Case Report

A case of inverse psoriasis in genital area
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Abstract
A 43-year-old woman presented with erythema and erosions, mainly in the genital and perianal regions, and painful excoriation in the gluteal clefts for 2 years. Genital and navel skin biopsies showed epidermal parakeratosis, acanthosis with downward elongation of rete ridges, perivascular dermatitis, dilated blood vessels at the tip of the dermal papillae, and no granular cell layer. We made a diagnosis of inverse psoriasis, and treated her with etretinate, but it was not effective. Therapy with potent topical corticosteroid and cyclosporine was effective.

A case of photosensitive psoriasis
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Abstract
A 34-year-old male who had been diagnosed as psoriasis vulgaris for two years became erythrodermic, after stopping treatment by his own decision. After starting narrow band UVB treatment, he developed many edematous erythemas and pustules on his whole body and arthralgias. Photosensitive psoriasis was diagnosed because of the lowered minimal response dose for UVA, and the lowered minimum erythema dose for UVB. Heterozygous mutation of p.Asn47Ser in IL36RN gene was identified in this patient. We suspected the involvement of IL36Ra dysfunction in the development of photosensitive psoriasis in this case.

A case with deficiency of IL-36 receptor antagonist (DITRA), which is thought to have preceding psoriasis vulgaris
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Abstract
A 61-year-old man had been suffering from psoriasis vulgaris for 20 years. He received topical steroids and phototherapy. When the skin lesions became worse, he was treated with oral etretinate and oral steroid. Ten years after the onset of psoriasis vulgaris, the psoriatic plaque lesions had shifted to lesions of pustular psoriasis. Histological examination revealed parakeratosis with Kogoj’s spongiform pustules. Genetic analysis revealed a compound heterozygous mutations of c.28C>T(p.Arg10*) and c.115+6T>C (p.Arg10Arg fs*1)hetero. We diagnosed the present patient as DITRA. The skin lesions have been successfully treated with granulocyte apheresis and infliximab. The present patient was a rare case in that compound heterozygous IL36RN mutations were observed in a pustular psoriasis patient with preceding plaque type psoriasis.
Case Report

Plaque psoriasis with Behçet's disease—simultaneous change in the symptoms of the two diseases

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Abstract

A 45-year-old woman presented to our hospital with erythematous plaques, which were covered with thick scales, on her body due to plaque psoriasis and erythema nodosum on her legs due to Behçet’s disease (BD). She developed both symptoms at the age of 33, and the symptoms changed in synchrony. She was treated with colchicine, after which both symptoms improved. Recently, the roles of Th17 cells and IL-23 have been emphasized in the pathogenesis of psoriasis and BD. Because the symptoms of erythema nodosum and erythema due to plaque psoriasis changed in synchrony in the present case, Th17 via IL-23 was suspected as a common pathway for disease development and activity.

A case of psoriasis vulgaris with IgG4-related disease

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Abstract

A 65-year-old male with psoriasis vulgaris exhibited body weight loss during the treatment with phototherapy. Laboratory data shows liver dysfunction and a rise in CA19-9. CT images revealed thickening of extrahepatic bile duct, bile duct stenosis, lymphadenopathy in hepatic portal region, swelling of bilateral submandibular glands, and retroperitoneal fibrosis. A biliary tract biopsy by endoscopic retrograde cholangiopancreatography (ERCP) demonstrated infiltrates of IgG4+ plasma cells. He was diagnosed as having IgG4-related disease as well as psoriasis vulgaris. We herein report a case of IgG4-related disease with psoriasis vulgaris.

A case of psoriasis vulgaris who developed varicella zoster virus meningitis during treatment with adalimumab

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Abstract

A 42-year-old man with psoriasis vulgaris had been treated with biweekly adalimumab 40 mg intravenously. He presented with several days of fever, nausea, and severe headache. Clinical and laboratory evaluation, including cerebrospinal fluid (CSF) examination, led to the diagnosis of varicella-zoster virus (VZV) meningitis. On hospital day 2, erythematous papulovesicles were observed on the left chest and left back. Polymerase chain reaction testing of CSF and vesicle discharge for VZV-DNA was strongly positive. The present case reinforces the need to be aware of the possibility of VZV meningitis during treatment of psoriasis with biologics.
Case Report

A case of psoriasiform eruption induced by infliximab for the treatment of pediatric Crohn’s disease
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Abstract
We report a case of a 14-year-old Japanese boy who started receiving infliximab for the treatment of pediatric Crohn’s disease 42 months ago. Erythema with scale appeared on the head 40 months after starting infliximab. Parakeratosis, regular acanthosis, hypogranulosis were confirmed histopathologically, which led to a diagnosis of psoriasiform eruption. The eruptions were alleviated with external steroid and vitamin D3 application while infliximab was continued. As the use of biologics increases for pediatric patients, similar cases may be encountered in the future. It is necessary to pay attention to the appearance of paradoxical reactions by biologics.

A case report of parmpoplantar psoriasis with marked hyperkeratosis, in which adalimumab was effective
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Abstract
Palmoplantar psoriasis is an uncommon form of chronic psoriasis. It is highly resistant to treatment because of Köbner phenomenon and hypersensitivity to topical drugs. A 72-year-old farmer visited to our hospital with palmoplantar hyperkeratosis. Topical steroid ointment, 10% salicylic acid ointment, and oral etretinate was not effective against his palmoplantar hyperkeratosis. Skin biopsy was performed. Besides hyperkeratosis and rate ridge elongation, a slight neutrophil infiltration in the epidermis was found, so he was diagnosed with palmoplantar psoriasis. After 2 month of adalimumab treatment, erythema and hyperkeratosis on palms and soles were cleared. Adalimumab may be effective treatment of refractory palmoplantar psoriasis.

Infantile generalized pustular psoriasis: Report of 2 cases
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Abstract
Case 1 is a 2-month-old girl who was brought with a wet erythematous plaque that had initially appeared on her neck, but gradually spread to the entire body. Case 2 is a 2-month-old boy who developed impetiginous eczema on his neck and inguinal area when he was 1 month old, with the eruption subsequently extending gradually to his entire body. Histopathological examination of the erythematous lesions revealed pustules with Kogoj’s spongiosis in both cases. Under the diagnosis of generalized pustular psoriasis(GPP), the infants were started on topical treatment, the response to which has been characterized by waxing and waning of the eruptions in several-week periods. GPP in infants tends to start in intertriginous zones, such as the neck and inguinal regions, eventually progressing to the entire body. As case reports of infantile GPP are limited, no standardized treatment has been established yet. We report the past cases and recommended treatment as well as the treatment precaution.
Case Report

Generalized pustular psoriasis exacerbated by gallstone colic attack in Japanese obese woman
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Abstract

A 34-year-old Japanese woman presented to our clinic with a 24-year history of psoriasis vulgaris. She had been administered 40mg of adalimumab with two week intervals for recent 4 years without remission. Her body mass index was 37, and PASI score was 19.7 at the first visit. Two weeks later, pustules appeared in parts after her getting infectious wounds and disappeared after subsiding infection. Then, generalized pustulosis developed immediately after gallstone colic attack with symptom of systemic inflammatory response syndrome, which was successfully treated by administration of antibiotics and 60 mg of etretinate. Gallstone colic attack probably with bacterial infection could trigger pustular psoriasis in psoriatic patients with risk factors such as obesity.

A case report of sudden death due to pulmonary thromboembolism in the patient of generalized pustular psoriasis
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Abstract

A 58-year-old female with generalized pustular psoriasis (GPP) developed acute kidney failure caused by Valaciclovir for treatment of herpes zoster. She confined to bed and difficult to communicate because of had mild intellectual disability. Etretinate was effective for GPP and improved renal function. After rehabilitation, her general condition deteriorated immediately, and she died. The result of autopsy revealed that she died of pulmonary thromboembolism.

A case of psoriatic arthritis associated with limited mouth opening
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Abstract

A 45-year-old male with a 3-year history of psoriatic arthritis presented with left temporomandibular joint(TMJ) pain and limitation of mouth opening that had persisted for 3 months. He had been treated with infliximab 5 mg/kg and oral methotrexate. After diagnosis and treatment of the TMJ disorder by a local dentist, the pain had persisted, and was associated with other joint symptoms and a skin eruption. A CT scan of the TMJ revealed osteolysis and osteoporosis of the condylar head, suggesting a diagnosis of psoriatic arthritis of the TMJ. After an increase in the dose of infliximab to 10 mg/kg, the pain in the TMJ and other joints was resolved.
Case Report

A case of secondary amyloidosis complicating psoriatic arthritis

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Abstract

We report a case of HLA-B27-positive psoriatic arthritis (PsA) complicated by secondary amyloidosis and aortic regurgitation. A 48-year-old man with PsA involving the sacroiliac and peripheral joints presented with abdominal pain and diarrhea. Although various treatments had been attempted including topical steroid, phototherapy and systemic cyclosporine, he had suffered from arthralgia for 20 years. Biopsy specimens from the colon mucosa revealed Congo red dye stained amyloid deposits. We diagnosed the patient as AA amyloidosis related to PsA. Despite adalimumab therapy, he died of acute mesenteric vascular occlusion. Dermatologists need to be aware of manifestations of AA amyloidosis in patients with PsA, especially with long standing severe arthritis.

A case of psoriatic arthritis with dactylitis, ankylosis of sacroiliac joint and bamboo spine

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Abstract

A 54-year old male patient of psoriasis was seen with dactylitis, typical skin lesions for 30 years, and back pain for 20 years. X-ray and MRI showed dactylitis, ankylosis of sacroiliac joint and bamboo spine. Though his skin lesion and back pain improved by receiving ustekinumab, he developed arthralgia of wrists and right knee during the course. The joint pain improved by changing from ustekinumab to adalimumab.