◇Case Report

〈本文p.1045～1048〉

A case of gelatin allergy induced by soft gelatin capsule

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Abstract

A 22-year-old female presented with a history of dyspnea and swollen lips after taking a dose of gelatin-containing medication capsules for her cold. She had been taking them for three days, feeling itchiness in her mouth each time. The specific IgE antibody for gelatin was positive and skin prick testing revealed positive for the capsule of the medicine. Further skin prick testing for ingredient of the capsule revealed positive for gelatin. We should notice that gelatin is included in several kinds of food, cosmetics and pharmaceutical products.

〈本文p.1049～1052〉

A case of mucous membrane allergy due to acetaminophen confirmed by oral rinse test

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Abstract

Acetaminophen (paracetamol) is a widely used antipyretic/analgesic and a component of many over- the-counter (OCT) drugs. We present a case of 20-year-old female with mucous membrane allergy due to acetaminophen. The patient experienced episodes of lip swelling, conjunctival injection, and dyspnea after taking OCT cold remedy, suggesting an immediate drug hypersensitivity reaction. Skin prick tests (SPT) of the suspected drugs were negative, but oral rinse test was positive to two drugs. Although SPT of drug components including acetaminophen was negative, oral rinse test using 10 ml of 1% acetaminophen provoked the symptoms. Oral rinse test is a safe method useful for diagnosing acetaminophen hypersensitivity.

〈本文p.1053～1056〉

Drug-indused hypersensitivity syndrome due to anti-tuberculous drugs

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Abstract

A 54-year-old male developed Drug-indused Hypersensitivity Syndrome 34days after anti-tuberculous treatment by Isoniazid, Rifampicin, Ethambutol, Pyrazinamide. He was treated by simultaneous alternative Anti-tuberculous drugs and prednisolone to complete anti-tuberculous therapy.

◇Case Report

〈本文p.1057～1060〉

A case of generalized bullous fixed drug eruption due to contrast media

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Abstract

We report a case of generalized bullous fixed drug eruption due to contrast media. A 78-year-old male was referred to our dermatology department for the examination of suspicious allergy due to contrast media. After he had given an intravenous contrast medium for percutaneous coronary intervention, he presented erosive erythema on the eyelids, mouth, lips, and buttocks. Pulsed-steroid therapy (methylprednisolone 500mg for 3 days) relieved his symptom and the skin patch test was done. Ioversol and Iodixanol showed positive and negative results, respectively. We discuss the cross-sensitization among contrast media.

〈本文p.1061～1064〉

A case of toxic epidermal necrolysis (TEN) developing after an operation to treat pyogenic spondylitis

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Abstract

A 82-year-old male diagnosed with purulent spondylitis underwent surgery 5 weeks before TEN development to treat a posterior lumbar spinal fusion. A skin rash appeared 8 days prior to transferring to our department, and antibiotics had been discontinued. However, the skin lesions expanded rapidly. On admission, skin detachment was evident over 30% of the body. Mucosal lesions were also apparent. We commenced systemic prednisolone (2 mg/kg/day)and intravenous immunoglobulins (0.5 g/kg/day for 5 days). This treatment was effective. The lymphocyte transformation test for vonoprazan fumarate was positive, but it is difficult to conclude that this drug had caused the TEN.

〈本文p.1065～1068〉

A case of syphilis infected during oral administration of steroid, with atypical progression

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Abstract

A 49-year-old man was taking oral PSL 10 mg for atopic dermatitis for 15 years. He had sex with the sexual worker four months ago. An ulcerative lesion appeared in the lower lip three months ago. Papules appeared in the neck one month ago. Pathologically, dense infiltration of plasma cells was observed in entire dermis. Both biopsies also recognized anti-TP antibody-positive pathogens. This was a case in which the first phase of syphilis was delayed due to chronic stimulation of the teeth and immunosuppression of PSL, and it was concomitant with the second stage syphilis eruption.

◇Case Report

〈本文p.1069～1072〉

A case of external dental fistula

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Abstract

A 75-year-old man presented to our department with a fistula on his submental region for a month. Redness nor swelling was not seen in the fistula. Intraoral view, his left mandibular canine had tooth decay. Orthopantomography showed a radiolucent lesion in the apex of the left mandibular canine. A CT scan displayed osteolysis of the mandible around the left canine. Therefore, a diagnosis of external dental fistula was made.

〈本文p.1073～1076〉

A case of pemphigus vegetans (Hallopeau type)

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Abstract

An 84-year-old man was referred to us with a 2-month history of oral lesion. He had papillomatous lesions with erosions on the lips, the tongue and the buccal mucosa. He also had vegetating plaque with erosions on the perianal. Histopathological examination showed irregular acanthosis with elongation of rete ridges, suprabasal acantholysis and eosinophilic abscesses in epidermis. Direct immunofluorescence showed deposition of IgG and C3 in the intercellular space of the epidermis. His serum antibody against desmoglein-3 was positive. A diagnosis of pemphigus vegetans, Hallopeau type was made. The patient was treated with 0.5 mg/kg/day of oral prednisolone. Within a few days, clinical improvement was observed.

〈本文p.1077～1080〉

A case of plasmocytosis circumorificialis of the lower lip

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Abstract

An 82-year-old woman presented with a 10-year history of erosive lesions on her lower lip. Histopathologically, there was dense inflammatory cell infiltration of the lamina propria, which was mainly composed of plasma cells without atypia. Immunohistochemical staining of plasma cells revealed no light chain restriction. Based on her clinical and histopathological findings, she was diagnosed with plasmocytosis circumorificialis. Although her lesions completely resolved after 2 weeks of treatment with a topical steroid, she experienced repeat recurrence. We decided to treat her with 0.1% topical tacrolimus instead of the topical steroid, which immediately cleared up her lesions and resulted in no recurrence for 1 year. Our case indicates that topical tacrolimus is valuable for treating plasmocytosis circumorificialis.

◇Case Report

〈本文p.1081～1084〉

A case of cheilitis granulomatosa with periodntitis

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Abstract

A 65 years-old with cheilitis granulomatosa on upper lip and mentum. Pathological findings of lip and skin biopsy showed non-caseating epithelioid granulomas. The metal patch test showed positive for zinc. The patient had lesion infection in the root of the lower jaw and treated for periodontal disease. Patient was recovered with oral administration of tranilast, minocycline and low dose of prednisolone.

〈本文p.1085～1088〉

A case of cheilitis granulomatosa successfully treated with systemic steroid and diaphenylsulfone

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Abstract

We report a 52-year-old man presenting with erythematous induration on the upper lip. Histological findings showed edema, capillary dilatation, and diffuse plasma cell infiltration in the upper dermis and non-caseating granuloma in the whole dermis. A diagnosis of cheilitis granulomatosa was made from the clinical and histological findings. Minocycline and anti-histamine drugs were ineffective. Although prednisolone（PSL）20 mg/day reduced the swelling of the lip, the symptoms recurred after the tapering of PSL dose. After the addition of diaphenylsulfone（DDS）50 mg/day, the symptoms disappeared and PSL was discontinued.

〈本文p.1089～1092〉

A case of Melkersson-Rosenthal syndrome

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Abstract

A 36-year-old man was consulted to our hospital about a swollen lip. Besides, he had fissured tongue. A lip biopsy specimen showed no epithelioid cell granuloma but angiectasis in the upper dermis and an inflammatory infiltrate of lymphocytes, plasma cells and histiocytes in the lamina propria. Taken together, we diagnosed him with Melkersson-Rosenthal syndrome. We treated the patient with oral tranilast and local injection of triamcinolone acetonide. His swollen lip was improved in one month.

◇Case Report

〈本文p.1093～1096〉

A case of pyodermatitis-pyostomatitis vegetans appeared at labial and perioral lesion

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Abstract

A 20-year-old man presented with 2-month history of labial ulcers and perioral pustules. The labial ulcers exhibited characteristic "snail-track" shape. He had a history of controlled ulcerative colitis, but had suffered recurrent episode of abdominal pain and diarrhea for 2 months. Histological finding revealed epidermal hyperplasia, and abscess with predominant eosinophils through epidermis to dermis. Laboratory analysis revealed eosinophilia corresponding to histology. His eruptions totally regressed with 2-month treatment of systemic administration of predonisolone and dapsone. Pyodermatitis-pyostmatitis vegetans is extremely rare, however it is important to notice this dermatosis in collaboration with gastroenterologist.