

◇ Case Report

〈本文p.7～10〉

Wide spread refractory skin ulcer caused by bowel metaplasia around the stomal siteAkasaka, Toshihide¹⁾ Saitou, Kei²⁾ Maeda, Fumihiko³⁾¹⁾ *Department of Dermatology, Kitakami Saiseikai Hospital*²⁾ *Department of Dermatology, Iwate Medical University*³⁾ *Maeda Dermatology Clinic***Abstract**

A 88-year-old female presented with wide spread refractory ulcer on the abdomen, where has been stomal site in the ulcer. The stoma has been set after resection of colon cancer, however, colon cancer has occurred again around the stoma finally to be resected both of the stoma and cancer. The histological examination of the remnant ulcer showed bowel metaplasia, hyperplastic granulation tissues with epidermal hyperplasia and partially tubular adenoma. Taken together, dermatologists should intervene in management and treatment of the skin conditions around stoma more aggressively.

〈本文p.11～14〉

Basal cell carcinoma with verruciform xanthoma-like phenomenonAkasaka, Toshihide¹⁾ Saitou, Kei²⁾ Maeda, Fumihiko³⁾¹⁾ *Department of Dermatology, Kitakami Saiseikai Hospital*²⁾ *Department of Dermatology, Iwate Medical University*³⁾ *Maeda Dermatology Clinic***Abstract**

A 95-year-old male presented with an ulcerated plaque and black nodule on the right cheek. Histopathological examination revealed addition to aggregation of basaloid cells within the upper dermis to mid-dermis, aggregation of xanthoma-like foamy cells were noted both in the tumor mass and dermis around tumor. The foamy cells were positively stained with CD68. This case was diagnosed with basal cell carcinoma accompanied with verruciform xanthoma-like phenomenon. Taken together, it is suspected that components of degenerated keratinocytes of basal cell carcinoma recruited macrophages which changed to foamy cells of verruciform xanthoma-like phenomenon.

〈本文p.15～18〉

Disease control of a severe case with pemphigus vulgaris after recovering from a serious infectionYamagami, Jun¹⁾ Funakoshi, Takeru¹⁾ Amagai, Masayuki¹⁾¹⁾ *Department of Dermatology, Keio University School of Medicine***Abstract**

A 30-year-old male with pemphigus vulgaris suffered from rapidly expanding erosions across his entire body. Fever, fatigue and acute pain because of cutaneous infection of methicillin resistant staphylococcus aureus put him at risk during the therapeutic course with systemic corticosteroid and immunosuppressive agent. After recovering from the serious infection, the disease activity of pemphigus evaluated with clinical symptom score (pemphigus disease area index ; PDAI) and serum autoantibody titer (ELISA) was dramatically controlled.

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A case of amelanotic malignant melanoma observed its natural course

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Abstract

We report a case of 65-year-old male with amelanotic malignant melanoma on his left planta. He denied aggressive treatment other than resection of primary lesion with minimum margin, because of his economic and social problems. He died of malignant melanoma with multiple visceral metastases 23 months after his first visit. We discuss the definition and differential diagnoses of amelanotic malignant melanoma. We also discuss natural course of advanced malignant melanoma.

〈本文p.23～26〉

Recalcitrant leg ulcer associated with rheumatoid arthritis

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Abstract

A female patient, diagnosed having rheumatoid arthritis (RA) at her age of 17 years, was hospitalized ten years later with finger deformity, femoral and knee joint contracture, and chronic leg ulcers. She was treated with methotrexate, corticosteroids, biologics including anti-TNF-alpha and anti-IL-6 receptor monoclonal antibodies, and anti-thrombotic agents. Persistent and painful leg ulcers subsequently led to a right-leg amputation. After a short remission the skin ulcer recurred on her left leg and persisted for six years, ultimately resulting in amputation. Her disease activity has since been controlled. The recognition of irreversible skin damage as extra-articular manifestation of RA may prevent delays in appropriate treatment.

〈本文p.27～30〉

Extensive lupus erythematosus profundus is not a benign disease when associated with severe systemic lupus erythematosus

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Abstract

A 14-year-old female with severe systemic lupus erythematosus (SLE) developed extensive lupus erythematosus profundus (LEP). Her main SLE related symptoms were refractory lupus nephritis and severe LEP which resulted in cutaneous depression over large areas of her body surface. Because she suffered from severe facial disfigurement, she received lipofilling operation at the age of 23, which showed good result and improved her and her family's QOL. At the age of 24, she developed pneumonia after treating hemolytic anemia, and finally passed away from ARDS, sepsis and DIC.

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A case of pustulosis palmaris et plantaris improved by dental treatment of periodontitisKatayama, Ichiro¹⁾¹⁾ *Department of Dermatology, Osaka University, Post graduate School of Medicine***Abstract**

A 59-old dermatologist developed pustulosis palmaris et plantaris soon after the onset of periodontitis. He had been healthy except for gout and glucose intolerance. Initially, he himself treated the skin lesions by applying topical vitamin D3 ointment and oral macrolide resulting in unfavorable clinical response. However, after the removal of metal components in the dental caries and dental treatment of periodontitis for few months, his skin lesions improved gradually leaving some stiffness of hand finger joints. Although skin biopsy and metal and dental patch test were not performed, his pustulosis palmaris et plantaris might be induced by chronic periodontitis and possible metal allergy. Interestingly, his father also showed similar clinical course of pustulosis palmaris et plantaris when he was over 60s and his skin lesions were also cleared after dental treatment. These rare cases might suggest that pustulosis palmaris et plantaris could be induced by activation of inflammasome through initial TLR stimulation by oral microbes and second Nlrp3 stimulation by metal or other chemical substances.

〈本文p.35～38〉

A case of atopic dermatitis who suffered from bipolar disorder as a result of activation syndrome by an antidepressant agentKono, Takeshi¹⁾¹⁾ *Department of Dermatology, Nippon Medical School Chiba-Hokusoh Hospital***Abstract**

A 32-year-old female with obstinate atopic dermatitis with asthma and allergic rhinitis. Psychosomatic correlations were strongly suggested in her dermatological symptoms. Analytical psychological treatment and family therapy were very much successful in the patient. After several years of remission, she experienced an onset of activation syndrome due to paroxetine. In several months of delusion and confusion including police matter, she suffered from a bipolar disorder. Strict attention should be necessary for psychosomatic approach to atopic dermatitis in each case.

〈本文p.39～42〉

The successful treatment of prednisolone and immunosuppressant-resistant systemic sclerosis-associated interstitial lung disease with rituximabYoshizaki, Ayumi¹⁾ Sato, Shinichi¹⁾¹⁾ *Department of Dermatology, The University of Tokyo Graduate School of Medicine***Abstract**

A 21-year-old Japanese woman was admitted to our hospital with complaints of dyspnea and skin sclerosis. She had Raynaud's phenomenon and swelling and stiffness of hands. Skin biopsy from her right forearm revealed the thickening of the dermis, caused by hyperplasia of collagen fiber. The blood analysis showed that she had anti-topoisomerase I antibodies. Also, high-resolution computed tomography showed ground-glass appearances in bilateral lungs. We diagnosed her as having diffuse cutaneous Systemic sclerosis (SSc) and SSc-associated interstitial lung disease (SSc-ILD). Although she had been treated with 40 mg/day of oral steroid and immune suppressants, her SSc-ILD had been getting worse. Therefore, we decided to start rituximab treatment, which was approved by institutional review board of Tokyo University Hospital. We treated her with 375 mg/m²/week of RTX intravenously for four weeks in a row. After third times of rituximab administration, her skin sclerosis and ILD were improved. However, when B cells were recovered in peripheral blood, her symptoms exacerbated. After the fourth administration of rituximab, her symptoms were improved again.

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A case of subungual melanoma *in situ* — multiple local recurrence on the graft —

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Abstract

Here, we report a case of subungual melanoma *in situ* in the left thumb, showing multiple local recurrence with a tendency of syringotropism. A 52-year-old woman was presented with subungual melanoma in the left thumb, who was treated with wide excision of the nail followed by a skin graft. However, she repeatedly experienced local recurrence of melanoma *in situ* three times for more than 3 years, despite re-excision with safety margin at every time. Histopathology and immunohistochemistry with anti-Melan A revealed that recurrent melanoma cells invaded into the sweat duct from the second recurrence, suggesting syringotropism into the grafts which were from palmoplantar skins. Finally, she was treated with circumferential resection of the total skin in the left thumb, resulting in no recurrence thereafter. At the same time, she had metastasis in the axillar lymph nodes, which were resected. We hypothesize that remnant melanoma cells in the epidermis out of surgical margins migrated to the graft, leading to development of recurrence of *in situ* condition together with dermal invasion due to their syringotropism.

〈本文p.47～50〉

White fibrous papulosis of the neck

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Abstract

In 1989, I reported the clinical, histologic and ultrastructural details of 32 cases of white fibrous papulosis of the neck. Clinically, this condition is characterized by asymptomatic white papules that appear mainly around the neck in elderly persons. The papules are approximately 2 to 3 mm in diameter, round to oval, clearly marginated and unrelated to hair follicles. The major pathologic change revealed by light microscopy is a relatively circumscribed area of thickened collagen bundles in the papillary to mid dermis. Ultrastructurally, no remarkable morphologic changes are seen in either the collagen or the elastic fibers, except that the collagen fibrils within the lesion have greater variation in diameter than those in perilesional normal skin. Many reports have been published on white fibrous papulosis of the neck. These reports remind me of my excitement when I reported this disease.

〈本文p.51～54〉

A case of Rhododenol (RD) — induced leukoderma with a unique recovery of repigmentation

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Abstract

A 48-year-old woman presented with Rhododenol-induced leukoderma. Her symptom included homogeneous complete depigmentation on the face and neck. A histopathological analysis of the skin lesion showed that neither melanin nor melanocytes were detected in the epidermis. And also, melanocyte stem cells in hair follicles were not found in the species. After she quit the cosmetics, no repigmentation had occurred for more than one year. However, after two years, active repigmentation has occurred on her face, and spread over the face.

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〈本文p.55～58〉

Erythema elevatum diutinum successfully treated with diaphenylsulfoneSeishima, Mariko¹⁾ Mizutani, Yoko¹⁾ Miyazaki, Tatsuhiko²⁾ Noda, Tokuro³⁾¹⁾ *Department of Dermatology, Gifu University Graduate School of Medicine*²⁾ *Division of Pathology, Gifu University Hospital*³⁾ *Noda Dermatology Clinic***Abstract**

A 68-year-old female had been treated with prednisolone for interstitial pneumonitis, and salazosulfapyridine for rheumatoid arthritis. She noticed multiple painless erythema with 4 mm - 5 cm in size on the bilateral lower legs and dorsal aspects of feet, knees, and elbows. Histological findings of the biopsy specimen from erythema showed neutrophilic infiltration in the upper to middle dermis with nuclear dusts, also vasculitis by neutrophils in the dermis. A diagnosis of erythema elevatum diutinum (EED) was made. The treatment with diaphenylsulfone 50 mg/day showed remarkable effects on the skin lesions by 1 week. This was a rare case of EED probably associated with rheumatoid arthritis and anti-Jo-1 antibody-positive dermatomyositis.

〈本文p.59～62〉

Ultrasonic abrasion and seed grafts for a patient with segmental vitiligo of the faceTsukamoto, Katsuhiko¹⁾ Tomita Ozumi¹⁾ Osada, Atsushi¹⁾¹⁾ *Department of Dermatology, Yamanashi Prefectural Central Hospital***Abstract**

A 15-year-old boy presented with a 3-years history of segmental vitiligo on his face. The lesion had been treated with steroid ointment initially and then with PUVA / NB-UVB therapy but that treatment failed to achieve repigmentation. So we tried the new surgical treatment of ultrasonic abrasion and seed grafts for him. He was anesthetized systemically. His vitiligo lesion was abraded by the surgical ultrasonic aspirator. The minced skins were then placed onto this lesion and covered with wound dressing. One week after the operation, the minced skin were still attached on his face. One month after the operation, some had detached but melanocytes had already attached in the lesion. 3 months after the operation, very good results were seen at the grafting site without any scar. No recurrences or complications were seen even after 2 years. Ultrasonic abrasion easily and safely removes only the epidermis, even on spotty lesions or intricate regions. Epidermal seed-grafting can cover more areas than sheet-grafting. Our results show that this new method is an easy, safe, and very effective treatment especially for stable vitiligo.

〈本文p.63～66〉

Gianotti-Crosti syndrome following hepatitis B virus vaccinationTokura, Yoshiki¹⁾¹⁾ *Department of Dermatology, Hamamatsu University School of Medicine***Abstract**

A 3-year-old Japanese girl presented a 1-week history of a papular eruption on the four extremities. She received hepatitis B virus vaccination 10 days prior to the onset of the eruption. On examination, there were solid papules, 1-4 mm in diameter, which were distributed on the four limbs, extending to the buttocks, and on the cheeks. The trunk was characteristically spared. She was diagnosed as having Gianotti-Crosti syndrome. The eruption was spontaneously regressed without any treatment. The second vaccination gave rise to no skin lesions. In the literature, hepatitis B virus vaccination induced Gianotti-Crosti syndrome in Turkish, German and Singapore infants or young children 6 days to 3 weeks after the vaccination. The patients were tolerated for the eruption development upon the second vaccination. It should be kept in mind that hepatitis B virus vaccination evokes Gianotti-Crosti syndrome.

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A refractory and severe case of pemphigus vulgaris successfully treated with IVIG performed immediately after plasmapheresis

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Abstract

A 40-year-old female with pemphigus vulgaris first showed mild mucocutaneous lesions. However, although the patient was treated with systemic steroid, intravenous immunoglobulin, cyclosporine and mizoribin, the mucocutaneous lesions were exacerbated and general condition was quickly deteriorated. The lesions were quickly resolved by the treatment of plasmapheresis promptly followed by intravenous immunoglobulin. The index values of ELISAs for both desmoglein 3 and desmoglein 1 were well correlated with clinical features assessed by Pemphigus Disease Area Index.

〈本文p.71～74〉

A case of huge deep ulcers on his penis and glans induced by contact dermatitis due to Crotamiton containing over-the-counter steroid cream

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Abstract

A 65-year-old man was referred to our hospital with two nodes and huge deep ulcer on his penis and glans. He has received plastic surgery which inserted silicon balls in his penis at 20 years old. Since he suffered pain and inflammation around silicon balls in his penis on September 2012, he was referred to a clinic of plastic surgery to remove these silicon balls. After taken silicon balls, he suffered painful and itching ulcer on his penis however he put over-the-counter steroid cream containing crotamiton for 4 months without visiting a clinic. Ulcers on his penis and glans were getting huge. We suspected pyoderma gangrenosum, tuberculosis of penis and took a biopsy. A biopsy revealed a granulomatous formation with mononuclear cells neutrophils and eosinophils. A patch test revealed crotamiton in steroid cream was positive at 72 hrs. We concluded he suffered huge ulcer on his penis after taken silicon balls in penis for 4 months induced by contact dermatitis due to crotamiton.

〈本文p.75～78〉

Palmo-plantar Erythematous-papular Eruption of infancy (PPEEI) (Sandbox Dermatitis-like syndrome)

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Abstract

Palmo-plantar erythematous-papular eruption of infancy (PPEEI) is a pruritic erythematous-papular eruption on the hands and feet, mainly on the palms and soles. The lesions do not react to a steroid and cured naturally followed by fine or lamellar desquamation. The cause of the disease is unknown but it is thought about the participation of the virus involving EB virus. Recently 73 patients were summarized over a period of ten years and 7 months. The 93% of the patients were one or two years old and 92% of the infants concentrate on the cold seasons. It is possible that a peripheral circulatory disturbance due to an exposure to cold injury may be one of the contributing factors.

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〈本文p.79～82〉

Case of multiple red papules presented after spa treatment at Tamagawa hot spring in Akita prefecture.Kasai, Hiroko¹⁾ Konohana, Akira²⁾¹⁾Department of Dermatology, Keiyu Hospital²⁾Kamonohashi Dermatology Clinic**Abstract**

63-year-old Japanese woman presented with multiple red papules on the arm, back and chest after she visited Tamagawa hot spring in Akita prefecture for spa treatment. Histological examination showed uncapsulated nodule in the dermis composed of myofibroblasts. Though it is known among visitors of Tamagawa hot spring that eruptions often emerge after having spa treatment there, we could find few reports mentioned about the eruptions. Histopathological findings were similar with dermal nodular fasciitis (DNF), which occurs reactively after having trauma or dermatitis. But all the reported DNF occurred singly. As far as we searched, we could not find exactly the same eruption like our case. Small wound due to stone sauna could be the cause of the reactive eruption.

〈本文p.83～86〉

My experience of melanoma *in situ*Saida, Toshiaki¹⁾¹⁾Professor Emeritus, Shinshu University**Abstract**

A total of six cases of malignant melanoma (MM) *in situ* affecting various anatomical sites were described. The first case was lentigo maligna melanoma *in situ* on the face of an elderly. The following 3 cases were acral lentiginous melanoma *in situ* affecting volar skin. One of them was difficult to diagnose clinically and histologically but diagnosed by the dermoscopic features of the parallel ridge patter. The fifth case was MM *in situ* affecting the thumb-nail, which was treated successfully without amputation of the finger. The last case was superficial spreading melanoma *in situ* found on the forearm of a young woman. These cases strongly suggest that most MMs arise *de novo*, i.e., not in association with preceding melanocytic nevus.

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A case of peripheral nerve tumor of the skin : mostly peripheral neuroectodermal tumor of the skin

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Abstract

A 26-year old man with a large tumor on his left arm has been reported. The tumor was elastic-hard, and on its surface, with erosion and teleangiectasia. The first pathological diagnosis from biopsy specimen was melanoma. The pathological findings of the operated material showed a well defined and solid nodule in dermis. In the upper part, islands of large round or polygonal cells, forming rosettes, were surrounded by PAS positive thick basal membrane. In the middle and lower parts, spindle shaped cells arranged storiform pattern. Immunohistochemically, S-100 protein, NSE, HMB-45 and vimentin were positive, and desmin, CD68, CD34 and EMA showed negative. Ultrastructurally each tumor cells or nests of cells were surrounded with thick basal lamina. Between adjacent cells, desmosome-like structures were found. Small dense cored granules were observed, though immature and mature melanosomes were not found at all. Although it was difficult to give the diagnosis to this tumor, we have suspected the diagnosis as peripheral nerve sheath tumor or peripheral neuroectodermal tumor of the skin. Before the final decision of diagnosis, more discussion should be needed.

〈本文p.91～94〉

An extremely severe case of psoriasis

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Abstract

A woman in her thirties developed generalized psoriatic lesions over the trunk and extremities. She further developed arthritis, which worsened rapidly involving the axial and peripheral joints. During the course, she suffered from uveitis and severe cardiovascular disease. In spite of various treatments available in those days, neither cutaneous psoriasis nor joint manifestations were well controlled.