

◇ Case Report

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A case of toe ulcers by essential thrombocythemiaNagano, Naoko¹⁾ Tanimura, Hirotsugu¹⁾ Terai, Sayaka¹⁾ Nakamaru, Sei¹⁾ Makimura, Kaoru¹⁾ Ishii, Kazuyoshi²⁾ Kiyohara, Takahiro¹⁾¹⁾ *Department of Dermatology, Kansai Medical University*²⁾ *Department of Hematology and Oncology, Kansai Medical University***Abstract**

A 57-year-old man presented with a painful ulcer on the left great toe and a livedo on the right dorsal foot. Various tests on the blood stream were almost within the normal limits. Although the first diagnosis was pyoderma gangrenosum, both great toes have gradually ulcerated in spite of the administration of systemic prednisolone. The platelet value in the peripheral blood was more than $70 \times 10^4 / \mu l$ due to essential thrombocythemia. The toe ulcers and livedo have promptly disappeared by the administration of anagrelide and hydroxyurea.

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Pyoderma gangrenosum with toe involvementKikuchi, Nobuyuki¹⁾ Yamamoto, Toshiyuki¹⁾¹⁾ *Department of Dermatology, Fukushima Medical University***Abstract**

An 83-year-old woman with rheumatoid arthritis developed skin ulcers accompanied by necrotic tissues in occipital region, surrounding auricle, fingers, knees, lower legs, toes, and sole. Pathological examination showed dense infiltration of neutrophils into the dermis and subcutaneous fat tissue. After initiation of administration of prednisolone, skin ulcers have improved. Pyoderma gangrenosum of the digit is rare.

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A case of cholesterol crystal embolization with the atherosclerotic lesion in the abdominal aortaMatsuzaka, Yuki¹⁾ Sanada, Seiko²⁾¹⁾ *Department of Dermatology, Onomichi General Hospital*²⁾ *Hijiri Dermatology Clinic***Abstract**

A 77-year-old man was admitted to our hospital because of severe pain and livedo reticularis of the toes of both feet. The patient had not undergone angiography or anticoagulation therapy. Both dorsalis pedis and tibialis posterior arterial pulses were present on palpation. An abdominal CT scan showed irregularly shaped intramural thrombus and abdominal aneurysm in the abdominal aorta. Histopathological examination of the gangrene revealed cholesterol cleft in the small arteries. Due to these characteristic findings, cholesterol crystal embolization was diagnosed.

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Cholesterol crystal embolism induced by EndoVascular Therapy in a patient with diabetic gangrene

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Abstract

A 65-year-old woman complaining of a sore foot was admitted with diabetic gangrene on her left heel and second toe. Since her left superficial femoral artery was 99% occluded, EndoVascular Therapy was performed. Four days later, she developed a purplish discoloration in her toes with eosinophilia and slight renal dysfunction. A histopathological examination revealed multiple biconvex clefts in the dermal vessels, consistent with a cholesterol crystal embolism (CCE). Because of the initial diabetic gangrene and subsequent CCE, her heel and toes became necrotic. However, the combination of bone marrow exposure debridement with occlusive dressing therapy and negative wound pressure therapy successfully rescued her from major amputation.

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A case of granular cell tumor of the third toe of the left foot

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Abstract

Granular cell tumor is a rare tumor, and it is estimated to account for 0.5% of all soft tissue tumors. Immunohistochemical analysis has indicated that granular cell tumors arise from Schwann cells. We report a case of granular cell tumor of the third toe of the left foot in a 19-years-old female that was treated with simple total removal.

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A case of infantile digital fibromatosis showing spontaneous complete regression

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Abstract

An 8-month-old male was brought to our hospital with a four-month history of smooth nodules on his toes. Skin biopsy revealed spindle cells with eosinophilic cytoplasmic inclusion bodies. Immunohistochemically, some spindle cells and inclusions were positive for α -smooth muscle actin. These findings prompted a diagnosis of infantile digital fibromatosis. The tumors completely regressed for 2 years. Following diagnosis, a conservative approach with follow-up is recommended given the high relapse rate and the likelihood of spontaneous remission.

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A case of Soft-tissue chondroma in big toe

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Abstract

A 51-year-old man presented with a soybean-size subcutaneous nodule in his left big toe. MR imaging revealed intermediate to hypo signal intensity on T1 weighted imaging and hyper signal intensity with hypo signal intensity inside on T2 weighted imaging. Though the tumor appeared to attach on the distal phalanx at MR imaging, the bone cortex was intact in the operative findings. The pathological findings revealed the tumor consists of mature hyaline cartilage, and we diagnosed it as soft-tissue chondroma. Soft-tissue chondroma is rare tumor and sometimes difficult to diagnose. So, we need to observe the peritumoral structures carefully during operations, in order to discriminate from periosteal chondroma.

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Subungual exostosis - two cases showing unusual clinical features

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Abstract

We report here two cases of subungual exostosis showing unusual clinical features. The first case was a 21-years-old male presented with an yellow-whitish nodule under the right first toe nail. This resembled clinically glomus tumor. The second case was a 14-years-old male presented with a red nodule under the right first toe nail. The lesion resembled clinically pyogenic granuloma, squamous cell carcinoma, or eccrine poroma. Characteristic finding of the osseous shadow in X-ray inspection was the most diagnostic.

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Interdigital squamous cell carcinoma in situ (Bowen's disease)

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Abstract

A 39-year-old female presented with pruritic eruption that appeared on the proximal site of dorsum of the left foot and near the left second toe 15 years before. Physical examination revealed a hyperkeratotic erythematous macule with eschar, 15×10 mm in the left second interdigital area. Biopsy specimen showed that proliferation of atypical keratinocytes throughout the entire epidermis with clumping cells and individually keratinized cells were also observed. A diagnosis of Bowen's disease was made. The lesion was excised a 5-mm lateral margin, and full-thickness skin grafting was performed. Recurrence has not been observed afterwards. This is a rare case of Bowen's disease occurring in the interdigital area.

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A case of verrucous carcinoma on the right little toe

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Abstract

A 64-year-old woman presented with an ulcerative tumor on the right little toe. Repeated skin biopsies did not provide a definitive diagnosis. Since, osteomyelitis was confirmed by MRI, she underwent toe amputation and was diagnosed with verrucous carcinoma. By immunohistochemical staining, p53 was expressed in the basal cell layers, and we considered it could aid in the early diagnosis of verrucous carcinoma.

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Basal cell carcinoma on the left second toe

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Abstract

Basal Cell Carcinoma(BCC)usually develops in sun-exposed areas. The toe is very rare site of BCC. I describe a patient with BCC on the left second toe. Clinically, it appeared as a well-circumscribed, slightly elevated pinkish nodule with many small black dots and ulcers at the peripheral of the lesion. Histopathological findings were consistent with superficial type of BCC.

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A case of malignant melanoma with cartilaginous differentiation

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Abstract

A 70-year-old male had an irregular grey～black macule between the right forth and fifth toes after liquid nitrogen cryotherapy two months ago. Histological examination revealed in upper part typical melanoma, on the other hand in the dermis atypical cells nest continued eosinophilic cartilage-like nest. We diagnosed an unusual case of malignant melanoma with cartilage differentiation.

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A Painful metastatic skin cancer of the great toe in a patient with esophageal cancerTanaka, Haruna¹⁾ Taki, Tomoki¹⁾ Yasuda, Kumi¹⁾ Kageyama, Shioto¹⁾ Sakakibara, Akihiro¹⁾ Wakita, Shigenori²⁾¹⁾ *Division of Dermatology, Anjo Kosei Hospital*²⁾ *Division of Gastroenterology, Anjo Kosei Hospital***Abstract**

A 53-year-old man with esophageal cancer developed a painful erythematous plaque on the distal part of his right great toe. Histopathologic examination showed a metastatic squamous cell carcinoma in the dermis and subcutis consisting with the histopathologic features of his esophageal cancer. Inflammatory type of skin metastasis such as our case is difficult to diagnose without skin biopsy. Since most patients of skin metastasis from esophageal cancer are advanced, we need to consider the patient's quality of life in the treatment.

〈本文p.413～416〉

A Cutaneous metastases of lung squamous cell carcinoma to the ends of the digitsYamashita, Atsushi¹⁾ Hirasawa, Yusuke²⁾ Yoshihara, Nagisa²⁾ Takagi, Atsushi²⁾ Ikeda, Shigaku²⁾¹⁾ *Department Human Pathology, Juntendo University School of Medicine*²⁾ *Department Dermatology, Juntendo University School of Medicine***Abstract**

A 63-year-old man presented erythema, swelling and pain of the nail fold in his right thumb and both big toes during being treated for stage-IV squamous cell carcinoma of the left lung. They had been initially suspected as paronychia, but were diagnosed as metastases of lung squamous cell carcinoma histopathologically. Digital acrometastasis is rare and its presentation can mimic infectious or inflammatory disease. So, it is important whether metastatic tumor is listed as one of differential diagnoses.

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A case of paraneoplastic syndrome with prostate cancer diagnosed from polyarthrititsKoumura, Miho¹⁾ Tsurumi, Yuki¹⁾ Tanaka, Yoshihito¹⁾ Inasaka, Yu¹⁾ Ito, Yumi¹⁾ Koderu, Masanari¹⁾¹⁾ *Department of Dermatology, Chukyo Hospital***Abstract**

A 66-year-old man presented with swelling and pain in his left 1st and 2nd toes. Initially we suspected cellulitis, but antibiotic treatment was ineffective. Because contrast magnetic resonance imaging revealed synovitis findings of his left ankle, rheumatoid arthritis and paraneoplastic syndrome were suspected. Blood examination revealed prostate specific antigen was high, then he received prostate biopsy and was diagnosed with prostate cancer. The treatment against prostate cancer eliminated arthralgia, we finally diagnosed polyarthritits as carcinomatous polyarthritits.