

Fig. 1. Monilethrix. (a) Survey, (b) Close view of hairs.

pea-size, developed on her neck (Fig. 3), occipitally on her face, in hair follicles, on the upper arms and backs of her hands. Several of these tumours displayed a tendency to ulcerate.

Histology: Three earlier and two current biopsies disclosed pictures of rather poorly differentiated squamous epithelioma (Fig. 4).

Course: Some spontaneous regression with scar formation occurred (Fig. 5) but simultaneously

some progress, especially occipitally and on the neck.

Treatment: Bucky rays, 300 R \times 4 to the neck and face led to some improvement. No cytostatic medication or conventional irradiation were administered.

Diagnosis: Ferguson-Smith's description (Brit. J. Dermatology 46: 267, 1934) of multiple kerato-acanthoma is probably the one best suited to this apparently very rare disease without familial occurrence, with a histologically clear picture of squamous epithelioma but with a "benign" course.

Pyoderma Gangrenosum with Systemic L.E.

Presented by Kerstin Olson

Female, born 1949.

1964: Onset of necrotic ulcers on the legs.

1965: Acute illness with pleuropneumonia, myocarditis, hepatitis. Severe breathing difficulties upon admission to hospital. The diagnosis systemic lupus erythematosus was established. Rapid improvement with prednisolone treatment.

1965-67: Repeated attacks of S.L.E. treated with chloroquine and prednisolone.

1967-68: Progress of skin changes with extensive pyoderma gangrenosum ulcers on the buttocks, elbows and knees. Increased ESR as before and elevated gamma globulin in electrophoresis but hepatic values now normal. Treated with prednisolone, chloroquine, salicylazosulfapyridine (Salazopyrin®). Pat. discharged from hospital in good condition.

1969: Recurrence of skin changes in summer without symptoms of S.L.E. Subfebrility, malaise, arthralgia several months later. ESR 80 mm. Hepatic values normal. Anti-nuclear factors (ANF) positive 1/100, immunofluorescence examination (IFL) of glomeruli positive 1/25, and of smooth muscle positive 1/25 suggesting lupoid hepatitis. Therapy with azathioprine 50 mg \times 2 was started in Sept. 1969. Prednisolone medication was continued in doses declining from 20 to 5 mg daily. Rapid improvement followed this treatment and the patient was able

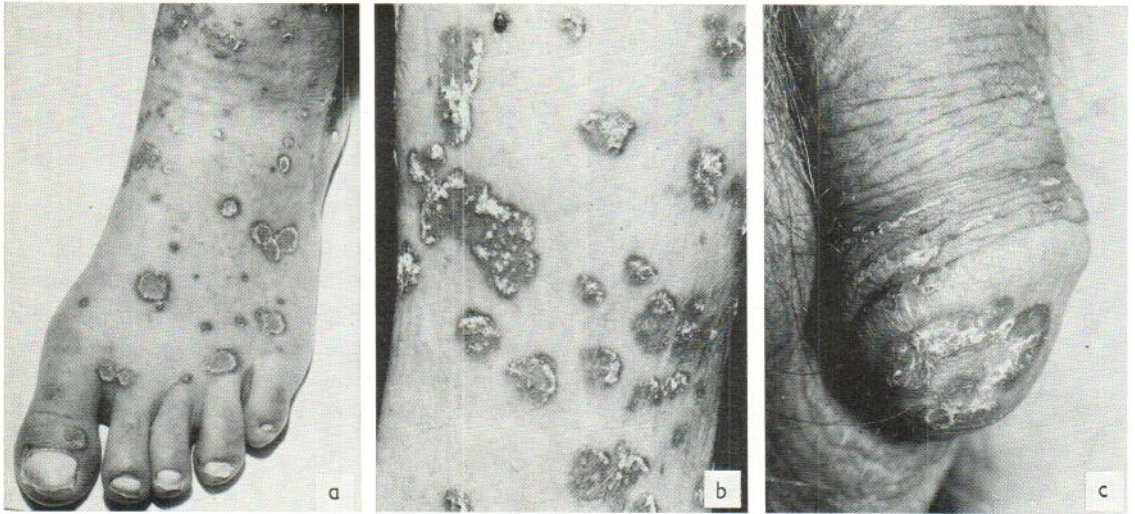


Fig. 2. Reiter's syndrome. (a) and (b) Circinate hyperkeratotic lesions. (c) Circinate balanitis.

to return to work fulltime, something she had been unable to do in the years immediately preceding.

1970. January: Patient still in good condition. Rising transaminases: SGOT 110 units, SGPT 125 units. ESR 34 mm. Azathioprine was withdrawn. Prednisolone (5 mg) was continued. February: Patient fatigued. Incipient skin ulcerations. SGOT 220 units, SGPT 300 units. March: Improved general condition but small leg ulcers. SGOT 175 units, SGPT 172, down to 112 and 130 respectively in a check made a few weeks later, thus showing a tendency towards normalisation.

The patient had presumably had lupoid hepatitis, and the rise in transaminases was not considered to be due to the treatment with azathioprine.

"Borderline" Lepromatous Leprosy

Presented by Lars Molin

Female, 42 years, in previous good health. In 1961 a minor sore appeared in the nasal septum. The sore did not heal and occasionally gave rise to epistaxis. After some years there was a perforation of the septum. The septum was later resected because of repeated epistaxis. Histological

examination of the septum specimen merely disclosed a non-specific inflammation (no special staining was used).

In 1963 changes appeared in the skin of the frontal and later also of the parietal part of the head with ulcerations, sometimes smeary and nasty-smelling, but with rather good tendency to heal. The changes successively became more extensive in the area, leading to a loss of hair from the front of the scalp.

Destruction within the nasal cavity also came to involve the conchae and, in recent years, both nares.

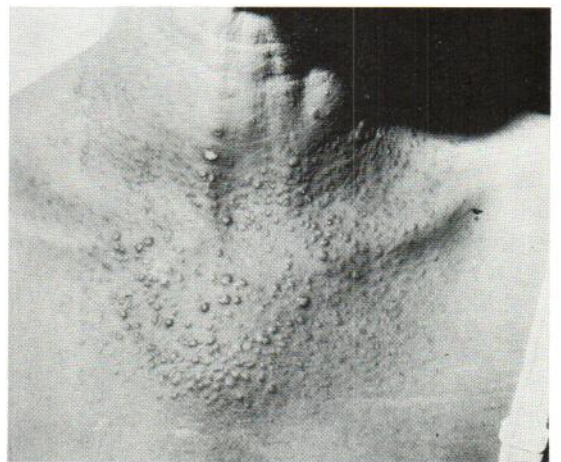


Fig. 3. Multiple keratoacanthoma on neck and chest.