◇Case Report

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A case of progressive facial unilateral atrophy associated with localized scleroderma

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Abstract

A 27-year-old female presented with erythema of 10-year-dutation on the face. Atrophy, depilation of the hair developed since few year ago. Skin biopsy was performed from the neck and the alopecic scalp. Histologically, epidermis was thinned and lymphocyte-based inflammatory cell infiltration was observed around the vasculature and appendages. There was a proliferation, swelling and homogenization of collagen fibers. The secretory coils of the sweat glands were surrounded by collagenous fibers and they were atrophied. MRI showed atrophy of the subcutaneous tissue. The patient was diagnosed as progressive facial unilateral atrophy with localized scleroderma.

〈本文p.253～256〉

A case of vitiligo with inflammatory raised borders

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Abstract

We herein describe a case of vitiligo with inflammatory raised borders. A 15-year-old-male noticed depigmentation (vitiligo) preceded by erythema on his left neck. The patient was subsequently diagnosed as having vitiligo with inflammatory raised borders, and topical corticosteroids were administered to treat the vitiligo and erythema. The erythema responded to the treatment and began to disappear, but the vitiligo showed no signs of improvement. The present case suggests that when erythema with vitiligo appears on the neck, which we diagnosed as vitiligo with inflammatory raised borders, treatment at an early stage of erythema is required.

〈本文p.257～260〉

A case report of Rosai-Dorfman disease

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Abstract

Rosai-Dorfman disease (RDD)is a reactive histiocytosis caused by an unknown etiology. It clinically manifests as self-remitting lymphadenopathy of the neck. Histopathologically, it is characterized by notable infiltration of histiocytes with large clear cytoplasms in the sinus of cervical lymph nodes. Moreover, emperipolesis, phenomenon observed as intact lymphocytes engulfed by the histiocytes is considered as a key feature specific to RDD. Immunohistochemically, RDD is immunopositive to CD68 and S-100 protein while CD1a is negative. Here, we report a case of RDD mimicking Kikuchi disease.

◇Case Report

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A case of pseudoxanthoma elasticum

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Abstract

A 59-year-old woman presented with yellowish papules and striae on her neck, axillae, and cubital fossae. Skin biopsy revealed torn and swollen elastic fibers in the dermis. Von Kossa staining showed calcifications in the same regions. Genetic tests showed variants in the *ABCC6* gene. We diagnosed pseudoxanthoma elasticum (PXE). PXE is an autosomal recessive disease of connective tissues that primarily affects the skin, retina, cardiovascular system, and digestive system. We report this case with bibliographic considerations.

〈本文p.265～268〉

A case of menstrual dermatitis

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Abstract

A 43-year-old woman presented to our hospital with pale, flat erythematous patches on the face, neck, and trunk, which appeared three days after the start of menstruation. The patient had a five-year history of erythema on the same areas of the body during menstruation. Histopathological examination showed inflammation around the vessels of the upper dermis with lymphocytic infiltration. A negative intradermal skin test using estrogen and progesterone denied autoimmune progesterone and estrogen dermatitis. Based on these findings, menstrual dermatitis was diagnosed. A moderate amount of oral steroids for a few days during menstrual period was effective to prevent the eruptions.

〈本文p.269～272〉

A case of thoracic outlet syndrome exhibiting cervical cutaneous vasodilation

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Abstract

A 63-year-old woman had been some red-punctiform-rashes on the left side of neck with pain and malaise in her neck to left-shoulder for about 30 years. Closely visual examination revealed that the rashes caused by cutaneous vasodilation accompanied by skin pallor on the left side of neck, and her left external jugular vein overswelled. Histopathological examination of the vasodilation showed continuously dilated vessels through the dermis. We suspected the presence of a constricted point at the proximal site. Since contrast-enhanced computed tomography findings showed the origin part of left external jugular vein became compressed between a clavicle and anterior scalenus muscles, we identified the rashes on her neck caused by thoracic outlet syndrome (TOS).

◇Case Report

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A case of pellagra

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Abstract

We report a patient of pellagra caused by excess alcohol intake and insufficient intake of food. A 73-year-old man who underwent gastric resection 8 months previously noticed erythema on his forearms, which spread to his face and neck. Skin eruption was resistant to topical corticosteroid ointment. When he was referred to our hospital, relatively well-circumscribed erythema with scales, crusts and erosion were mainly observed on the sun-exposed areas such as face, neck, and upper limbs. He also developed diarrhea. Serum nicotinic acid level was within normal limit, but serum tryptophan level was low limit. He was diagnosed as pellagra and nutritional support and transfusion resulted in resolution of his symptoms.

〈本文p.277～280〉

A case of diffuse fasciitis followed by generalized morphea

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Abstract

A 26-year-old female presented with a eight-month history of glossy and indurated plaques on her face, trunk, and four limbs with intermittent pyrexia. Histological examination showed swelling collagen fibers in deep dermis, which is typical in the diagnosis of morphea. Three months after the beginning of the treatment of oral corticosteroid, she complained the disturbance of excursion on her wrists and fingers with entire induration on the both upper limbs. The CRP level was slightly elevated and the fascial biopsy revealed the lymphocytic infiltration around the fascia. Then we diagnosed her as diffuse fasciitis. Oral corticosteroid and methotrexate improved the symptoms. It was suggested that the elevation of CRP might reflect the activity of underlying diffuse fasciitis.

〈本文p.281～284〉

A case of Madelung disease in a patient with a chief complaint of a mass of neck

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Abstract

A 66-year-old man referred to our hospital because of disfigurement of the neck. He showed multiple symmetrical fat tissue over the neck, back, chest and arms. He had liver disease because of a high intake of alcohol. Based on the clinical manifestations and present history, he was diagnosed as Madelung disease. Madelung disease is a rare disease showing a characteristic appearance but its definitive etiology remains unknown. It has been reported that some metabolic abnormality would be involved in the pathogenesis of the Madelung disease. Here, we reported a case of Madelung disease with metabolic abnormalities, including diabetes mellitus and alcoholic liver injury.

◇Case Report

〈本文p.285～288〉

A case of insect bite-like reaction with many nodules on the head and face in a patient with chronic lymphocytic leukemia

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Abstract

A 71-year-old man, who had been diagnosed as chronic lymphocytic leukemia for 4 years, presented to our clinic with a 3-year history of pruritic red nodules on his nape of the neck, which had been treated as prurigo nodularis. Dense lymphocytic infiltration with eosinophils in upper and deep dermis indicated insect bite-like reaction in association with chronic lymphocytic leukemia. Oral administration of 20 mg prednisolone partially relieved his symptom although topical steroid, oral antihistamine, and narrow band UVB therapy failed. Chemotherapy including rituximab for chronic lymphocytic leukemia completely resolved his skin symptom although he died after three courses of the chemotherapy due to exacerbated leukemia with infection. Insect bite-like reaction should be differentiated from prurigo, especially located on the nape and head.

〈本文p.289～292〉

A case of chronic tinea barbae

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Abstract

A 72-year-old male with hypercholesterolemia had an itchy erythema on his neck, and was used topical corticosteroid for three months. Clinical appearance consistered diffuse erythema with red papules and painful subcutaneous nodules. There were no findings suspected acute inflammation such as swelling, pustules or discharges. Microscopic examination from the leision revealed many fungal elements that were identified as Trichopyton rubrum. Granulomatous inflammation with giantcell was obserbed on the histological findings. The patient was treated with oral terbinafine 125 mg daily for two months.

〈本文p.293～296〉

A case of Mycobacterium peregrinum infection on the neck of a healthy woman

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Abstract

A 21-year-old healthy female presented with 2 cm of abscess on her neck with tender. Administration of Levofloxacin did not improve the symptoms. Biopsy was taken for culture, and some colonies were formed on Mycobacterium (Kudo) media after 3weeks, which was defined as Mycobacteria peregrinum by DNA-DNA hybridization. According to the sensitivities of the mycobacterium, LVFX, RFP, and CAM were administrated. After 2months, because of the side effect of leukopenia and stomatitis, LVFX was stopped and the other two were continued for 6months. The lesion healed leaving scar.

◇Case Report

〈本文p.297～300〉

A case of giant calcifying epithelioma of the neck

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Abstract

Calcifying epithelioma is a benign cutaneous tumor arising from hair follicle stem cells. It usually occurs on the face, neck, and upper extremities. We report a case of 38-year-old man with a calcifying epithelioma of the neck which was 6 cm large, and he had enlarged right submental lymph node. The diagnosis was confirmed by histopathological examination.

〈本文p.301～303〉

Unilateral nevoid telangiectasia in a healthy young man

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Abstract

A healthy 33-year-old man visited our hospital with an erythematous lesion on the left side of his face and neck. The lesion first appeared in the neck ten years previously and had gradually enlarged to the face. Dermoscopic studies revealed that there were meandering capillaries irregular in size. In histopathological study, there were dilated capillaries in the dermis. Unilateral nevoid telangiectasia is a very rare skin disease, which is known to be associated with several internal disorders such as thyroid diseases, liver dysfunction and endocrine disorders. Our patient had none of these associated diseases.

〈本文p.305～308〉

Multiple epidermal cyst, steatocystoma multiplex and eruptive vellus hair cyst on the neck and trunk

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Abstract

A 28-year-old male have multiple epidermal cyst, steatocystoma multiplex(SM) and eruptive vellus hair cysts(EVHC) on his neck and trunk.It is often reported that patients have SM and EVHC on the body, or patients who have hybrid cyst with SM and EVHC. SM is derived from pilosebaceous duct, epidermal cysts and EVHC are derived from infundibulum. We consider that they belong to the category of pilosebaceous cyst as a whole.