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## Pyogenic granuloma satellite of deep infection (tuberculous osteitis)

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Mrs. E.A., 58 years, consulted for a fleshy tumor of the left ankle whose biopsy revealed a richly vascularized granulation tissue surrounded by abundant inflammatory cells without tuberculoid granuloma or any evidence of malignancy and was in favor of a botriomycome. Radiography of the ankle showed an aspect of moth-eaten of the calcaneus. The joint ultrasound showed heterogeneous collection whose puncture found no liquid. Computed tomography of the foot showed bone geodes, periarticular collection and suggestive soft tissue calcifications of chronic osteitis. Excision of botriomycome was performed, pus drain and biopsy of the underlying bone. The pus bacteriological study was not contributive. The culture was sterile. Bone biopsy showed epithelioid granulomas with giant cell ranges and caseous necrosis in favor of bone tuberculosis. Search of other locations was negative. The botriomycome or pyogenic granuloma is a benign inflammatory vascular tumor of skin and mucous membranes, often due to a trauma. The association with deep infection including bone is rare. This observation has revealed an association with bone tuberculosis.

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## Description of the case of monilethrix in 3 years old child

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Monilethrix of genetically deterministic pathology hair, manifested an anomaly hair of the rod, accompanied by its fragility caused by the structural weakness of hair fiber in hair keratins. The most common autosomal-dominant type of inheritance (the mutations in keratins number 81, 83, 86). We observed the girls 3-years old with complaints on the hair loss, fragility of hair, inability to grow hair of desired length. The first signs of the disease showed up at the age of 1-2 months. The child was fourth by count in the family. Family history is not burdened, in both parents and relatives the violation of hair is not have been observed. Data about the disease in distant relatives are unknown. The child is somatically healthy. The hair on the head short with the different length (0, 5-2 cm), dry, fragile, uneven painted on the back of the head and back side of the neck and can be seen small nodules hyperkeratosis; when microscopy on the rods hair determined by the spindle-shaped thickening and waist. Use of products with a high iron content, vitamins A and E, gelatin, lotion with 5% urea, gentle care of the hairy part of the head with the exception of slip and trauma are recommended.

**Conclusion:** Monilethrix has a hereditary nature of the long- and unpredictable course. Monilethrix - it is difficult to diagnose and supervision of dermatological diseases. It needs to continue to study the mechanisms of development and methods of care for patients.

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