18. Remission of Diseases of the Skin, Subcutaneous Tissue, Musculoskeletal System, and Connective Tissue

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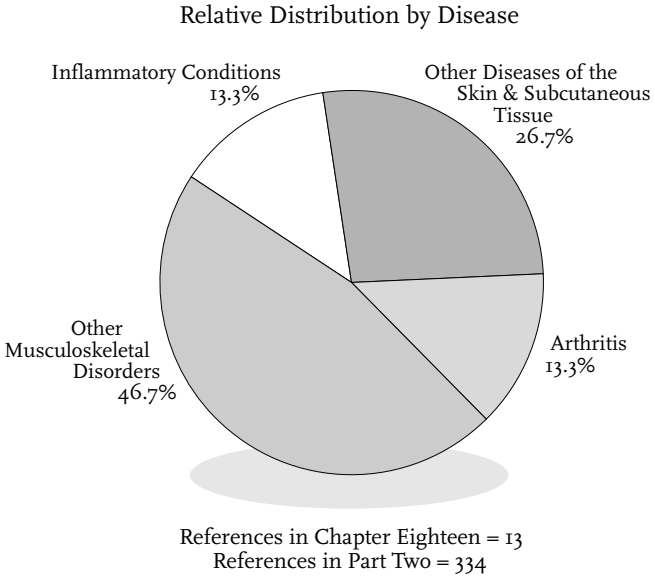

Diseases of the skin and subcutaneous tissue (ICD•9•CM* code numbers 680-709) include skin infections, inflammatory conditions, and diseases of the hair and nails. Examples include carbuncles, cellulitis, skin abscesses, acute lymphadenitis, dermatitis herpetiformis, impetigo, psoriasis, alopecia, hirsutism, skin ulcers, and urticaria. Musculoskeletal and connective tissue diseases include systemic lupus erythematosus, all types of arthritis, joint, intervertebral disk disorders and muscle, tendon, and soft tissue disorders such as bursitis, myositis, and musculoskeletal deformities such as osteomyelitis, osteoporosis, bone cysts, lordosis, and scoliosis.

Chapter 18 contains 13 references (3.9% of the 334 references in Part Two)—8 annotated and 5 supplemental. Full text of 4 case reports is included. A summary of the chapter contents is presented in Table One.

Table One: References and Case Reports in Chapter Eighteen†

Disease/Disorder	References (number)	Cases (number)	Cases (%)
Diseases of Skin & Subcutaneous Tissue	6	2	1.7%
Musculoskeletal & Connective Tissue Disorders	7	2	1.7%
Arthritis	2	2	1.7%
Other Musculoskeletal Disorders	5	0	0.0%
Totals	27	7	3.4%

† Total number of case reports in Part Two is 120.

* The International Classification of Diseases 9th Revision (ICD•9•CM) is a volume that provides an international standard for the classification of diseases. It was prepared by the Commission on Professional and Hospital Activities [Ann Arbor, Michigan: Edwards Brothers, Inc.], April 1986.

Diseases of the Skin and Subcutaneous Tissue

Spontaneous Disappearance of Psoriasis as Presenting Feature of Oat-Cell Carcinoma of Lung

Lennard TWJ; Lennard AL
British Medical Journal 281(6253): Nov 29 1980; 1460

Extracted Summary

A case is presented in which the patient showed clear evidence of ectopic adrenocorticotrophic hormone syndrome secondary to oat-cell carcinoma of lung. In association with this and as an initial feature she had a spontaneous cure of lifelong psoriasis. The authors think that these two events were related and can find no other reports of this unusual phenomenon. The patient was aware of her diagnosis but declined further treatment.

Selected Case Report

A 68-year-old woman was admitted to this hospital after referral from her general practitioner. Seven weeks before, and over 10 days, her lifelong and extensive psoriasis had completely disappeared. Since childhood she had had lesions on hands, elbows, knees, legs, trunk, and in her scalp, and for about the past 15 years she had given up trying to cure them with "messy creams." One week before admission she had had an episode of haemoptysis, and radiography had shown collapse of the right lower lobe. She had smoked 20 cigarettes a day all her adult life. On examination she looked Cushingoid, and there was no evidence of any psoriatic lesion. She had a collapsed right lower lobe and enlargement of the liver.

Bronchoscopy showed a friable tumour protruding up the right main bronchus, which on biopsy proved to be an oat-cell carcinoma of the lung. She had glycosuria and a fasting blood glucose concentration of 10 mmoles /l (180 mg/100 ml). Full blood count was normal, erythrocyte sedimentation rate 16 millimeters in first hour, and measurement of urea and electrolyte concentrations disclosed hypokalaemic alkalosis (sodium 141 mmoles (mEq)/ l, potassium 2.9 mmoles(mEq)/l, chloride 100 mmoles(mEq)/l carbon dioxide 32 mmoles /l (14 ml/100 ml), urea 5.9 mmoles/l (35.5 mg/100 ml), creatinine 87 micromoles/l (1.0 mg/100 ml). Twenty-four hour urinary free cortisol concentrations were raised on three occasions (mean 11.0 micromoles/24 hours (4.0 mg/24 hours); our reference range 0.2-1.0 micromoles /24 hours (0.1-0.4 mg/24 hours). Plasma cortisol concentrations at 8 am and 12 midnight (our reference ranges 190-720 and <220 nanomoles/l (6.9-26/l and <8.0 micrograms/100 ml) respectively) were 1680 and 1700 nanomoles/l (61.0 and 61.6 micrograms/100 ml) and diurnal rhythm was lost. Serum adrenocorticotrophic hormone concentration was 334 nanograms/l (our reference range 10-80 nanograms/ l). Liver alkaline phosphatase activity was 530 IU/l (normal 90 IU/l) and liver scan confirmed multiple filling defects consistent with metastases. She was aware of her diagnosis but declined further treatment and was discharged home.

Cutaneous Focal Mucinosis with Spontaneous Healing

Suhonen R; Niemi K-M
Journal of Cutaneous Pathology 10(5): Oct 1983; 334-339

Extracted Summary

A case of extensive cutaneous focal mucinosis is described. The patient had insulin-dependent diabetes mellitus with complications in the peripheral circulation. No thyroid abnormality was found. The diagnosis was confirmed by typical clinical appearance, by light and electron microscopy. Shortly after the biopsies were taken, clinical healing became evident, a phenomenon which

was clearly seen at the ultramicroscopic level. On the basis of the present case, supported by sparse evidence from the literature, it seems probable that cutaneous focal mucinosis does not present a real neoplasm, but a reactive condition with a possibility of spontaneous healing.

Selected Case Report

A Finnish male patient, 57 years old, suffering from complicated diabetes mellitus, developed asymptomatic, vesicle-like firm nodules on a palm-wide area in his right leg. Between the smooth nodules there were several indurated plaques of dark hue. His left leg had been previously amputated because of diabetic gangrene.

Cutaneous focal mucinosis was confirmed histopathologically. Further biopsies were taken for direct immunofluorescence and electron microscopy.

Due both to circulatory insufficiency in the leg and the large diameter of the lesion, it was not excised. During follow up we noted that the residual lesions began to involute, the skin became smooth, no further cystic lesions developed, and 2 months after the first biopsy the skin was normal. After 11 months the leg is still free of recurrences.

Laboratory investigation did not reveal any abnormality in blood count, serum electrophoresis, immunoelectrophoresis, or the quantitation of immunoglobulins. Thyroid function tests (S-T4, S-T3U) were normal, no thyroid antibodies could be detected in the serum. In spite of several attempts to stabilize it, the blood glucose level has been unstable, between 10-20 mmoles/l.

Spontaneous Remission of Dermatitis Herpetiformis: Dietary and Gastrointestinal Studies

Mobacken H; Andersson H; Dahlberg E; Fransson K; Gillberg R;
Kastrup W; Stockbrügger R
Acta Dermato-Venereologica 66(3): 1986; 245-250

Extracted Summary

Out of 98 patients with dermatitis herpetiformis (DH) living in Gothenburg, 14 were in spontaneous remission (29% of the patients without gluten-free diet). Eight of these volunteered for dietary interviews and further studies. They do not seem to differ from symptomatic DH patients in the frequency of HLA-B8, achlorhydria or small-bowel enteropathy. Their estimated mean daily intake of gluten was below 12 grams in six. The mean gluten intake of the eight patients in remission is significantly less than in a group of 34 patients with dapsone-requiring DH on non-restricted diet. Urinary iodine excretion was low in five, all previously instructed to restrict their iodine intake. Dietary factors could thus be suspected to be responsible for some spontaneous remissions in DH

Supplemental References
Diseases of Skin and Subcutaneous Tissue

Spontaneous Regression in Keratoacanthoma
Honma M
Acta Dermatologica (Hifuka Kiyo) 65: Nov 1970; 309-14

Spontaneous Regression of a Giant Keratoacanthoma: Photographic Documentation and Histopathologic Correlation
Wolinsky S; Silvers DN; Kohn SR; Sanders SL; Herman EW
Journal of Dermatologic Surgery and Oncology 7(11): Nov 1981; 897-901

Spontaneous Remission of Solar Keratoses: The Case for Conservative Management
Marks R; Foley P; Goodman G; Hage BH
British Journal of Dermatology 115: Dec 1986; 649-655

Musculoskeletal System and Connective Tissue Diseases

Arthritis

Psychiatric Considerations in Rheumatoid Arthritis

Ludwig AO

Medical Clinics of North America 39: 1955; 447-458

Extracted Summary

Since it is apparent that disruption of a meaningful relationship with resulting emotional trauma frequently precedes an attack of arthritis, the first task of therapy from the psychiatric point of view will be to restore the patient's sense of security. This can be done by establishing a positive contact with him, which may follow easily as a corollary of the usual medical treatment, especially if the disease is acute and hospitalization is necessary. This contact does much to gratify dependent needs by attention to the patient's comfort through medication and nursing care. It is possible that some of the spontaneous remissions of the disease, so characteristic in the early stages, have some bearing on the patient's ability, with the aid of his contact with the doctor, or through other means, to restore his sense of security by replacing the disrupted relationship with another.

Such a substitution for the lost relationship cannot be considered in any sense to constitute a "cure" from the psychologic standpoint. In carefully chosen cases it is feasible to attempt by means of psychotherapy to resolve this peculiar dependent relationship on the physician. In view of the depth of the psychopathology, which has its roots in the very early life experiences of the patient, this will be a lengthy process. Efforts of this sort would seem to carry a possible favorable prognosis in those patients who are treated early in the course of the disease before extensive, irreversible joint damage has occurred. However, the remissions that are observed in rheumatoid arthritis late in the disease give a clue that psychotherapy may occasionally be useful in such cases as well. At any rate it is logical in patients highly vulnerable to stress to resolve psychic conflicts as fully as one attempts to treat physical and dietary defects.

Selected Case Report

Case 1: A young woman in her early 20s had had a moderately severe attack of generalized rheumatoid arthritis following entrance to college, which eventually necessitated withdrawal and hospitalization. There had been a possible mild attack of joint disease in childhood. The patient's father became ill with postencephalitic parkinsonism shortly after her birth and soon left the family. The patient's mother had to support herself and the patient and often left her with neighbors or, later, alone during the day. The patient's sense of insecurity was increased by visits to her father whose strange appearance and behavior frightened her. During therapy she showed marked anxiety, sitting rigidly on the edge of her chair, almost unable to speak unless supported by the doctor's conversation. On several occasions it was noted that her anxiety was intensified even more and a few days later she would report a sequence of events following an argument with her mother, or overhearing her mother argue with someone else. These events produced severe tension and anxiety, and were followed in 12 to 24 hours by an exacerbation of joint swelling, especially of the knees, the whole episode subsiding in 3 or 4 days. Several such episodes were observed. During treatment she attended secretarial school. She discontinued therapy when she graduated and obtained a position in a doctor's office. She returned 3 years later to report that she had been well until her mother objected to her engagement, when joint symptoms reappeared for a short time.

Rheumatoid Arthritis, Spontaneous Remission, and Hypnotherapy

Cioppa FJ; Thal AB

Journal of the American Medical Association 230(10): Dec 9 1974; 1388-1389

Extracted Summary

The factors that induce spontaneous remission are unknown; some may not be measurable. Since the probability of spontaneous remission is invariably invoked when a patient's condition improves after recourse to an unorthodox healing method, it would appear to be of some importance to understand what weight should be consigned to "suggestion" as a variable among the many factors that contribute to the healing process. A case of spontaneous remission of rheumatoid arthritis with hypnotherapy is reported.

Selected Case Report

A 10-year-old girl in whom a rheumatologist diagnosed juvenile rheumatoid arthritis responded minimally to large doses of salicylates and physical therapy over a period of seven weeks. She was depressed, uncommunicative, and inactive. When salicylism appeared imminent and corticosteroid therapy was being considered, hypnotherapy was tried. Three sessions were given. Despite resistance to the first session, the patient gave a positive ideomotor response to the question, "Does some part of your mind know why you have arthritis?" This query induced some anxiety, as evidenced by the patient's facial expression, so the issue was not pursued at that time. At the time of the second session, one month later, the patient still appeared to be depressed and had to be carried by her mother. While in trance, she was told that she need not describe her problem to the therapist, provided that she herself understood it and was sure it would quickly resolve if she really wanted it to do so. Four hours after this session, she rode her bicycle and was without pain, for the first time in 12 weeks. Two reinforcing hypnotherapy sessions were added. School work and social adjustment improved markedly. The child has remained well for 33 months.

Other Musculoskeletal and Connective Tissue Disorders

Spontaneous Healing of Spondylolysis of the Fifth Lumbar Vertebra

Rabushka SE; Apfelbach H; Love L

Clinical Orthopedics and Related Research 93: June 1973; 256-259

Extracted Summary

Spondylolysis in a young boy detected by roentgenographic examination following minor trauma, treated by conservative means, healed over a period of 2 years. As far as can be ascertained, this is only the fifth reported case of complete healing of an uncomplicated defect in the pars interarticularis.

Spontaneous Regression Of Herniated Nucleus Pulposus

Teplick JG; Haskin ME

American Journal of Roentgenology 145(2): 1985; 371-376

Extracted Summary

Spontaneous regression of herniated nucleus pulposus has not been previously documented. Reported here are 11 patients in whom there was unequivocal regression or disappearance of a

herniated lumbar disc on follow-up computed tomography (CT) study. Two patients with herniated discs were without symptoms. In the 9 patients with symptoms, those attributed to the original herniation disappeared or were diminished in all cases. The mechanism of regression of a disc herniation is unknown. Whether or not regression of herniated disc is a frequent occurrence in patients who recover with conservative therapy should be investigated by more frequent use of follow-up CT scans.

Spontaneous Regression of Herniated Nucleus Pulposus

Tchang SPK; Kirkaldy-Willis WH
American Journal of Roentgenology 146(4): April 1986; 882-883

Extracted Summary

The authors report cases of patients who experienced regression of herniated nucleus pulposus after no specific treatment. One patient had total and another patient almost total regression of a disk herniation; both remained symptom-free after 3 months. None of the patients had manipulation. They had only bed rest and were instructed in proper back care. It appears from this that herniated disks may spontaneously regress, partially or completely, and that symptoms do not correspond directly to the extent of herniation.

Supplemental References
Other Musculoskeletal and Connective Tissue Disorders

Pseudarthrosis of the Carpal Scaphoid Bone: Spontaneous Healing in a Child (Pseudarthrosis Ossis Scaphoidei: Spontan Heling hos et Barn)
Riegels-Nielsen P
Ugeskrift for Laeger 142(30): July 21 1980; 1935

Spontaneous Regression of Disk Herniation: Report of 7 Cases (Régression Spontanée des Hernies Discales. A Propos de 7 Observations)
Lapuyade G; Loustau JM
Journal de Radiologie 70(12): Dec 1989; 697-702