Periungal squamous cell carcinoma

Squamous cell carcinoma of the skin is the second most common cutaneous malignancy but periungal area is a rare location to occur. The lesions are erythematous, scaly, crusted, and verrucous, involving the nail bed, often associated with onycholysis and nail dystrophy. It is commonly misdiagnosed as chronic verruca vulgaris or paronychia. Although the recurrence rate is high, metastases are rare. The underlying bone is commonly involved, which may need amputation. A 68-year-old male presented with painful skin lesion on the right little finger that had persisted for 2 years. The lesion was erythematous scaly plaque with onychodystrophy. He was diagnosed as having periungal squamous cell carcinoma after the skin biopsy.

Nephrogenic systemic fibrosis

Nephrogenic systemic fibrosis (NSF) is a fibrosing condition involving the skin, subcutaneous tissues, and sometimes internal organs. And this occurs only in patients with acute or severe chronic renal insufficiency. Accurate diagnosis of NSF requires careful clinicopathological correlation. A 48-year-old woman presented with generalized hardness of skin, which started 1 month ago. She had been suffering from diabetes mellitus, hypertension, liver cirrhosis, chronic kidney disease, and infectious spondylitis. She had magnetic resonance imaging (MRI) scans using gadolinium 2, 3 and 5 months ago. Physical examination revealed generalized erythematous to brown colored patches with sclerotic skin texture on the whole body. She also had decreased joint mobility. Histopathologic findings showed increased spindle cells and collagen bundles, and mucin deposition. These spindle cells were positive for CD34. NSF is not rare in the areas of internal medicine, but rare in the areas of dermatology. So, we report a case of NSF developed in patient with chronic renal insufficiency after MRI scan using gadolinium.

A giant variant of acquired perforating collagenosis in chronic renal failure

Reactive perforating collagenosis (RPC) is one of essential perforating disorders, and is characterized by hyperkeratotic papules with the transepidermal elimination of altered collagen. Two types have been recognized: the childhood or inherited form, and the adult or acquired form. Acquired RPC is usually associated with systemic disease, especially diabetes mellitus, or renal failure. Lesions are almost all umbilicated papule or nodule with a central adherent keratotic plug lesser than 1cm in diameter. But, there is clinical variant as giant type, which is larger than 2cm in diameter resulted from coalescent of individual plaques and papules. The prognosis and distinct pathophysiology of giant variant acquired perforating collagenosis is still to be investigated. We present a case of giant variant of acquired perforating collagenosis associated with diabetes mellitus, chronic renal failure, which has not previously been reported in Korea.

Obesity and calcinosis cutis: Characteristic early signs of infantile pseudopseudohypoparathyroidism