## ◇Case Report

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### The case of parakeratosis variegata

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**Abstract**

A 63 years old female showed an extensive eruption of brown-red, slightly raised, flat, scaling papules in a net-like or zebra-like pattern, accompanied by telangiectasia and atrophy in axilla, abdomen, inguinal region and gluteal area. After clinical examination and the histopathological result, parakeratosis variegata was diagnosed. It was intractable by topical steroids and phototherapy, however administration of etretinate showed improvement of the symptoms. After that, treatment was continued with only phototherapy and eruptions did not recur. Even now, after completion of phototherapy there are no recurrent eruptions seen. However, because parakeratosis variegata may shift to mycosis fungoides, we think that a long-term follow up will be necessary.

〈本文p.469～472〉

### Interstitial granulomatous drug reaction from rosuvastatin

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**Abstract**

A 68-year-old woman with hyperlipidemia who had been treated with rosuvastatin for 10 years presented with a 5-month-history of generalized lesions expanding from both axillae. Physical examination revealed bilateral erythematous to violaceous plaques on the trunk, thighs, medial surfaces of the knees, and intertriginous sites with mild itch. Biopsy showed diffuse interstitial infiltrates comprising histiocytes, lymphocytes, and eosinophils throughout the dermis. Mucin staining revealed slight mucin deposits. Interface dermatitis with basal vacuolar degeneration was also apparent. All lesions subsided within 1 month after discontinuing rosuvastatin and relapsed after reintroduction of the medicine. The characteristic clinical and pathologic findings led to the diagnosis of interstitial granulomatous drug reaction.

〈本文p.473～476〉

### A case of erythema annulare associated with essential thrombocythemia

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**Abstract**

Annular erythema has been recognized as one of the cutaneous manifestations by infectious diseases, connective tissue disorders, and cancers and so on. However, there are few reports on annular erythemas associated with essential thrombocythemia. Here, we report a case of annular erythemas in a 66-year-old Japanese man with essential thrombocythemia and sudden deafness. Annular erythemas on his both armpits developed with thrombocytosis and disappeared spontaneously with the decrease in platelet counts.

## ◇Case Report

〈本文p.477～480〉

### A case of tuberculosis diagnosed from a painful subcutaneous nodule in the right axillae

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**Abstract**

A 25 year-old female patient from the Philippines visited the University of Yamanashi hospital for a painful subcutaneous nodule in the right axillae. Magnetic resonance imaging pointed out an enlarged lymph node with peripheral enhancement in the right axillae as well as a nodule in the right lung. Multiple tests for tuberculosis infection were performed and a diagnosis of pulmonary and lymph node tuberculosis was made. She received a combination of anti-tubercular drugs (RFP, INH, EB, and PZA) and recovered. We report a case of tuberculosis diagnosed from a painful subcutaneous nodule in the right axillae and discuss the recent issues about tuberculosis in Japan.

〈本文p.481～484〉

### A case of infantile Kaposiform hemangioendothelioma showing dark violet formation with multiple nodules in the left axilla and left upper arm

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**Abstract**

A 3-month-old female presented with nodules on the left axilla at 2 months after birth. From her left axilla to upper arm, multiple painful nodules in the dark violet plaque with hard elasticity were identified. Hematoxylin-eosin stained specimens revealed some tumor nests without capsules, but with distinguished boundaries, and spindle-shaped cells forming lumen-like structures in the dermis and subcutaneous tissue. The tumor cells were CD34 and facter VIII positive. Electron microscopic analysis revealed that basal lamina of the vessel walls were monolayer. Additionaly, microfibers and Weibel-Palade granules in the endothelial cells were sparse. We started the paitent on a propranolol regiment due to the enlargement of the tumor 2 years and 5 months after birth. A one year and four month course of the Propranolol regiment stopped the tumor growth.

〈本文p.485～488〉

### A case of Hailey-Hailey disease with a mutation in the *ATP2C1* gene

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**Abstract**

A case of middle aged male patient who has chronic skin eruption on bilateral axillae for three years. We examined him by skin biopsy, and diagnosed him Hailey-Hailey disease. Finally by gene examination, *ATP2C1* gene mutation was detected.

## ◇Case Report

〈本文p.489～492〉

### Trichilemmal cyst in axilla

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**Abstract**
A 61-year-old female patient was diagnosed with trichilemmal cyst through histological examination of the surgical resection. The patient had noticed dark-red nodules in the right axilla for 40 years prior to initial diagnosis. In Japan, this was the first report of the presence of a trichilemmal cyst in the axilla. In addition, the relationship between the site and color of trichilemmal cyst in 16 patients was assessed. A sensitive ultrasonic device permits a definite depiction of calcification in cysts. Therefore, the use of such techniques would enable easier preoperative diagnosis of trichilemmal cyst.

〈本文p.493～496〉

### Two cases of eruptive syringoma

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**Abstract**
Syringoma is divided into three types which are eyelid type, eruptive type and localized type by distribution. Generalized eruptive syringoma is a rare clinical presentation of a benign adnexal tumor that derives from the intraepidermal portion of the eccrine sweat ductus. It presents as successive cropos of small flesh-colored papules on the anterior body surfaces. We here report the two cases of eruptive syringoma in a 20-year-old man and a 32-year-old woman.

〈本文p.497～500〉

### A case of extramammary Paget's disease of the right axilla with concurrent lesions of the genital area

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**Abstract**
A 73-year-old male presented with a red-purple patch on the right axilla which he had noticed three years earlier. Physical examination revealed a 28×20 mm sized, sharply defined patch and another erythema on the genital area, which was 41×28 mm in size. At the time of surgical excision, we also found two depigmented areas on the scrotum and these areas were also excised. Histopathological findings revealed the existence of Paget cells with clear cytoplasm in the epidermis in all four specimens. A diagnosis of multiple extramammary Paget's disease was established.

## ◇Case Report

〈本文p.501～504〉

### A case of apocrine adenocarcinoma in the axilla

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**Abstract**

A 76-year-old woman presented at our hospital with a red nodule in her right axilla that had gradually increased in size over the course of one year. Physical examination at the initial visit revealed the presence of a pedunculated red mass with good mobility, which measured 4.4 × 3.9 cm in size. The axillary lymph nodes were impalpable on both sides, and computed tomography did not reveal any axillary lymph node enlargement. In addition, fine-needle aspiration cytology of the right axillary lymph nodes showed no evidence of lymph node metastasis. Resection was performed at a distance of 1 cm from the macroscopic margin of the tumor. Histopathological findings showed tumor cells with nuclear atypia proliferating in a solid pattern and forming a lumen, with decapitation secretion in some areas. The patient received no other treatment in addition to resection of the primary tumor, and no recurrence or metastasis has been detected during the first three years following resection.

〈本文p.505～508〉

### A case of apocrine carcinoma of the axilla

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**Abstract**

As cutaneous apocrine carcinoma (CAC) is an extremely rare skin cancer, a therapeutic approach for CAC is not yet well-established.we present a case of apocrine carcinoma of axilla with lymph node metastases. A 81-year-old man presented with a erythematous tumor of his right axilla.We performed wide local excision and lymph node dissection. We found a total of 7 metastatic lymph nodes.There is no recurrence for 24 months after surgery.We considered that evaluation before treatment and sufficient initial treatment are important for patients with CAC.

〈本文p.509～512〉

### A case of sweat gland carcinoma which was difficult to diagnose conclusively

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**Abstruct**

A 67-year-old man presented with a right axillar tumor with 3 month history. A biopsy of the lesion revealed a nodular structure in the dermis composed of atypical cells with eosinophilic cytoplasm. He had no other organ tumors and was suspected of having apocrine adenocarcinoma, classic type of eccrine adenocarcinoma, or accessory breast carcinoma. Local resection was performed with a 2-cm margin. A histopathological examination showed neither decapitation secretion nor normal mammary tissue around the tumor. He was finally diagnosed with sweat gland carcinoma. Although axillar adenocarcinomas are sometimes difficult to diagnose, the resection with a wide margin and careful follow-up is necessary.

## ◇Case Report

〈本文p.513～516〉

### Primary cutaneous apocrine carcinoma of the right axilla

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**Abstract**

A 72-year-old man presented at our Dermatology Department with 8-month history of a nodular lesion. Physical examination revealed a dark reddish node, 21×17 mm in diameter, on right axilla. Histopathological findings demonstrated infiltrates of tumor cells in dermis and subcutaneous tissue. The tumor consists of atypical glandular cells with eosinophilic cytoplasm and active decapitation secretion. Normal mammary grands were not observed. On immunohistochemical analysis, tumor cells were positive for PAS with predigestion with diastase and GCDFP-15. CT scanning showed no evidence suggestive of extracutaneous lesions. We diagnosed as primary cutaneous apocrine carcinoma on the basis of findings described above.

〈本文p.517～520〉

### A case of primary cutaneous anaplastic large cell lymphoma

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**Abstract**

A 72-year-old man noticed a quail egg-sized deep-red mass in the right axilla 10 days prior to visiting our department. Skin biopsy showed proliferation of CD30-positive atypical lymphocytes. The patient was immunohistochemically diagnosed with primary cutaneous anaplastic large cell lymphoma (C-ALCL) and underwent total resection of the mass. Two years later, he noticed a soybean-sized mass in the right groin. He underwent total resection of the mass and was diagnosed with C-ALCL. There was no recurrence thereafter. Although the prognosis of patients with C-ALCL is generally good, a study in Japanese patients has reported poor outcome; therefore, the patient needs to be carefully followed.