findings were diagnostic of JHF. 70 cases only reported worldwide. 2. Children affected usually achieve normal mental development and they got a prognosis of survival into adulthood 2. There is no curative treatment up till now. 2. Genetic counseling is mandatory as recurrence risk is 25% in any future pregnancy 1, 2.

References:

Kaposi’s sarcoma in a known psoriatic patient
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Kaposi’s sarcoma is a proliferating tumor of the vascular endothelium. Rare reports have described the development of Kaposi’s sarcoma in patients with psoriasis, (1) with one report also describing concurrent stasis dermatitis. (2) We report the case of a 67-year old male patient, under treatment with Narrow band UVB and follow up of psoriasis for 20 years, who presented with suspicious violaceous nodules on the left leg and violaceous verrucous plaques on the right leg of 6 months duration. The histopathology showed features of Kaposi’s sarcoma in the nodular lesions and stasis dermatitis on top of psoriatic changes in the verrucous plaques. This simultaneous occurrence of Kaposi sarcoma, stasis dermatitis on top of psoriatic lesions poses a diagnostic and therapeutic challenge.

References:

Mycosis fungoides with plantar involvement and Bowenoid changes
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Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. The clinical presentation varies according to the disease presentation as patches, plaques and tumors. Palmoplantar involvement is a rare presentation and is more difficult to treat (1). In addition, Bowenoid changes in MF were rarely reported (2). We report a case of a 51-year old male, who presented with generalized non-itchy erythematous scaly patches/plaques and nodules on the trunk, and erythematous to violaceous indurated patches over the soles. Two biopsies were taken from the plantar lesion and a plaque over the abdomen. The plantar biopsy showed lichenoid reaction with epidermotropism and small to medium atypical lymphocytes. The plaque biopsy revealed psoriasiform hyperplasia and epidermotropism, in addition, the epidermis showed Bowenoid changes and intraepidermal vesiculation. Staging revealed no systemic involvement and the patient was signed out as stage IIIB MF with plantar involvement, clinically and with lichenoid, vesicular MF showing Bowenoid changes, histologically. The patient was treated with PUVA in addition to 4 session of PDT to the plantar lesions, with excellent response.

References:

Squamous cell carcinoma arising within seborrheic keratosis in a renal transplant patient: a case report
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Seborrheic keratoses (SK) are common skin neoplasms considered to be benign. Reports of associated squamous cell carcinoma arising within seborrheic keratosis (SCC-SK) have been described especially on the head and neck of elderly men with a history of immunosuppression (1). We report a case of a 68-year-old male patient with history of renal transplantation 20 years ago. The patient presented with a growing nodule on the face of 6 months duration arising on pre-existing seborrheic keratosis. He also had an ulcerated lesion on the chest of 10 days duration and examination revealed an erythematous well-defined plaque on left ankle that was not noticed by the patient. Histopathological examination revealed the nodule on the face to be SCC, the ulcerated lesion to be verruca and the erythematous plaque to be Bowen’s disease. The patient was diagnosed as SCC-SK, verruca and Bowen’s disease.

Reference: