◇Case Report

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A case of pyoderma gangrenosum with multiple subcutaneous abscesses leading to diagnose Crohn's disease

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Abstract

A 29-year-old man presented with fever and a subcutaneous ankle abscess without ulceration, which was recognized as a bacterial infection. He was treated with antibiotics and incisional drainage, but the fever continued and the subcutaneous abscess was exacerbated. All cultures were negative. Our detailed interview of his past medical history revealed that he had bloody stool five or six times a day. A longitudinal ulcer was found by colonoscopy, and we diagnosed the multiple subcutaneous abscesses without ulceration as pyoderma gangrenosum, complicated by colonic Crohn's disease.

〈本文p.149～152〉

A case of an intractable skin ulcer on the left thumb caused by Steal syndrome

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Abstract

A 68-year-old woman with diabetes and chronic renal failure started dialysis. After 1.5 months,an arterioveous shunt was created in the left forearm.During hemolysis, she experiensed extreme pain in the left thumb. Examination revealed a necrotic skin uler on the dorsum of the left thumb,which caused severe pain leading to insomnia. Radiological findings showed an osteolytic lesion. A diagnosis of Steal syndrome was made and shunt closure was performed.Expecting tendon exposure after debridement, a plastic surgeon was consulted. Abdominal sikin flap ensured near complete recovery.This report can aid diagnosis of similar cases.

◇Case Report

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A case of chronic lymphocytic leukemia found after reinfection with varicella

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Abstract

Varicella is rare among elderly people who have no underlying disease. Here, we report a case in which chronic lymphocytic leukemia was found after the reinfection with varicella of the elderly. The patient presented with blisters on the face and trunk accompanied by a fever of 38℃. Disseminated herpes zoster was also considered; however, the final diagnosis was of varicella because there were no areas where the blisters became localized. We had difficulty in judging whether the disease represented a reinfection or recurrence of varicella. We could not prove the identity of the varicella zoster virus strain. Based on reference to past reports, we thought that this case was likely to have a reinfection of varicella.

〈本文p.157～160〉

A case of epidermodysplasia verruciformis

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Abstract

Epidermodysplasia verruciformis (EV), inherited via autosomal or X-linked recessive patterns, is related with EV type β-genotype human papillomavirus infection (HPV). patients with EV develops into Bowen's disease, squamous cell carcinoma (SCC)at a high rate. We herein report a case of a 55-year-old female with typical EV who had a family history of consanguineous marriage. She had multiple tinea versicolor and verruca planus-like eruptions on the upper half of her body. We made a diagnosis of EV from positive staining of HPV on skin biopsy. Multiple skin cancers including SCC and Bowen's disease occurred during her clinical course.

〈本文p.161～164〉

A case of Muir-Torre syndrome

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Abstract

We report a 58-year-old man with Muir-Torre syndrome. He had a past history of triple colorectal adenocarcinoma, and of several skin sebaceous tumors including borderline sebaceous neoplasm, which were resected. We demonstrated microsatellite instability with his colorectal adenocarcinoma sample, negative staining of anti-MLH1 antibody with his sebaceoma section, and the deletion of exon4-19 of *MLH1* gene using his blood sample.

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Annular erythema associated with myelodysplastic syndrome

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Abstract

A 50-year-old male presented with a 5-month history of annular erythema on his chest. Histological examination of biopsy specimen showed dens infiltration of small lymphocytes and large histiocytic cells around dermal vessels. These histiocytic cells were positive for CD68 as well as myeloperoxidase, suggesting that these cells were immature myeloid cells. He showed pancytopenia and a myelodysplastic syndrome was found on bone marrow biopsy specimen. The skin lesions followed a chronic recurrent course associated with gradual progress of MDS.

〈本文p.169～172〉

Erythema gyratum repens associated with multiple hepatic tumors

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Abstract

A 79-year-old woman presented to our clinic with a 3-month history of erythematous plaques with slight pruritus on the trunk and the proximal of the extremities. Physical examination disclosed wood-grained or whorled scaly erythema on the thigh in addition to coalesced multiple erythematous plaques on the trunk. She was diagnosed as erythema gyratum repens due to the characteristic form of her eruptions. MRI imaging analysis revealed multiple tumors in the liver, which were suspected as metastatic carcinoma. The patient and her family did not want to do further examination and treatment. The erythematous plaques disappeared by oral administration of 75 mg of diaminodiphenyl sulfone for one month without treatment of metastatic liver tumors.

〈本文p.173～176〉

Spiny keratoderma in association with multiple cancers

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Abstract

An 83-year-old Japanese man presented with an approximately 1-month history of multiple small hyperkeratotic lesions limited to the palms and soles. Skin biopsy of a projection on the hand showed a large column of parakeratotic cells and a focally decreased granular layer. He had a past history of three cancers. The first was colon cancer, which had been in complete remission. The second was prostate cancer, for which he had taken bicalutamide for 7 years. The last was a kidney cancer that was identified on computed tomography 3 months before the hyperkeratotic lesions developed. The patient was treated with salicylic acid ointment. After 6 months, the main complaint decreased, but keratotic lesions remained.

◇Case Report

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A case of necrotic migratory erythema leading to the diagnosis of pancreatic glucagonoma

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Abstract

A 53-year old female presented with refractory annular erythema with erosion or crusts occurring mainly in the intertriginous areas. Histopathological findings of the erythema revealed irregular acanthoma, spongiosis with individual cell keratinization, and we diagnosed this case as necrotic migratory erythema. In addition, rapid weight loss, hypoaminoacidemia, and a mass in the head of the pancreas by CT scan suggested a pancreatic glucagonoma. Administration of octreotide caused remission of the erythema, and a glucagonoma was diagnosed histopathologically after resection of the pancreas tumor.

〈本文p.181～184〉

Pancytopenia and intertrigo with petechiae due to parvovirus B19 infection in a Japanese adult woman without underlying disease

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Abstract

A 37-year-old woman presented to our clinic with a 3-day history of eruption and high-grade fever. Blood test showed mild pancytopenia and increased level of IgM antibody against parvovirus B19. Physical examination disclosed intertrigo with petechiae on side aspect of her trunk, axillary, inguinal regions, and flexor aspects of thigh. Bone marrow aspiration revealed no hypoplasia, while anemia was exacerbated. Eruptions, fever and pancytopenia had been subsided from 4 days after start of the eruption and disappeared at the day 10. Intertrigo with petechiae is one of the atypical eruptions due to parvovirus B19 infection, which could be caused by damage of endothelial cells and mechanical pressure. We should be aware of this type of eruption in parvovirus infection as well as aplastic anemia as serious complication, which might be lethal.

〈本文p.185～188〉

A case of pemphigoid nodularis

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Abstract

A 76-year-old woman was referred to us with papules and nodules on her extremities and trunk. Firstly the lesions was diagnosed as prurigo nodularis. After we started narrow-band UVB therapy, blisters appeared on her hands and feet. We performed a skin biopsy and her direct immunofluorescence showed positive reactions of IgG and C3 on the epithelial basement membrane. Serum level of anti-BP180 autoantibody was high. Then, she was diagnosed as pemphigoid nodularis. Skin lesions resolved with a systemic therapy using oral prednisolone.

◇Case Report

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Two cases of pemphigus that showed positive DLST with sitagliptin

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Abstract

We experienced two cases of pemphigus developed after oral administration of sitaglipitin, a dipeptigyl peptidase-4 (DPP-4) inhibitor. Case 1 is a 57-year-old man who was diagnosed as pemphigus vulgaris. He has been taking sitaglipitin for type 2 diabetes mellitus for 7 months . Case 2 is a 65-year-old man who was diagnosed as pemphigus foliaceus. He has been taking sitaglipitin for type 2 diabetes mellitus for 5 years. Both cases showed positive DLST with sitagliptin. Although association of DPP-4 inhibiter with pemphigoid have been reported previously, its association with pemphigus has not been reported yet.

〈本文p.193～196〉

A case of toxic shock syndrome caused by using vaginal tampons

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Abstract

We report on a case of toxic shock syndrome (TSS) from the use of vaginal tampons in a 20-year-old women. She came to our emergency clinic because of a 2-day history of diarrhoea and high fever. Following admission, she developed diffuse erythroderma followed by severe hypotension. She was menstruating and was using a tampon. *Staphylococcus aureus* was isolated from her vagina and from the tampon. Following treatment with antibiotics, the symptoms went into remission. At the site of infection, toxic shock syndrome toxin-1 -(TSST-1)- producing *Staphylococcus aureus* was detected. Early identification by an infectious disease specialist and appropriate medical management led to complete recovery.

〈本文p.197～200〉

Visible light-induced solar urticaria with inhibitory and augmented spectra

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Abstract

A 58-year-old woman experienced erythematous skin eruptions on sun-exposed areas immediately after exposure to sunlight. Photoprovocation tests induced erythema in a visible light-irradiated area. The induction was inhibited by pre-exposed to UVA and augmented by pre-irradiated 500< visible light. Strict avoidance of sunlight, daily use of photoprotective clothing and a broad spectrum sunscreen prevented photosensitivity reactions.