Button osteoma is a benign, slow-growing mass of mature, predominantly lamellar bone, usually arising from the skull or mandible. On the skull vault, it appears as a small, circumscribed bony overgrowth with ivory-like lumps. These smooth-surfaced, circular protrusions are sharply demarcated and often solitary, although there are two or more in one third of cases. The precise etiology of button osteoma is unknown, but some investigators postulate that it is the result of post-traumatic exostosis. We report a rare case of multiple button osteomas of the calvarium, which might have resulted from postinjury ossification. The patient was a 38-year-old female with multiple asymptomatic erythematous hard nodules on the posterior scalp that had first been noticed 1 year earlier. A year before, she had trauma on her posterior scalp through a slip down injury. The nodule had been enlarging gradually for 1 year. Histopathologically, they were high cellularity reactive lesions with basophilic mineralization of some of the osteoid product. The cellularity lacked pleomorphism and abnormal mitoses and S100 staining was negative. A radiological examination showed protruding exostoses, overhanging from the cranial vault.

Erosive adenomatosis of the nipple

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Erosive adenomatosis of the nipple is a rare, benign neoplasm currently thought to originate from the terminal lactiferous ducts and subareolar breast tissue. Clinically, erosive adenomatosis of the nipple is often indistinguishable from that of mammary Paget’s disease and histologically, it may be misdiagnosed as intraductal carcinoma. We present the case of a 36-year-old woman who had an unilateral erythematous induration of the nipple that contained a palpable, firm nodule. It had first been noticed 2 year earlier. The surface was occasionally crusted, and there was a bloody discharge. Histopathological examination showed irregular, dilated tubular structures, which were lined by a peripheral layer of cuboidal cells and a luminal layer of columnar cells that demonstrated decapitation secretion at their luminal border.

Apocrine hidrocystoma combined with a dermoid cyst

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Typically, an apocrine hidrocystoma is a translucent cystic nodule that looks like adenomatous cystic proliferation of an apocrine gland originating from a hair germ. A dermoid cyst is a cystic teratoma that contains developmentally mature skin, complete with hair follicles, sweat glands, and other tissues derived from the ectoderm. Many investigators believe that dermoid cysts are of ectodermal origin, specifically hair germ cells. A 58-year-old woman presented with a purple, asymptomatic, dome-shaped nodule on her right lower eyelid that had been slowly increasing in size for several years. Histopathological examination revealed two well-demarcated cysts: one was lined with stratified squamous epithelium with mature hair and sebaceous glands and the second contained large cystic spaces into which papillary projections extended. We report a rare case of a dermoid cyst combined with an apocrine hidrocystoma occurring in the lower eyelid at the same site.

Congenital diffuse plane xanthoma in an 8-year-old girl

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Congenital diffuse plane xanthoma (CDPX) is a rare skin disease that manifests in the form of yellowish patches from birth. This disease is classified into 2 groups on the basis of the presence of hyperlipidemia. Familial hyperlipidemia and liver cirrhosis can be associated with CDPX. The patient was an 8-year-old girl who presented with a slightly elevated yellow-brown patch (diameter, up to 9 to 10 cm) on the left arm; the patient had the patch since birth and did not have any other related complaints. Histopathological analysis showed diffuse infiltration of histiocytic foamy cells in the
upper dermis, with an admixture of lymphocytes and histiocytes. The screening lipid profile showed a cholesterol level of 210 mg/dl (125~220 mg/dl) and a triglyceride level of 359 mg/dl (45~150 mg/dl). Lipoprotein electrophoresis showed the pattern of type IIa hyperlipoproteinemia. Lipid tests of patients’ families were not identified. In conclusion, we report a case of CDPX with type IIa hyperlipoproteinemia.

키워드 : Congenital diffuse plane xanthoma, Hyperlipoproteinemia

A case of branchial cleft fistula
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Branchial anomalies (BA) are the second most common head and neck congenital lesions seen in children. They can present as a cyst, sinus or fistula and are the result of maldevelopment of the branchial apparatus during the embryonic period. Among malformations, second cleft lesions account for 95% of the BA. The sinus or fistula is usually noted during infancy and young childhood, due to recurrent infection. We present a 13-year-old girl who had a mass with an external opening in the anterior region of the neck. The mass was a skin colored, 2.0X1.0 cm sized nodule which had mucus secreting from an opening pore. Surgical exploration revealed that fistula had an internal opening within the tonsilar fossa and histopathologically the lumen was lined by pseudostratified columnar cells. So, we finally diagnosed it as branchial cleft fistula of second type branchial anomaly.

키워드 : Branchial anomalies, Branchial cleft fistula

Primary solitary lymphangioma with atypical clinical finding
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Lymphangiectases are acquired dilations of lymph vessels. Solitary lymphangiomas have an appearance resembling frog’s eggs. Acquired lesions occur on women’s arms, axillae, chest, and back after lymph node dissection and irradiation for breast cancer, and on the scrotum, penis, thighs, and pubic region of men treated aggressively for prostate cancer. At times, benign disease such as scrofuloderma or recurrent erysipelas, which leads to progressive scarring of the lymphatic vessels, may induce lymphangioma. Rarely, degenerative changes to the supporting connective tissue may allow lymphangioma to develop. Usually, the lesions are thick-walled, translucent, 2-5 mm white vesicles. Spontaneous drainage of a straw-colored to milky-white fluid may occur. Here we report a case of primary solitary lymphangioma with atypical clinical finding with no preceding cause in a 26 year-old woman.

키워드 : Lymphangioma

Palisaded encapsulated neuroma with unusual clinical features
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Palisaded encapsulated neuroma (PEN) is a rare, benign, cutaneous nerve sheath tumor, which appears as a solitary asymptomatic skin-colored papule, usually affects the face of middle-aged adults. Here we report a case of PEN with unusual clinical features in a 23-year-old female, developed on the back accompanying pain sensation. Histopathologically, it appeared as a well-circumscribed, encapsulated round nodule, consisted of uniform, broad, interlacing fascicles of spindle cells in the upper dermis. On immunohistochemical staining, the tumor cells of nodule were positive for S-100 protein and neural filaments, while the capsule of the nodule was focally positive for epithelial antigen.

키워드 : Palisaded encapsulated neuroma, PEN

Angioleiomyoma on the ear helix
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A 31-year-old-man presented purple and painful pea sized nodule on the ear helix. Preoperatively, the presumptive diagnosis was a epidermal cyst. The mass was resected and