WORLD CONGRESS FUND

Poster Abstract Book

Abstracts prepared by

2015 Strauss & Katz World Congress Fund Scholarship Recipients

selected by the World Congress Fund Review Task Force
In an effort to encourage the participation of young dermatologists from developing countries, the World Congress Fund Review Task Force of the American Academy of Dermatology awarded 20 attendance scholarships for the 73rd Annual Meeting of the American Academy of Dermatology in San Francisco, California, the 20th – 24th of March, 2015.

The Strauss & Katz World Congress Fund Scholarship Program was established with funds from the 18th World Congress of Dermatology (New York, 1992) and includes:

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**Note:** The abstracts provided are summaries of the research conducted by the recipients and may not reflect the full scope of their work.
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Facial Sebum Level Among Adolescents with Acne Vulgaris in Keffi, Nasarawa State, Nigeria

Okoro, Emeka
Federal Medical Center Keffi Nasarawa state

INTRODUCTION
Acne vulgaris is a common skin disease among adolescents. Increased sebum level is one of the major factors implicated in the aetiopathogenesis of acne vulgaris. There are no studies on sebum levels among acne patients in our environment. Our aim was to determine the sebum levels among adolescents with acne vulgaris.

METHODOLOGY
Eighty students were randomly selected from the senior class of a secondary school. The students were interviewed using a questionnaire. Thereafter, their faces were examined for the presence of acne. Acne lesions on each part of the face (forehead, nose, chin, right and left cheek) were counted in those with acne vulgaris. The facial sebum level was determined along the T-zone (forehead, nose and chin) and the U-zone (right and left cheek) for each person using the Sebumeter (Courage & Khazaka, Cologne, Germany).

RESULTS
55 (68.8%) students had acne vulgaris. The mean facial sebum level among the students was 76.36 j.lg/cm³ ± 34.60. The mean facial sebum level was significantly higher among students with acne vulgaris 83.49 j.lg/cm³ ± 34.05 compared with those without acne 60.68 j.lg/cm³ ± 30.97 (P = 0.005). The sebum level was significantly higher along the T-zone 89.47 j.lg/cm³ ± 38.89 than the U-zone 57.37 j.lg/cm³ ± 33.69 (CI = 26.083-38.128). There was a positive correlation between sebum levels and acne lesion count. This was significant in the U-zone.

CONCLUSION
The facial sebum level was higher among adolescents with acne vulgaris. The pattern of facial sebum level varies with higher levels at the T-zone than the U-zone. A higher sebum levels was associated with increased acne lesion counts.
**Cutaneous Rosai-Dorfman Disease Associated Immune Idiopathic Thrombocytopenia**

Pomar Morante, Reynaldo Alberto
Archbishop Loayza National Hospital

**INTRODUCTION**

The Rosai-Dorfman disease (RDD), also known as sinus histiocytosis with massive lymphadenopathy, entity of unknown etiology affecting lymph nodes as well as extra nodal sites; extranodal involvement can occur in up to 40% of cases and the skin is the most common site in around 10%. However, purely cutaneous disease is rare and there are only a few published cases. We present a case of a 62 year old male with presence of painless lesions in right cheek and left ear associated to peripheral autoimmune thrombocytopenia, which cutaneous biopsy showed dense mixed infiltrate in mid and deep dermis, with characteristic emperipolesis phenomenon and in the immunohistochemistry S100 +, CD68 +. The lesions evidenced an excellent response to systemic corticosteroids together to the normalization of platelet count.

**METHODOLOGY**

A 62-year old male, without important antecedents, with a duration of disease of 2 months, reported the appearance of painless lesions in right cheek and left ear, for which he was attended in the Head and Neck Surgery Department of our Hospital. In initial tests severe thrombocytopenia was reported, although patient didn't have history or evidence of bleeding, therefore was referred to the Hematology Department who performed bone marrow study (myelogram was reported as normocellular) and concluded a state of peripheral autoimmune thrombocytopenia, for this reason initiated steroid pulses. Finally, the patient was derivated to our Department. The patient reported no systemic symptoms such a fever, malaise or weight lose. General physical examination was normal and there was no sign of lymph node enlargement. Dermatological examination showed: in the right cheek (on parotid region), an erythematous, indurated, painless, not adhered to deep planes, infiltrate plaque measuring 3.5 x 3 cm, with small pustules on the surface; also in the posterior region of the helix of the left ear showed erythematous, confluent, painless, hard, infiltrate two nodules.

**RESULTS**

Laboratory tests, chest X-rays and abdominal ultrasonography were all within normal limits and serology to detect antibodies against HIV, EBV and HTLV1, HSV1and HSV2, were negatives. Skin biopsies of both lesions showed dense mixed infiltrate in mid and deep dermis, composed of lymphoid clusters, plasma cells, histiocytes and histioides cells of large nuclei and abundant cytoplasm, with emperipolesis phenomenon; whereby was performed immunohistochemistry (CD3 +, CD20-, CD30-, S100 +, CD68 +). A diagnosis of exclusively cutaneous ROD was made. The patient continued with steroids (prednisone 1mg/ kg/d), the skin lesions quickly resolved almost completely (in the course of a month) and the peripheral platelet count was normalized.

**CONCLUSION**

The ROD with purely skin involvement is rare; has been associated with infectious etiology, lymphoproliferative and autoimmune hematologic diseases in isolation. In our case a rare association with autoimmune thrombocytopenia is evidenced, with evidence of an excellent response to systemic corticosteroids.
Evaluate the Effects of Topical Timolol 0.5% for Infantile Hemangioma on the Scalp

Ngoc Phan, Anh Quynh
Vietnam Vascular Anomalies Center of University of Medicine and Pharmacy at HCMC

INTRODUCTION
Infantile hemangioma (IH) is the most common tumor in infants. The lesions normally proliferate during the first year of life, after that the involutions naturally happen between 2-7 years of age. IH, however, often does not completely resolve following involution. Children may be left with fibrofatty tissue, damaged skin, and/or telangiectasias. IH are managed with many different methods, recently the use of topical treatment with timolol. We report a series of 14 children treated IH on the scalp with topical application of timolol maleate 0.5% ophthalmic solution.

METHODOLOGY
Under six month-old children were treated with the drops of timolol maleate 0.5% ophthalmic solution twice daily on the lesions during 6 months. Therapeutic effects were evaluated by an investigator’s global assessment, a patient/parent global score and the 100-mm visual analog scale (VAS) as well as heart rate, blood pressure, height and weight of the patients were also measured at first and every 4 week intervals. At the end of the study, parent/guardian was advised to assess about the cosmetically acceptable outcome, functional improvement, adverse reactions, especially alopecia.

RESULTS
There were 14 children treated with timolol application. After six months being treated with timolol maleate 0.5% ophthalmic solution, the ratio of lesions which had complete improvement was 21.4% (3/14), substantial change in 28.6% (4/14), moderate change in 21.4% (3/14), fair change in 14.3% (2/14), and 7.1% (1/14) remains in which their lesions had the minimal change, only one (7.1%-1/14) case did not change and the lesion was to be increasing in size. There were no adverse effects observed, especially the lost of hair on or around the hamangioma was not observed.

CONCLUSION
Timolol maleate 0.5% ophthalmic solution had clinical efficacy and safety for the treatment of infantile hemangiomas locate on the scalp after 6 months of treatment and seemly did not affect the growth of hair. Larger studies on long-term treatment are needed to confirm these results.
Expression of Interleukin - 17 in Cutaneous Lesions in Pediatric Onset SLE & Association with Disease Activity (SLEDAI Score) Mittal, Govind
Bangalore Medical College and Research Institute

INTRODUCTION
Systemic lupus erythematosus (SLE) is the most common connective tissue disorder occurring in children. TH-17 cells have been found to play a key role in autoimmune disorders including SLE and IL-17 is a proinflammatory cytokine which has recently been found to have a role in pathogenesis of SLE and related skin lesions. The paucity of studies on IL-17 expression in lupus related skin lesions prompted us to take up this study. Our objective was to study of expression of IL-17 in skin biopsies of lesions seen in pediatric onset SLE and its correlation with SLEDAI score (disease activity).

METHODOLOGY
A hospital based cross-sectional study was conducted with the approval of the Institutional Review Board and ethics committee. A total of 22 patients with pediatric onset of SLE (≤16 years) with active lupus related skin lesions were included in the study after obtaining an informed consent. The lesions were classified as lupus-specific and non-specific based on the Gilliam classification of skin lesions associated with lupus erythematosus. The disease activity score, SLEDAI-2K (Systemic Lupus Erythematosus Disease Activity Index-2000) was calculated for each patient by the primary investigator. Representative skin lesions were biopsied for histopathological examination and immunohistochemistry with anti-IL-17 antibody. Expression of IL-17 was noted and quantified as number of lymphocytes, fibroblasts and endothelial cells positive for IL-17 in five high power fields. Correlation between IL-17 expression and SLEDAI score was done using Spearman’s Rho correlation coefficient.

RESULTS
Positive IL-17 expression was noted in all the 22 skin biopsies performed, including 15 lupus-specific lesions and 7 lupus-non-specific lesions. The mean IL-17 count in the lupus-non-specific lesions was 146 cells per five high power fields and in the lupus-specific lesions was 134.2 per five high power fields (p = 0.83). Among lupus-specific lesions mean IL-17 count was higher in lesions of subacute lupus erythematosus (SCLE) than in acute cutaneous lupus erythematosus (ACLE) (p = 0.01) and chronic cutaneous lupus erythematosus (CCLE) (p <0.01). No statistical difference was noted in mean JL-17 count in lesions of ACLE and CCLE (p = 0.39). A positive correlation was noted in lupus-non-specific lesions between the JL-17 expression and the SLEDAI-2K score (R = 0.487) which was not significant. A negative correlation was noted in case of lupus-specific lesions between the IL-17 expression and the SLEDAI-2K score (R = -0.235) which was not significant.

CONCLUSION
The mean expression of IL-17 was higher in SCLE lesions than in lesions of ACLE or CCLE. There was a positive correlation between the SLEDAI-2K score and that of IL-17 expression in lupus-non-specific lesions but not with the IL-17 expression in lupus-specific lesions. More studies need to be done to assess the role of IL-17 in pathogenesis of skin lesions in SLE. Results of these studies may influence the use of biological agents such as anti-IL 17 monoclonal antibodies in the management of SLE patients with skin lesions.
**Nickel Exposure from Keys: Brazilian Experience**

Nathalie Suzuki, Mariana Figueiredo, Rosana Iazzarini, Ida Duarte
Santa Casa de Sao Paulo School of Medicine

**INTRODUCTION**

Keys are an important exposure source of metal allergens to consumers and confer a significant problem for nickel-allergic individuals because of repeated daily use. Nickel release from metallic objects can be detected using the dimethylglyoxime (DMG) nickel spot test at levels as low as 10 ppm, a threshold that has been shown to elicit an allergic contact dermatitis in sensitized individuals. This study aimed to perform nickel and cobalt spot testing of the most common Brazilian brands of keys.

**METHODOLOGY**

5 keys brands were nickel and cobalt spot tested. All major key areas were rubbed for 30 seconds. For nickel spot test, a strong positive reaction was indicated by full pink coloration of the cotton tip; a weak positive reaction was indicated by a partial pink discoloration. A negative reaction was indicated by no color change. For cobalt spot test, a positive reaction was indicated by red or orange coloration of the cotton tip; a negative reaction was indicated by no color change. The spot tests were done on separate areas to prevent false-positive reactions.

**RESULTS**

Among the tested keys, 100% showed positive result to the nickel spot test, 83.3% of them presenting strong positive reaction. 50% of the tested keys exhibited cobalt release as well.

**CONCLUSION**

Nickel release from Keys is very common in our country and may cause a negative impact on sensitized individual's quality of life. The lack of directive regulating nickel release in Brazil might contribute to this matter. Study's results highlight the importance of establishing such rules in Brazil.

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**Positive Patch Test Prevalence Among Healthcare Workers to Rubber Additives, Natural Rubber Latex and Synthetic Rubber**

Ch'ng Wee Beng, Peter
Hospital Kuantan

**INTRODUCTION**

Malaysia continued to maintain its position as the world’s leading producer and exporter of medical gloves in 2011. It is important to monitor the prevalence of Type IV hypersensitivity to rubber additives and gloves in order to maintain the quality of the product.

**METHODOLOGY**

This is a cross-sectional study conducted in Selayang Hospital, Malaysia from 1st September to 31st December 2011. An announcement and explanation about the study was communicated through the hospital intranet to all doctors, assistant medical officer and nurses in Hospital Selayang. All participants (symptomatic or asymptomatic) were patch tested to extended Chemotechnique rubber additive series including thiuram and mercapto mix and 6 types of rubber gloves.

**RESULTS**

Out of the 174 subjects who completed the patch test, 77 (44.3%) subjects were positive to at least 1 rubber additive or rubber glove. Seventy-five (43.1%) subjects were positive to at least 1 rubber additive while 18 (10.3%) subjects had positive patch test to at least 1 type of rubber glove. Two (2.6%) subjects who had tested negative to rubber additives had a positive patch test to rubber gloves. Testing solely against the Chemotechnique European Standard Series and omitting the rubber additive series and gloves, 64/174 (36.8%) subjects who were sensitized to rubber additive would have been missed. Seven subjects (4.0%) were clinically relevant while 28/174(16.1%) had past relevance.

**CONCLUSION**

There is a high prevalence of sensitization to rubber gloves and its additives among healthcare workers though they may be asymptomatic. Healthcare workers with glove related hand dermatitis should undergo patch test to extended rubber additive series in addition to European Standard series.
The Scary Numbers of Brazilian Kathan CG Contact Allergy Epidemic

Gavioli, Camila
Clinics Hospital of the University of Sao Paulo Medical School

INTRODUCTION
The fixed mixture of methylchloroisothiazolinone (MCI) and methyisothiazolinone (MI) at a ratio of 3:1, have been used as preservatives and biocides in cosmetics, household products and industrial products since the early 1980s, with the name Kathon CG. Contact allergy to both compounds is well known and after the introduction of this preservative, an increase in contact allergy rates was observed in Europe. Until the current date, no Brazilian data was published. Here, we report the first Brazilian study about the last six years incidence of contact dermatitis related to Kathon CG.

METHODOLOGY
This retrospective cohort study was performed using a database containing all patients who underwent patch testing from 2008 to 2013. During these 6 years, 258 patients were patch tested using Endoderme Tests. MCI/MI was tested according to Brazilian Society of Dermatology baseline, at concentrations of 0.015% aqua (150ppm). Patch tests were read at D2 and D4. Statistical analyses were performed using the Chi-Square Test and the presence of significant trending was tested with linear by linear association. Data analyses were performed using STATA and EPIINFO software.

RESULTS
Our data showed a statistically significant increase of MCI/MI contact dermatitis prevalence, from 0% in 2008 and 2009 to 11.9% in 2010, 9.8% in 2011, 17.6% in 2012 and 21.2% in 2013 with "p" value tending to zero. Most of the cases were associated with cosmetic and cleaning products. Around 73% of the Kathon CG allergic patients were women and most of them worked as housekeepers, baby-sitters, housewives or janitors, thus having a positive correlation with cosmetic and cleaning products. Most allergic patients were over 40 years old, matching data from other countries.

CONCLUSION
There is a worldwide epidemic of contact dermatitis caused by MCI/MI, reaching rates of up to 4.9% in the UK in 2012. In Brazil, these numbers are more scary: 21.2% in 2013. We presume that low price of MCI/MI stimulated its wide use as a cosmetic preservative. On the other hand, the improvement in Brazilian economy made cosmetic more accessible to the population. On account of this scary epidemic, an imperative plan should be developed to control the use of Kathon CG in the world, otherwise all the countries may soon meet Brazilian statistics and threatens worldwide population’s health.
Multiple Epidermolytic Acanthoma of the Scrotum: Report of 3 Cases

Piedra, Leidy
University of Guayaquil, Luis Vernaza Hospital.

INTRODUCTION
Epidermolytic Acanthoma is a benign, asymptomatic tumor of unclear pathogenicity that can occur in adults and is characterized by epidermolytic hyperkeratosis. We present 3 patients with multiple epidermolytic acanthomas, localized to the scrotum and confirmed by histopathology.

METHODOLOGY
C1: 68 year-old male with history of melanoma and multiple non-melanoma skin cancers. He presented with cupuliform papulae on the scrotum that were mildly pruritic of 5 years duration.
C2: 57 year-old male with inguinial tinea associated with gray-white papulae on the scrotum which were asymptomatic and of undetermined duration.
C3: 67 year-old male with grayish papulae that were mildly pruritic on the scrotum of 8 months duration.

RESULTS
The histopathology of all three cases demonstrate marked hyperkeratosis, with orthokeratosis, papilomatosis and acanthosis. Perinuclear vacuolization was observed in the spinous and granular layers. Keratinocyte borders were poorly defined with thickened keratohyain granules. These changes were observed in the upper layers of the epidermis.

CONCLUSION
Epidermolytic hyperkeratosis is a histopathological pattern which may be present in hereditary disease such as congenital bullous icetosiform eritrodermia, palmoplantar keratodermia, and as an incidental finding in certain skin disorders as well as in epidermolytic acanthoma. Epidermolytic acanthoma could be multiple or solitary. The multiple variant may be disseminated or localized as in the epidermolytic acanthoma of the scrotum. Very few case reports of epidermolytic acanthoma of the scrotum are available.

Use of Dermoscopy as Diagnostic Tool: A Case of Exogenous Ochronosis

Bravo Canar, Karina Elizabeth
Hospital Luis Vernaza

INTRODUCTION
Ochronosis is caused by the accumulation of homogentisic acid in connective tissues. It is characterized by deposition of ocher pigment in the collagen fibers. There are two types of ochronosis: endogenous and exogenous. Exogenous ochronosis is a blue-black dermal discoloration secondary to prolonged use of skin bleaching creams containing hydroquinone. We present a patient with exogenous ochronosis subsequent to the use of hydroquinone with characteristic dermoscopic findings.

METHODOLOGY
A 53 years old female with history of chloasma presented hypopigmented macules in bilateral malar region and nasal dorsum. Dermoscopic examination of the affected area and subsequent biopsy was performed.

RESULTS
Dermoscopic examination revealed irregular blue-grey dots and reticulated pattern. Biopsy of the lesional skin showed, in the upper dermis, swollen, curvilinear and ochre-coloured fragmented collagen bundles with discrete granulomatous reaction and scattered macrophages with brown pigment.

CONCLUSION
Dermoscopy is a useful noninvasive tool in the diagnosis of Ochronosis and the differential diagnosis with other pigmentary disorders, helping us in choosing the most appropriate area for biopsy.
Effects of Dietary and Lifestyle Changes on the Life Quality of Psoriasis Patients

Mohor, Georgiana Simona
Victor Babes University of Pharmacy and Medicine

INTRODUCTION
Unbalanced diet and lack of exercises lead to the occurrence of metabolic diseases. Obesity has a high prevalence in psoriasis patients and increased body mass index represents a risk factor for psoriasis. To assess the impact of the diet associated to psoriasis therapy for the life quality of psoriasis patients.

METHODOLOGY
We have studied 30 psoriasis patients under specific psoriasis therapy to whom we added dietary treatment by changing their nutrition and lifestyle. Diet includes daily consumption of fruits, vegetables, proper hydration and giving up unhealthy eating habits. Exercise and psychological support were also part of the therapy.

RESULTS
We have observed that the dietary treatment improved the life quality of the patients, especially for women. Before the diet, the DLQI score had high values, 96% of the patients considering that their life quality is very affected by the disease; 7 month after the diet was introduced, both DLQI and psychological approach were significantly improved. Only 7% of the patients still considered that their life quality is very affected.

CONCLUSION
Tackling a new vision of the psoriasis treatment, including dietary, movement and psychological support together with the medication gives benefits to the course of the diseases and the life quality of the patient.
**Carney Complex: A Case Report**

Del Castillo Cabrera, Soky  
Hospital Central Fuerza Aerea del Peru

**INTRODUCTION**

Carney Complex is an inherited autosomal condition described for the first time in 1985, as the combination of atrial myxoma, cutaneous hyperpigmentation and endocrine hyperactivity. It also includes the association of nevi, atrial myxoma and ephelides (NAME), as well as lentigines, atrial myxoma and blue nevi (LAMB). The diagnosis of Carney Complex usually relies only on clinical criteria. Here, we describe a case of Carney Complex seen at Hospital Central de la Fuerza Aerea del Peru in Lima, that was studied for different clinical Departments, but was diagnosed by the Department of Dermatology.

**METHODOLOGY**

A 56 year old female with past medical history significant for hypothyroidism and familiar history of lentigines, presented to the hospital with concerns about a recently grown congenital cutaneous lesion in the right ankle. Physical examination was remarkable for the presence of a cutaneous condition characterized by a diffusely acromic area that have superimposed darker macules and papules, which were asymptomatic. Clinical suspicion of Carney Complex arose when asking for family history of similar dermatological conditions.

**RESULTS**

Histological examination of the congenital lesion showed keratin filled elongated melanocytes which confirmed the diagnosis of agminated blue nevi. Imaging studies evidenced the presence of a mass in the right atrium attached to the inter-atrial septum, compatible with an atrial myxoma.

Medical management was interdisciplinary, the myxoma was removed successfully, and the hypothyroidism was controlled with medical treatment. The agminated blue nevi which does not need any therapy, but the regular follow up. Further medical evaluation in several members of her family, evidenced the presence of myxomas in her sister, and hyperpigmentation, Cushing Syndrome, but no myxomas in her daughter.

**CONCLUSION**

This case illustrates how major medical findings could become evident after a careful evaluation of a cutaneous lesion and a high index of suspicion after a careful family history of similar dermatological conditions. Further research in the epidemiology of Carney Complex in Peru is worthwhile.

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**Neurofibromatosis Type 1: A Case Report**

Iftode, Oana Andrada  
Emergency City Hospital of Timisoara, Dermatovenerology Department

**INTRODUCTION**

Neurofibromatosis 1 (NF1), also known as von Recklinghausen disease, is a condition with autosomal dominant inheritance, caused by mutations of the NF1 gene, which is located on chromosome 17. It affects mostly skin and nervous tissue.

**METHODOLOGY**

This is the case of a 54 year old male who presents in our clinic with numerous cutaneous well circumscribed, round tumors, varying from 2 mm to 1.5cm, disseminated on the whole skin surface. Tumors are of elastic consistency and of the color of the surrounding skin. Caeau-lait spots of different sizes are scattered on the skin surface, which was the first sign of the disease and appeared in his childhood. History reveals mother suffering of the same disease. Patient is sent for multidisciplinary consults. A biopsy is taken from one of the cutaneous tumors.

**RESULTS**

Ophtalmological consult revealed Lisch nodules on the iris. Biopsy was suggestive for neurofibromatosis revealing spindle cells with acidophile cytoplasm, mixoid matrix.

**CONCLUSION**

NF1 is a common heritable neurocutaneous disorder. Follow-up is very important because of the chance of malignant change of the neurofibroma. Also the risk of developing nervous system tumors obliges the patient to routine imagistic evaluation.
Bullous Systemic Lupus Erythematosus in a Child Treated with Rituximab

Martinez, Karla
Hospital Central “Dr. Ignacio Morones Prieto”

INTRODUCTION
Systemic lupus erythematosus (SLE) is an autoimmune disease with multi-organ involvement; approximately 76% of patients will have some type of dermatologic manifestation and only 5% will have chronic bullous disease (BSLE). In pediatric patients the bullous form of SLE is rare presenting only in 2% of the cases. Clinically, the presence of a generalized bullous eruption that heals without scarring is characteristic and usually responds to dapsone. Histologically it has similar features to dermatitis herpetiformis; immunologically some features are similar to those found in epidermolysis bullosa acquisita. In the direct immunofluorescence IgG deposition is almost universal however IgA is present in 70% of the cases and C3 and C4 may also be present. The deposition patterns in the BMZ are mostly granular (60%) and linear pattern (40%). Differential diagnosis should be made with linear IgA bullous disease.

METHODOLOGY
We describe a 12 year-old male patient who presented a 4 months history of generalized blisters. The physical examination revealed a widespread, bilateral and symmetrical dermatosis affecting mostly trunk, upper and lower extremities as well as genitals, it was characterized by multiple tense vesicles and blisters measuring from 0.5 a 2 cm, some were isolated but other were confluent in arciiform arrangements. Previously affected skin healed leaving post inflammatory hyper and hypopigmentation, without scarring. The laboratory tests revealed normocytic normochromic anemia, lymphopenia, hypoalbuminemia, proteinuria (100 mg/dL) and hematuria(++++). According to these findings we requested complementary studies finding positive antinuclear antibodies Hep2 (1:1,280; homogenous and peripheral pattern) and hypocomplementemia [C3 (45.9 mg/dL); hemolytic complement CH50 (7 U)].

Histopathological study of the skin biopsy revealed a subepidermal blister with polymorphonuclear infiltration in the dermis papillae, epidermal atrophy and perivascular neutrophil infiltrate. Direct immunofluorescence study of perilesional-skin showed linear deposition of IgA (++++) and C3 (++++) at the BMZ. Subsequently arenal biopsy was performed and the findings were consistent with lupus nephropathy due to the presence of diffuse proliferative glomerulonephritis class IV (activity index: 6; chronicity index: i). Direct immunofluorescence showed strong mesangial and vessel deposition of IgG (++++), C3, Clq, IgA and IgM (+).

RESULTS
The diagnosis of bullous systemic lupus erythematosus (BSLE) was made and prednisone was initiated (1m/kg/day), the patient improved and was discharged from service; however 4 days after the patient presented to the ER with extension of the dermatosis and with severe systemic compromise. Prednisone was increased and in consensus with Rheumatology and Pediatric nephrology we started a pulse of cyclophosphamide, which was repeated 10 days later. The patient did not improved as we expected and mycophenolate mofetil was initiated; however the patient continued to present signs of active disease, therefore rituximab was started. A week after rituximab was administered the bullous lesions ceased and the patient was discharged with prednisone, later azathioprine was added. The patient is currently in stable condition, until now there is no recurrence of the bullous dermatosis.

CONCLUSION
We present an unusual case of bullous systemic lupus erythematosus (BSLE) presenting in a child. Although it is rare, the association with lupus nephritis in children with BSLE has been previously reported, and is likely to be a pathophysiological link between the abnormal expression of collagen VII during the glomerular membrane healing, sharing this antigen with the one present in the epidermal basement membrane. The treatment of choice is dapsone, however it was unavailable in our country and therefore other several systemic immunosuppressive agents were started. Given the lack of improvement it was decided to administer rituximab, which has been described as a treatment with good outcome in this condition and other bullous diseases.
Successful Use of Rituximab in the Treatment of Childhood and Juvenile Pemphigus

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INTRODUCTION
Pemphigus, a disease of adults, can rarely occur in children and adolescents. The treatment related adverse events are common in this age group and have profound effect on physical growth, social interactions and psychosocial health. Thus, there is a need for newer therapies which are safer and more efficacious than the conventional modalities.

METHODOLOGY
Retrospective review of records from October 2010 to June 2013 in a tertiary care hospital was done to evaluate rituximab treatment in childhood and juvenile pemphigus. All patients of pemphigus treated with rituximab and aged less than 18 years were included. Clinical and epidemiological data including age at rituximab administration, gender, disease duration, clinical diagnosis and disease severity score were extracted. Details of rituximab administration including its indication, dose and any adverse events were recorded. Response to treatment was recorded as per standard definitions, i.e., control of disease activity (CD), partial remission (PR), complete remission (CR) and relapse/flutter. All patients had desmoglein ELISA levels assessed at baseline and last clinical visit.

RESULTS
Ten patients of pemphigus (7 pemphigus vulgaris and 3 pemphigus foliaceus) with an age range of 9-17 years had received rituximab treatment. Seven patients received rituximab for resistant disease, four patients had severe disease and two patients had contraindications for conventional therapies. The patients were followed for a median of 16 months (range 8-36 months). CR(off) was achieved in 7 patients by a mean time of 21 weeks. One patient each achieved CR(on), CD and PR(on) by 15, 8 and 14 weeks, respectively. Relapse/flutter was seen in 6 patients by a mean time period of 13 months (range of 8-20 months). Two patients were re-treated with 2nd cycle of rituximab with good clinical response. Infusion reactions were the most common adverse events. No serious long term adverse events were noted.

CONCLUSION
The current data suggest that rituximab is useful and safe in treating childhood and juvenile patients of severe/refractory pemphigus. Adverse events were mainly self-limiting infusion reactions, which were well managed.
Cutaneous Tuberculosis after Exposure to Biological Risk in A Medical Student: Case Report

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INTRODUCTION

Cutaneous tuberculosis is caused by the Mycobacterium tuberculosis complex and constitutes a rare form of extra pulmonary tuberculosis, in approximately 1-4% of cases. Multiple schemes have been proposed to classify cutaneous forms of tuberculosis. A widely used classification system divides cutaneous tuberculosis due to their propagation mechanism into: 1. Direct inoculation, 2. Contiguity, and 3. Hematoogenous dissemination. Inoculation induced form is infrequent, but is a risk for the healthcare workers. Tissues infection induces a granulomatous inflammation on the affected organ, and in some cases may produce vasculitis and pananitis. Clinically two to three weeks after inoculation, it presents as a papule, nodule or persistent erosion, localized on exposed areas, especially on face, hands and feet. After two to four weeks lesion will evolve to an indolent ulcer that can be up to 5 cm in diameter, shallow, with irregular borders and occasionally surrounded by necrotic tissue. As the disease progresses, cutaneous lesion may become indurated. Three to eight weeks later, bacillus migrate to the local lymphatic nodes and adenopathies appear. Lesions usually resolve spontaneously or may progress to vulgar lupus, which is a chronic and progressive form of cutaneous tuberculosis. Diagnosis is based on clinical history, physical findings, histopathological analysis, tuberculin and culture. For those cases, in which complementary exams do not confirm the diagnosis, the answer to treatment may constitute diagnostic criteria. The treatment for cutaneous tuberculosis remains the same as for other organs tuberculous affection. A short scheme with four antituberculous agents, given for two months, followed by two drugs the next four months should be useful.

METHODOLOGY

A 20 years old medicine student, consulted for a 5 days long clinical history of an asymptomatic lesion at the first finger of the left hand. One month earlier while refilling a pulmonary biopsy during a necropsy to an HIV patient with suspected histoplasmosis, he had accidentally punctured this zone with a trucut needle, and had been in prophylactic treatment with zidovudine and lopinavir/ritonavir. On physical examination he presented an eritemato-violaceous papule of approximately 0.6 cm in diameter on the lateral region of the proximal phalanx on the first finger of the left hand. Due to the antecedent of the puncture it was suspected a cutaneous histoplasmosis. A skin biopsy was made, finding cutaneous tuberculosis. So he was managed with tetra conjugated treatment with clinical resolution few weeks later.

RESULTS

Cutaneous tuberculosis corresponds to less than 1% of tuberculosis cases. Among them the form by inoculation is even more uncommon and presents in patients with occupational risk to exposure to the tuberculous bacillus. It is important for healthcare professionals to consider this kind of infection when faced to a clinical case as the one we present. Puncture needle may act as a potential mode of transmission for tuberculosis, comparable to HIV and hepatitis B. We present the case of a medicine student, who developed cutaneous tuberculosis after suffering a biologic risk exposition, and who was managed with a tetra conjugated scheme, with lesion resolution after few weeks.

This is the second case report on a medicine student, who was accidentally acquired primary cutaneous tuberculosis by direct inoculation.

Differential diagnosis must be made with the primary chancre of syphilis, paracoccidioidomycosis, micetomas, ulcers by other mycobacteria and histoplasmosis, which was suspected in this case.

CONCLUSION

We present the case of a medicine student, who four weeks after presenting exposure of biological risk develops cutaneous lesions compatibles with tuberculosis. It is important to have in mind the diagnostic suspicion for cutaneous lesions that appear after accidental exposure to biologic risk. Likewise it is fundamental to establish protective measures for healthcare workers, for them to avoid accidental punctures and the inoculation this or others type of infection.
Elegant Syphilides of Brocq
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INTRODUCTION
Syphilis, the great imitator in dermatology, remains a problem worldwide, with 12 million people infected each year according to WHO. Its variable manifestations require inclusion of many differential diagnoses. In this case, we present an unusual presentation of secondary syphilis.

METHODOLOGY
Female teenager of 14 year old, student, with no personal or family contributory history, who refers to present a month earlier with a lesion in right palm without improvement, to which then became associated annular lesions on face. On physical examination, the patient presented phototype V, she has annular plaques, polycyclic, concentric, well-defined, with raised edges, erythematous, slightly scaly, with a slightly hyperchromic center, located in frontal region, right nasal ala, bilateral maxillary, and cervical region. In addition, erythematous plaque, infiltrated with central desquamation in right palm.

RESULTS
In paraclinical, presents eosinophilia and the same day requested VORL, which was reactive with 32 dils, diagnosed as Elegant syphilides of Brocq. Histopathology evidenced lymphohistiocytic perivascular infiltrate and anexal in superficial and a half dermis. She received benzathine penicillin 2.4 million U, showing clinical improvement month and 6 months of treatment, with complete disappearance of the lesions. The VORL control down to 2 dils and abs-FTA was positive.

CONCLUSION
Common shapes encountered in dermatologic diseases include linear, nummular, annular, polycyclic, and arciform. The last three have a relatively restricted differential, which must be entirely explored. It is not uncommon for single disease present in annular, arciform or polycyclic configurations; moreover, the lesions may evolve from being arciform to annular and then become polycyclic. Furthermore, in some cases they may have relief, being necessary to distinguish between sarcoidosis granuloma zirconium piautides (yaw), granuloma annulare, tinea imbricata and tuberculoid leprosy. Elegant sifflides Brocq, is a form of secondary syphilis rare, has been described in patients with high skin types, mainly distributed in seborrheic areas and around natural orifices, such as annular or circinate lesions, purplish, very contagious.

Health-seeking Behavior of Hansen’s Disease Patients Seen at the University of the Philippines-Philippine General Hospital
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INTRODUCTION
Hansen’s disease (leprosy) is a chronic infection of skin and nerves due to Mycobacterium leprae. It can manifests as erythema, hypo/hyperpigmentation and numbness on the skin. Progression can lead to physical deformities that make patients less productive members of the society. Leprosy remains to be a health problem despite of free and effective treatment provided by the World Health Organization. Other factors, such as early detection, adherence to treatment, understanding of health-seeking behavior and knowledge or attitudes towards leprosy are key factors in eradicating leprosy.

METHODOLOGY
This is a prospective cross-sectional and qualitative study. One on one interview by the investigator was done utilizing the health-seeking behavior questionnaire and modified Skindex-29 quality of life (QOL) tool. The primary goal of our research was to determine the health-seeking behavior of patients with leprosy seen at our institution, identify factors that contribute with the delay in diagnosis and treatment and to determine the quality of life of these patients, with the intention to guide programs in promoting positive health seeking behaviors of leprosy patients.

RESULTS
Sixty-two leprosy cases were included. The mean age was 36 years. Majority of the respondents were lepromatous (LL) type (66%) with mean disease duration of 3 years. The most common initial response identified was doing nothing (35%). The over-all most common specific treatment choice was the dermatologist (43%) followed by traditional healers (29%). Local health centers were among the least considered (3.3%). Stigma score was moderate (3.6). Grade 2 disability and LL type of leprosy were significantly associated with lower overall self-perceived QOL (p=0.03 and p=0.02).financial burden increase 2-3 times in patients who had negative consulting behavior, LL type of leprosy and disability.

CONCLUSION
Leprosy is a medical, social and economic burden. Health-seeking behaviors of patients and lack of knowledge regarding the initial signs of leprosy played a significant role in the delayed diagnosis. Intensified information campaign and awareness programs are needed towards a world without the worst aspects of leprosy.
Immune Inflammatory Reconstitution Syndrome in Hansen’s Disease

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INTRODUCTION
The immune inflammatory reconstitution syndrome (IRIS) has been reported in up to 20% of patients infected with the human immunodeficiency virus (HIV), shortly after starting highly active antiretroviral therapy (HAART). IRIS is characterized by clinical manifestations of a latent disease, because of an improvement in the immunological system. This syndrome has been reported in the first three months after beginning HAART in patients with CD4 lymphocytes in less than 100 cells/ml.

METHODOLOGY
We hereby present a 25 year old female patient known with HIV infection since she was 16 years old, starting HAART in February 2013. She denies history of contact with patients with leprosy. The patient started the disease in 2011 by presenting non-pruritic erythematous plaques in face, trunk and limbs. In May 2013, after starting HAART she consulted because of the worsening of her lesions, with nodules increasing in size and number. Physical examination showed numerous erythematous painful nodules on the face, hands and feet; as well as circular plaques of different sizes and universal distribution.

RESULTS
We performed a skin biopsy that showed a granulomatous suppurative dermatitis. A Fite-Faraco stain showed a 6+ bacillary load with 90% solid staining bacilli. The culture for mycobacteria was negative, as well as the culture for fungi. CD4 lymphocyte population in January 2013 was 1 cell/ml, with a viral load of 32,446 RNA copies/mi. The CD4 lymphocyte population as of May 2013 was 16 cells/ml, with a viral load of 1,483 RNA copies/mi. Our final diagnoses were: 1. Borderline lepromatous Hansen’s disease in reversal reaction. 2. HIV I AIDS stage C3. 3. Inflammatory reconstitution syndrome. The patient started multibacillar polychemotherapy for Hansen’s disease and maintained HAART with a positive outcome of the disease.

CONCLUSION
Leprosy has been described as a manifestation of IRIS in HIV infected patients with a borderline clinical presentation. Type 1 reactional states are frequent in these patients, among which there is the reversion phenomenon. There are criteria for establishing the IRIS in leprosy: Leprosy or Lempernous reaction Type 1 in the first six months of HAART, advanced HIV disease and a rise of CD4 lymphocytes; all of which were present in this case. We should always consider IRIS in a patient with leprosy when there is worsening of the clinical picture shortly after beginning HAART.
Epidemiology, Clinical Characteristics and Outcomes of Cutaneous Candidiasis Caused by Non-albicans Species of Candida

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INTRODUCTION
Background: Increasing numbers of cutaneous infection due to non-albicans species of Candida (N-CA) had been reported. Laboratory based studies showed multi-drug resistance in N-CA population.
Objective: This study aimed to demonstrate epidemiologic, clinical characteristics and treatment outcomes of cutaneous candidiasis caused by N-CA. Additionally this study had been included statistical evaluation compared data between N-CA and C. albicans infections.

METHODOLOGY
Materials and Methods: This research was a cross sectional study of outpatient with cutaneous infection due to Candida at Dermatologic clinic between January, 2012 and June, 2014. Vaginal candidiasis was excluded. Demographic data, clinical presentations, laboratory data and treatment outcomes were collected.

RESULTS
Results: Among 760 patients presented with cutaneous candidiasis, 307 (40.4%) were infected with N-CA. The mean age (SD) of N-CA patients was 63.6 (10.4) years and 74.6% were female. The majority of N-CA cases were isolated from patients’ nails (n= 293, 95.4%) while 8 (2.6%) were detected from their skin and 6 (2%) from oral mucosa. The identified species were C. krusei (58.3%), C. dubliniensis (40.3%), C. tropicalis (0.7%) and C. glabrata (0.7%). Comparing between N-CA and C. albicans, skin and mucosa infection were significantly demonstrated in C. albicans groups (p-value <0.001). Among nail infected patients, C. albicans infections had significant higher severity than the N-CA infection (p-value 0.017). Median time to cure in N-CA population was 169 days, which ad no significant difference from C. albicans groups (211 days, p-value 0.49).

CONCLUSION
Conclusion: Forty percent of cutaneous candidiasis caused by N-CA. Nails were the most common sites of N-CA infections but N-CA was less found in skin and mucosa. Treatment outcomes of N-CA population were not significantly different from C. albicans groups.
A Case of Hypertrichosis Lanuginosa Acquisita Associated with Non-Hodgkin Lymphoma

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INTRODUCTION

Hypertrichosis lanuginosa acquisita (HLA) is a dermatosis which is most frequently related with malignancy and which has a course with development of long, fine, nonpigmentous hairs on face. HLA cases which have no relation with malignancy were also reported. In the present report, a case of HLA which develops related to diffuse giant B cell lymphoma will be presented.

METHODOLOGY

44 year old female patient who had been diagnosed as dermatomyositis for four years hospitalized in our department due to disseminated herpes zoster. Upon dermatological examination, fine, long, colorless hairs surrounding all face were noticed that have a history of two weeks. Also, prominent nodular lesion on lateral side of left breast was remarkable. Malignancy screening was done in internal medicine department and negative results were obtained. HLA and nodular lesions were not noticed and the patient was discharged. Nodular lesions were excised and the biopsy results were reported as diffuse giant B cell lymphoma. As a result of PET-CT scan, systemic involvement of lymphoma were detected.

RESULTS

In detailed dermatological examination of the patient who had been hospitalized due to systemic zona, HLA on face and nodular lesions on lateral part of left breast were detected. Nonmalignant causes of HLA such as HIV, hyperthyroidism, recent cyclosporine use were excluded. The nodular lesion of the patient was excised and histopathological examination was reported as diffuse giant B cell Non-Hodgkin lymphoma. Lymphoma was thought to develop due to immunosuppression and skin infiltration of lymphoma accepted as indicator of severity of malignancy. So patient was transferred to hematology department for chemotherapy treatment.

CONCLUSION

HLA most commonly develops in females. The most frequently associated malignancy is colon adenocarcinoma. In the present case, rarely seen HLA dermatosis is thought to be associated with diffuse giant B cell non-Hodgkin lymphoma that is less frequent and has a course with skin infiltration. In our department although the patient was followed with the diagnosis of herpes zoster, by the help of detailed physical examination, two dermatosis associated with mortality were detected.
PEDIATRIC DERMATOLOGY

Atopic Dermatitis in South African Children: A Tertiary Care Centre Experience
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INTRODUCTION
Atopic dermatitis is a chronic, relapsing pruritic condition which is associated with significant morbidity and impact on the quality of life. Variations in demography and clinical features exist in different populations. The characteristics and management modalities of a mixed racial population of South African children with atopic dermatitis is reported.

METHODOLOGY
A cross-sectional descriptive study of children attending the skin clinic of King Edward VIII Hospital, Durban, South Africa over a 3 month period. Consecutive children with atopic dermatitis were evaluated as part of the subjects. Relevant history pertaining to socio-demographic and therapeutic management was recorded and a picture of the skin lesion taken. Diagnosis was made on a clinical basis. Data was analyzed with Epi info 2007.

RESULTS
Atopic dermatitis (AD) accounted for 53.8% of the skin diseases seen. A male preponderance of 55.6% was seen out of the 252 children with atopic dermatitis. Ages of the patients ranged from 2 weeks to 17 years (median 36 months).

The face and lower limbs were the most frequently affected areas of the body (38.7% each). About a quarter of the patients had lesions greater than 50% of the body surface area. Full blood count, liver function tests and HTLV-1 serology were the major laboratory tests carried out. Eczema herpeticum was suspected and treated in 2.38% while 4.8% of the patients were on systemic immunosuppressants. Bleach baths and wet wrap therapy were adjuncts to treatment in 2% and 3.6% of the children respectively.

CONCLUSION
A critical look at the characteristics of patients with atopic dermatitis and modalities of management is important for comparison with other centres to improve or sustain quality care in children with this chronic condition.

Treatment of Diffuse Cutaneous Mastocytosis with Imatinib Mesylate in a Pediatric Patient
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INTRODUCTION
Diffuse Cutaneous Mastocytosis (DCM) is an infrequent but potentially life-threatening variant of childhood mastocytosis. Like other types of mastocytosis, it is a clonal disease caused by activating KIT mutations. Treatment with imatinib, a KIT inhibitor has resulted in resolution of adult type cutaneous mastocytosis. Pediatric experience with imatinib for DCM is limited.

METHODOLOGY
We describe a case of a 6 month-old girl who developed extensive bullous lesions after receiving a dose of immunization schedule. General pediatric team prescribed anti-viral medication without any clinical improvement. Clinical dermatology was consulted after repetitive similar cutaneous episodes. The patient had family history of multiple allergies. Physical examination showed hemato bullous lesions on face and neck. Papular and edematous lesions with positive Darier’s signs were observed in trunk and abdomen. Abdominal ultrasound showed mild hepatomegaly. Blood work and bone marrow studies were within normal limits. Skin biopsy evidenced diffuse inflammatory infiltrate of positive toluidine mast cells, with extensive papillary edema. Areas of subepidermic cleavage with bulla containing fibrous material were also observed. Immunohistochemistry study was reactive for c-KIT (CD117). Previous findings confirmed diffuse cutaneous mastocytosis. A genetic study was done and the D816V mutation was not present.

RESULTS
The patient did not respond to traditional treatment with cromoglycates, corticosteroids and antihistamines. After informed consent, Imatinib mesylate was started at a dose of 100 mg/daily PO. Therapy was well tolerated, and skin lesions improved within two months. Imatinib dosage was titrated down until 100 mg once weekly. Complete resolution was documented after 1 year and Imatinib was discontinued after four years.

CONCLUSION
We present a case of successful treatment of Diffuse cutaneous Mastocytosis (DCM) with Imatinib mesylate. Experience with imatinib therapy in children with DCM is limited with few cases reported to date. This therapy could be considered in pediatric patients with DCM and sensitive KIT mutation.
A Novel Missense Mutation in Oncostatin M Receptor-Beta Causing Primary Localized Cutaneous Amyloidosis

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INTRODUCTION
Primary localized cutaneous amyloidosis (PLCA) is a chronic skin disorder in which clinical features of pruritus and hyperpigmentation are associated with amyloid material deposition in the upper dermis. Autosomal dominant PLCA has been mapped earlier to pathogenic missense mutations in the OSMR gene, which encodes the oncostatin M receptor subunit (OSMR). OSMRs an interleukin-6 family cytokine receptors, its ligands are oncostatin M and interleukin-31, which both have biologic roles in inflammation and keratinocyte proliferation. Here we detected a new OSMR mutation in a Kurdish family.

METHODOLOGY
Blood samples were taken from all the affected individuals in the family (1st generation: father, 2nd: two sisters and 3rd one grand child). DNA extraction was performed using salting out technique. Primers were designed for intron flanking individual exons of OSMR gene which were subjected to direct sequencing after PCR amplification for each samples. (Using Bell enzyme, PCR-RFLP was conducted.)

RESULTS
Sequencing showed a single nucleotide mutation in patient with PLCA. The C/T substitution in exon 12 of OSMR gene causing L613S (Leucine 613 to Serine) amino acid transition was observed in all affected family members, which was not found in screening 100 ethnically matched healthy controls.

CONCLUSION
Elucidating the molecular pathology of familial PLCA provides new insight into mechanisms of itch in human skin; such investigations may lead to new therapeutic targets for pruritus. Although PLCA is relatively common in Asian countries, our case represents the first OSMR gene mutation to be reported in Kurdish population.
Risk of Metabolic Syndrome in Multi-Ethnic Malaysian Psoriasis Patients

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INTRODUCTION
Psoriasis is a chronic T-cell immune-mediated inflammatory skin disorder that has recently been recognized as systemic disease, which is associated with multiple co-morbidities especially metabolic syndrome. Very little is known about the metabolic syndrome in patient with psoriasis in Malaysia. Therefore this study aimed to report the prevalence and risk of metabolic syndrome (MetS) among adult patients with psoriasis in a public tertiary dermatology referral center in Northern Malaysia based on the Modified Asian National Cholesterol Education Program Expert Panel III (NCEP-ATP III) criteria.

METHODOLOGY
This is a case-control study to assess MetS and its risk factors in psoriatic patients using medical examination, health questionnaires, blood and urine sampling. All consecutive psoriatic patients who attended the Dermatology Clinic, Penang Hospital from 1st Jan 2011-31st December 2011 were included. Controls are general Penang population without skin disorder, extracted from Malaysian Study of Metabolic Syndrome (MSSM).

RESULTS
The study included 212 psoriasis patients of which about 59.9% (127) are males and 771 subjects as control. The mean age was 48.2 ± 14.5 years for psoriasis group and 48.9 ± 13.5 years for control group. The overall prevalence of MetS was 55.7% in the psoriatic group and 34.3% in the non-psoriatic population. The prevalence of metabolic risk factors among the psoriatic patients are as follows; the highest was abdominal obesity (75%), followed by elevated blood pressure (72%), reduced HDL-C (49%), high triglyceride (39%) and high fasting plasma glucose (31%). Multivariate models adjusting for age, gender, ethnic and smoking status of the patient demonstrated that psoriasis was significantly associated with the MetS (PE: 4.72; 95% CI: 3.25-6.88), hypertension (OR: 6.65; 95% CI: 4.39-10.06), hypertriglyceridaemia (OR: 1.48; 95% CI: 1.04-2.11), reduced HDL-C (OR: 4.49; 95% CI: 3.12-6.41) and obesity (OR: 3.79; 95% CI: 2.60-5.54). 75.5% of our patients showed evidence of insulin resistance (HOMA IR 2.6). Being older and having severe disease appeared to be the independent risk factors for development of MetS. By 40 year old, half of our psoriasis patients had developed one or more of CV risk factors (obesity, hypertension and reduced HDL-C).

CONCLUSION
Malaysian psoriasis patients have a higher prevalence of MetS than the non-psoriasis population. We recommend early MetS screening in all adult patients with psoriasis especially those with severe disease.
PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

Sarcoidosis Developing under Anti-TNF Therapy: A Case with Psoriasis Vulgaris

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INTRODUCTION
Tumor necrosis factor (TNF)-α antagonists are widely used in many inflammatory diseases including psoriasis. As the number of patients treated with these agents increase, paradoxical side effects including the triggering of granulomatous pulmonary diseases are being described. Sarcoidosis is a chronic inflammatory systemic disorder of unknown etiology. Signs and symptoms differ according to the organs involved. Diagnosis is made by clinical, radiological, pathological findings and by excluding other granulomatous diseases like mycobacterial infections.

METHODOLOGY
We describe a 53 year old male patient having psoriasis and developing sarcoidosis during infliximab treatment. The patient had received various agents including topicals, methotrexate, cyclosporine and etanercept for psoriasis diagnosed 24 years earlier, was decided to be treated with infliximab (5 mg/kg). After the tenth infusion, chest X-ray revealed reticulonodular appearance in both lungs. Then thorax computed tomography demonstrated interstitial changes and multiple mediastinal lymph nodes with the greatest dimension of 13 mm in size. Upon this, further investigation was performed.

RESULTS
Sarcoidosis, interstitial lung disease and tuberculosis are considered as probable causes for the findings. In his diagnostic tests, respiratory function test and sítologic examination of bronchoalveolar lavage were in normal limits. Sputum and lavage cultures, mycobacterium polymerase chain reaction and galactomannan antigen were negative. Transbronchial lung biopsy showed on-necrotising granulomatous infiltration. In the light of clinical, laboratory and pathological findings the patient was diagnosed to have sarcoidosis. Infliximab therapy was terminated.

CONCLUSION
TNF-α is a cytokine produced by Th1 cells, antigen presenting cells and keratinocytes. It plays role in both granuloma formation and maintenance. Cases triggering sarcoidosis during anti-TNF treatment as in our case, are reported as a paradoxical side effect of these agents. It is supposed that, blockage of TNF, makes otoreactive T cells being activated and leads to granuloma formation. This report aims to take attention to paradoxical side effects of anti-TNF agents and to emphasize the necessity of clinical and laboratory studies during the follow-up period of these patients.
Efficacy and Safety of Contact Cryosurgery in the Treatment of Ear Keloids
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INTRODUCTION
The use of cryosurgery as an effective and safe treatment for keloids over the last few years with low recurrences has never been in doubt. We sought to assess through a prospective study the safety and efficacy of contact cryosurgery in the treatment of ear keloids.

METHODOLOGY
A one year follow-up prospective study was conducted in Habib Thameur Teaching Hospital in Tunisia. Twelve female patients were included in the study. The 12 month trial evaluated the volume reduction of keloids after multiple sessions of contact cryosurgery ranging from 2 to 9. The sessions were realized under local anesthesia using a cryogen filled with liquid nitrogen freezing the keloid. A flat cryoprobe of 1 cm in diameter was used to perform the contact cryosurgery. The sessions were done every 15 to 21 days.

RESULTS
Twelve Caucasian female patients with a total of 15 ear keloids were included. The mean age of our patients was 28.5 years old ranging from 16 to 71 years old. The size of the ear keloid ranged from 1 to 3 cm in diameter. The number of sessions done ranged from 2 to 9 sessions. There was a dramatic improvement of 11 keloids (73%) with a reduction of the volume of the keloid ranging from 80 to 100%. The 4 remaining keloids responded less with an improvement ranging from 50 to 80% of the initial keloid volume probably due to the number of sessions done which were less than 4 sessions.

CONCLUSION
Therapeutic management of ear keloids remains a challenge. Our results are highly encouraging since almost all our patients showed improvement. Important considerations of this method are the high cure rate, good cosmetic results, convenience and cost effectiveness. Hypopigmentation was the most frequent side effect of contact cryosurgery seen in 2 of our patients. It may be explained by the destruction of melanocytes after cryosurgery. Fortunately, hypopigmentation was transient in our patients. In summary, contact cryosurgery as monotherapy may represent the treatment of choice for ear keloids.