⁾¹⁾ *Department of Dermatology, Nippon Medical School Hospital*²⁾ *Department of Dermatology, Nippon Medical School Musashi Kosugi Hospital***Abstract**

A 63-year-old male complained a tumor on the left extraocular angle that was initially noticed five years earlier. The physical examination revealed a 10×10 mm elastic slightly hard subcutaneous tumor. The lesion was excised without margin by his previous doctor. Because it was assumed that tumor was remained, expanded resection was operated with 5 mm margin at our hospital. Histopathological analysis revealed nodular lesions with a large amount of mucous retention. Tumor cells with decapitation secretion were scattered within the lesion. Because of the absence of malignant tumor on other organs, skin metastasis from other organs was excluded. Therefore, the lesion was diagnosed as mucinous carcinoma of the skin.

◇ Case Report

〈本文p.961～964〉

A case of atypical fibroxanthoma on the right temple of old woman

Okuhira, Hisako¹⁾ Inaba, Yutaka¹⁾ Furukawa, Fukumi²⁾ Yamamoto, Yuki¹⁾

¹⁾ *Department of Dermatology, Wakayama Medical University*

²⁾ *Department of Dermatology, Takatsuki Red Cross Hospital*

Abstract

A 82-year-old woman presented with about 15mm diameter hemorrhagic nodule on her right temple. Histopathology of tumor biopsy revealed fascicles of spindle and pleomorphic cells within the dermis in the background of sun-damaged skin. Immunohistochemical examination showed positive for CD10, S100 (a few) and negative for Cytokeratin, CD 34, CD 99. Based on these light microscopic and immunohistochemical features, the patient was diagnosed as Atypical fibroxanthoma (AFX). AFX is generally regarded as a low-grade malignancy and diagnosed other spindle cell tumor which is malignant fibrous histiocytoma, dermatofibrosarcoma protuberans, squamous cell carcinoma and malignant melanoma.

〈本文p.965～968〉

A case of angiosarcoma with lymphatic differentiation

Fujio, Yumi¹⁾ Ichimura, Yoshiko¹⁾ Shiomi, Yuki¹⁾ Konohana, Izumi¹⁾

¹⁾ *Department of Dermatology, Hiratsuka City Hospital*

Abstract

An 84-year-old female with history of hypertension presented with erythema on the left cheek and lymphadenopathy on the lower jaw. Pathologically, irregular lumen consists of atypical endothelial cell and devoid of red blood cell were seen. Immunostainings were positive for CD31, D2-40 and negative for CD34. 70% dose of weekly paclitaxel and radiotherapy was administered. Due to myelosuppression paclitaxel was stopped and 400mg of Votrient has started. After 3 months, proteinuria, hypertension and ascites emerged. The eruption has expanded to whole scalp and the patient died after 2-years from the initial diagnosis. The histological finding of the eruption after the exacerbation showed typical findings of angiosarcoma.

〈本文p.969～972〉

A case of buccal malignant melanoma in association with acquired dermal melanocytosis

Chujo, Satomi¹⁾ Yoshida, Hisatoshi¹⁾ Fukuti, Osamu¹⁾ Ito, Keigo²⁾ Nakgawa, Hidemi³⁾

¹⁾ *Department of Dermatology, The Jikei University School of Medicine Kashiwa branch*

²⁾ *Department of Dermatology, The Nihon Medical University School of Medicine Musashikosugi branch*

³⁾ *Department of Dermatology, The Jikei University School of Medicine*

Abstract

We reported a case of malignant melanoma in situ (lentigo maligna) associated with acquired dermal melanocytosis. A 76-year-old woman had noticed a brown macule on the left buccal lesion since 19 years before treatment. 7 years ago, a skin biopsy was performed at another hospital and the diagnosis of pigmented naevus was made. Since about 1 year, she felt that pigmented lesion was getting darker. By histopathological examinations of excisional biopsy specimen of the pigmented lesion, we diagnosed this case as malignant melanoma in situ on the direct top of acquired dermal melanocytosis.

◇ Case Report

〈本文p.973～976〉

A case of pedunculated malignant melanoma of the nasal wing on a 105-year-old womanMurakami, Haruko¹⁾ Andou, Haruka¹⁾ Tashiro, Yasuya¹⁾ Saruta, Yusuke¹⁾ Watanabe, Hideaki¹⁾ Sueki, Hirohiko¹⁾¹⁾ *Department of Dermatology, Showa University School of Medicine***Abstract**

We report a 105-year-old woman who presented with a one-year history of a pedunculated nodule on her face. Clinical presentation included redness and surface erosion. The tumor measured 37×26×20 mm and was located on the right side of her nasal wing. We first diagnosed the mass as a squamous cell carcinoma, and differential diagnosis included a trichilemmal carcinoma. Histopathologic examination revealed nodular-type malignant melanoma. We identified melanoma cells in the upper nodule region, but not observed in the lower pedicle area. The patient's family decided for palliative surgery as opposed to total removal from the viewpoint of quality of life. Although pedunculated malignant melanoma is relatively rare, it is important to consider this disease when examining facial tumors.

〈本文p.977～980〉

A case of desmoplastic malignant melanoma of the faceSumi, Mayuko¹⁾ Kotani, Shimpei¹⁾ Kosaka, Hiroshi¹⁾ Ogawa, Makiko¹⁾ Nagano, Tohru¹⁾ Murata, Yozo¹⁾¹⁾ *Department of Dermatology, Kobe City Medical Center General Hospital***Abstract**

A 74 year-old man presented with 7-month history of a red nodule on his right cheek. It had enlarged slowly. Biopsy specimen revealed intra-epidermal atypical melanocytic hyperplasia and spindle cells dispersed in a sclerotic stroma of the dermis. The immuno-histochemical analyses revealed stratified staining for HMB-45 and Melan-A in contrast to diffuse staining for S-100 and Sox-10.

〈本文p.981～984〉

A case of forehead malignant melanoma with lung and brain metastases reduced by nivolumabWakabayashi, Yujiro¹⁾ Wakabayashi, Yujiro²⁾ Yamamoto, Yosuke²⁾ Suehiro, Keisuke²⁾ Togawa, Yae²⁾ Matsue, Hiroyuki²⁾¹⁾ *Division of Dermatology Asahi General Hospital*²⁾ *Department of Dermatology, Graduate School of Medicine, Chiba University***Abstract**

A 62-years-old female developed lung and brain metastases after resection of forehead malignant melanoma. We administered Nivolumab from 1 year and 4 months postoperatively, and shrinkage of lung and brain metastasis was observed 15 weeks after administration. In our case, Nivolumab reduced volume of brain metastasis, which suggests that Nivolumab might had been effective in the treatment of malignant melanoma with brain metastases.