Abstracts prepared by
2014 Annual Meeting 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 72nd Annual Meeting of the American Academy of Dermatology in Denver, Colorado, the 21st – 25th of March, 2014.

The Annual Meeting poster exhibit scholarship program was established with funds from the 18th World Congress of Dermatology (New York, 1992) and includes:

- Complimentary Annual Meeting registration.
- One complimentary course registration.
- A stipend for hotel and other expenses.

To be eligible for this scholarship, applicants are required to be within three years of completion of their dermatology residency training at the time of the meeting. Applicants must be endorsed by their national dermatological society. Selected Poster Abstracts will be displayed electronically at the Annual Meeting.

For more information about the scholarship program, visit www.aad.org/posterscholarships.
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**Determination of Optimal Incubation Time for the Production of Matrix Metalloproteinase 1 by Human Dermal Fibroblasts after Infrared-A Radiation**

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**INTRODUCTION**

Studies have been conducted in order to determine the damage caused by infrared-A (IR-A) radiation, particularly the upregulation of MMP-1, using in vitro and/or in vivo investigation. For detection of MMP-1, authors used several IR simulators devices and determined increases in MMP-1 levels through gene expression, western blotting and immunohistochemistry techniques. Nevertheless, no information concern MMP-1 quantification using ELISA assay had been published.

**METHODOLOGY**

In this study, we validated the optimal incubation time for the release of MMP-1 in cultures supernatants by human dermal fibroblasts (HDF) stimulated with IR-A radiation. HDF were exposed to a non-cytotoxic dose of 360 J/cm² IR-A radiation, using a Hydrosun 750T IRA device and the irradiance was measured through a Hydrosun HBM1 irradiance measuring device. After irradiation, fresh culture medium was added again and supernatants were collected after 24, 48 and 72 hours for the quantification of MMP-1. The levels of MMP-1 were measured using a commercially available kit.

**RESULTS**

Our results demonstrated that irradiation with IR-A resulted in a significant (P<0.0001, ANOVA-Tukey) upregulation of MMP-1 production (8.37 ± 0.44 ng/mL) 17-fold in relation to non-irradiated group (4.91 ± 0.64 ng/mL) only in incubation time of 72 hours after radiation. After 24 and 48 hour IR-A radiation no significant differences were observed when compared to control groups.

**CONCLUSION**

In this work, we standardized the enough time of human fibroblasts incubation to produce MMP-1 after IR-A radiation. Conversely previous studies in the literature, where MMP-1 gene expression is observed after 24 hours from IR-A exposure, the production of this protease in supernatants in only detected after 72 hours incubation.

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**Skin Diseases Among Eldery Patients Attending Skin Clinic at the Regional Dermatology Training Centre, Northern Tanzania**

Kelvin Mponda, MBBS, The Regional Dermatology Training Centre, Moshi, United Republic Of Tanzania

**INTRODUCTION**

As the global population of elderly people continues to rise, a critical need to provide them with health services, including dermatology, will be significant, especially in resource-poor countries. To adequately meet their dermatological needs in a particular setting, knowledge about local skin conditions in the elderly population is vital. The clinical spectrum and factors related with the care of skin diseases among elderly patients attending an outpatient skin clinic at the regional dermatology training centre in northern Tanzania, are hereby described.

**METHODOLOGY**

Interviews and full physical examination of patients aged 55 years and above were conducted between January and April 2013. Diagnoses were mainly clinical, diagnostic tests being done where necessary.

**RESULTS**

Patients studied were 142 (age range 55-99 years, median 67.5 years). The leading diseases included eczemas (43.7%), papulosquamous disorders (15.4%), infections (11.3%) and tumours (9.8%). Itch (61%), ‘rash’ (56%), and pain (12%) were the most reported complaints. The commonest detected physical signs were leg xerosis (55%), and interdigital maceration (39%). Some (76.6%) had sought prior hospital treatment for the index diseases. Of those who had not, 81% had used self treatments. Whereas 97.7% reported having caregivers at home, 59% had no assistants during clinic visits.

**CONCLUSION**

The study provides an overview of the burden of skin diseases among the elderly and aspects of their care. We believe this highlights a broad picture of their dermatologic needs expected to be met by Tanzanian dermatologists for years to come in keeping with the aging population.
Pseudo-Kaposi’s Sarcoma Stewart-Bluefarb Type of the Hand, Associated with an Arteriovenous Fistula by Hemodyalisis

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INTRODUCTION
Pseudo kaposi’s sarcoma is an angioproliferative cutaneous benign disease. This is a rare syndrome characterized by cutaneous kaposiform lesions. Two varieties have been described with most common presentation in the lower limbs: 1. Type Mali, described in elderly people with chronic venous insufficiency and bilateral presentation; 2. Type Stewart-Bluefarb, most often affects young people, is associated with congenital or acquired vascular malformations such as arteriovenous fistula for hemodialysis and the presentation is unilateral.

METHODOLOGY
We describe a 64 years old male patient, with development of edema in his left hand since one year, associated with purple plaques and ulceration of the distal 2/3 of a second, third and fourth finger. Management with hemodialysis for chronic renal failure and arteriovenous fistula in left forearm. Months back was performed extra institutional biopsy showed Kaposi’s sarcoma and he was treated with chemotherapy without improvement. During our assessment the new biopsy from de dorsum of the left hand, reported Pseudo Kaposi’s sarcoma, and PCr for herpes virus 8, was negative.

RESULTS
Histology showed proliferation of superficial dermal vessels and fibroblasts, extravasated red blood cells, and occasional fibrin thrombi in vessels, HHV-8 expression was negative.

CONCLUSION
We report a case of Pseudo-kaposi’s sarcoma (Stewart- Bluefarb type) of the hand, associated with an arteriovenous fistula in a 64 years old patient with chronic renal failure on hemodialysis. According to literature, this is the fourth case of an association between Pseudo-Kaposi’s sarcoma an acquires iatrogenical arteriovenous fistula by hemodialysis, and the second case to involve the hand. The dermatologist should be know that this rare disease that should be suspected in patients with arteriovenous fistulas by hemodialysis, in order to prevent incorrect treatment.

Pemphigus Vulgaris and Pemphigus Vegetans: Different Faces of the Same Entity

Adelina Minerva Timofte, MD; Flavia Baderca, Associate Professor; Caius Silviu Solovan, Professor; Patricia Cristodor, Associate professor; and Steluta Ratiu, MD, Emergency City Hospital, Department of Dermatology, Timisoara, Romania

INTRODUCTION
Pemphigus vegetans (PVEG) is a rare variant of pemphigus vulgaris characterized by blisters and erosions evolving into vegetating plaques. PVEG usually involves the flexural areas, umbilicus and lips. Oral cavity is commonly involved and a characteristic feature is the presence of cerebriform tongue; less common there is acral involvement.

METHODOLOGY
We describe the case of a 52-year old man who presented with ulceration of buccal mucosa, cerebriform tongue, pustulous lesion of distal left first finger phalanx, small erosion on the first interdigital space of left foot and two verrucous nodules at the base of nasal pyramid and on left nasal wing. The patient had a known history of vesiculo-bullous eruptions in the inguinal area and buccal mucosa diagnosed as pemphigus vulgaris.

RESULTS
Biopsy of the nasal nodules showed marked epidermal acanthosis with pseudoepitheliomatous hyperplasia and intraepidermal eosinophilic microabscesses. Focal areas or subrabasal acantholysis were noted. In the superficial dermis a perivascular and interstitial inflammatory infiltrate with numerous eosinophils and neutrophils was noted. The clinical and histologic findings were diagnostic of PVEG.

CONCLUSION
We present an unusual case of coexisting pemphigus vulgaris and vegetans. To our knowledge, nasal location has not been reported before in PVEG. A high index of suspicion is needed for a correct diagnosis as the characteristic histologic findings of acantholysis are often subtle and masked by the prominent epidermal hyperplasia and inflammation.
The Effect of Topical Virgin Coconut Oil on SCORAD, Transepidermal Water Loss and Skin Capacitance in Mild to Moderate Pediatric Atopic Dermatitis: a Randomized, Double-Blind Clinical Trial

Mara Therese Padilla Evangelista, MD, Jose R. Reyes Memorial Medical Center, Sta Cruz, Manila, Philippines

INTRODUCTION
Atopic dermatitis (AD) is characterized by defects in the epidermal barrier and cutaneous inflammation. Virgin coconut oil (VCO) decreases transepidermal water loss (TEWL), and has emollient, anti-inflammatory and anti-bacterial properties. The primary objective of this study was to determine the effect of topical VCO versus mineral oil on SCORing Atopic Dermatitis (SCORAD), TEWL and skin capacitance in mild to moderate pediatric atopic dermatitis.

METHODOLOGY
Approval was obtained from the Institutional review Board prior to starting the trial. This is a double-blind randomized, controlled trial wherein pediatric atopics applied VCO or mineral oil twice daily for 8 weeks. SCORAD, TEWL, skin capacitance and adverse effects were determined every visit. A change in SCORAD ≥ 30% but < 75% was considered moderate improvement, while a change of ≥ 75% was considered excellent.

RESULTS
132 patients were recruited, 117 were included and 101 completed the study. VCO was superior to mineral oil in all outcome measures, with improvement in 93% of patients (46% with excellent response) compared to 53% of patients in the mineral oil group (19% considered excellent). Treatment success is 85.44% more likely with VCO (RRR 0.8544 95% CI 0.5232 – 1.1401). Adverse effects were not statistically significant.

CONCLUSION
Among pediatric patients diagnosed with mild to moderate atopic dermatitis, topical VCO application for eight weeks was superior to mineral oil based on subjective and objective criteria for treatment success.

Cryopyrin Associated Periodic Syndrome Caused by a Novel Mutation in the NLRP3 Gene

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INTRODUCTION
The Cryopyrin-associated periodic syndromes (CAPS), among which familial cold autoinflammatory syndrome (familial cold urticaria), Muckle-Wells syndrome and neonatal onset multisystem inflammatory disease (NOMID/ CINCA), are due to mutations in the NLRP3 gene, which encodes the protein cryopyrin.

METHODOLOGY
Thirty-three-year-old woman presented with generalized urticarial exanthema. The exanthema was non-pruritic, with no angioedema. According to the anamnesis morbi the condition began in the neonatal period. In the course of the disease she developed migrating polyarthritis, progressive neurosensory hearing loss and persistent conjunctivitis since the age of 10 years. Five years later she started suffering from intermittent fever (38–39 oC), abdominal pain, nausea and vomiting, each episode with duration less than 24h. Generalized lymphadenopathy developed when she was 16 years old.

RESULTS
Blood investigations revealed microcytic hypochromic anaemia, leukocytosis with neutrophilia and lymphopenia. All antibodies were elevated (IgG, IgM, IgA, IgE). X-Ray examination revealed dystrophic changes in both ankles. Sequence analysis of exons 3, 4 and 6 of the NLRP3 gene (1q44) in EDTA blood revealed that our case is a heterozygous carrier of a 3-nucleotide duplication in exon 3 of the NLRP3 gene (c. 1315,1317dupGCC), inserting an alanine between amino acid positions 439 and 440 (p.Ala439dup).

CONCLUSION
There 152 patients with CAPs described in the literature so far (M/F = 79/73). Among them 118 are with proven mutations, 21 are without mutations and 13 have not been genetically tested. The duplication discovered in our case (p.Ala439dup) in the NLRP3 gene (1q44) has not yet been communicated and represents a new cause for CAPS.
Pemphigus Vulgaris: An Unusual Clinical Presentation

Hind Benhiba, MD, Department of Dermatology, Ibn Sina Hospital, Rabat, Morocco

INTRODUCTION

Pemphigus vulgaris is a bullous auto-immune disease affecting the skin and mucosa. It is characterised by acantholysis that results in the formation of intraepithelial bullous lesions. Herein we report a case distinguished by its unusual clinical presentation.

METHODOLOGY

A 45-year-old man, a chronic smoker, consulted for hyperkeratotic lesions of the right foot toes. Examination revealed a localised yellowish keratoderma on the foot sole and impaired toe nails, as well as impairment on the nails of the first, third and fourth fingers on the right hand. Histological examination of a nail bed biopsy showed suprabasal acantholysis. Direct immunofluorescence confirmed the diagnosis of pemphigus. Oral corticosteroid therapy was initiated consisting of prednisone 1.5 mg/kg/day. Improvement of the nail lesions occurred after three months of treatment.

RESULTS

During the course of pemphigus, the nail findings most commonly reported in the literature are paronychia, Beau’s lines, onychomadesis and onycholysis. However, these signs are generally seen in patients with known pemphigus vulgaris and only rarely indicate bullous disease. The case we report illustrates a special situation in which pemphigus vulgaris was revealed by unusual skin and nail lesions. Being a factor of disease severity, the nail involvement in pemphigus responds more slowly to treatment.

CONCLUSION

The clinical features observed in our patient remains particular by the inaugural nail character, the one-sided lesions and the absence of bullous mucocutaneous lesions, source of misdiagnosis.

Pemphigus-associated Kaposi’s Sarcoma Successfully Treated with Paclitaxel

Seyedehpardis Hejazi, MD; Kamran Balighi, Associate Professor; Cheyda Chams-Davatchi, MD, PhD; Arghavan Azizpour, MD; and Nessa Aghazade, MD, Tehran University of Medical Sciences, Razi Dermatology Hospital, Tehran, Islamic Republic Of Iran

INTRODUCTION

Corticosteroids have long been the mainstay of treatment for pemphigus patients. However, they have brought about a number of complications, sometimes causing significant morbidities. Maintaining a balance between therapeutic and undesirable effects of medications is not always easily achievable. Therefore additional treatment modalities are frequently needed to control side-effects. Kaposi’s sarcoma (KS) is a rare, potentially life-threatening complication in this setting. Due to the rarity of data on pemphigus-associated-KS treatment, the best therapeutic approach is still undecided.

METHODOLOGY

Here we report two cases of pemphigus patients who had developed extensive Kaposi’s sarcoma as a result of severe immunosuppressive therapy, successfully treated with paclitaxel. Six cycles of paclitaxel at a dosage of 135 mg/m2/cycle were administered at 3-week intervals.

RESULTS

Treatment of pemphigus-associated KS with paclitaxel resulted in significant regression of the KS lesions. In one of the patients all the KS nodules and plaques shrank and left behind hyperpigmented patches. The other patient experienced a substantial improvement in general condition. In addition most of the mucosal and cutaneous lesions regressed after the 6th cycle of chemotherapy. Malaise continued for a few days in one of the patients was the most significant side effect.

CONCLUSION

In our experience, paclitaxel at a dosage of 135 mg/m2 given every 3 weeks for 6 cycles was an effective, safe as well as tolerable treatment for pemphigus-associated-KS. However in one of our patients KS lesions recurred a few months after a mandatory rise in corticosteroid dosage due to a flare up of pemphigus.
TB Skin: Clinical Presentation 4 Ways
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INTRODUCTION
Cutaneous Tuberculosis is a chronic infectious disease caused by Mycobacterium tuberculosis. It comes in a variety of clinical forms depending on the route of arrival of the bacillus to the skin and the immune status of the patient. We report 4 patients with different clinical forms of cutaneous tuberculosis (tuberculid papulonecrotic, scrofuloderma, TB verrucosa cutis and Bazin’s indurated erythema).

METHODOLOGY
C1: Male 23, He presents papulo erythematous injury 4 months ago in facial region that had increased in number C2: Male 22, pulmonary TB deceased father. He presents, 4 months ago, nodular lesions in cervical region that drain outside content C3: Female 8, with a time of illness of six months. The mother reports warty papular lesion in right hand, increasing gradually in size C4: Male 56, He presents erythema in right leg that is spreading and is associated with slightly painful nodules, about 1cm that appear in right leg.

RESULTS
The reaction to the tuberculin test (PPD) is positive in three of the four cases. Histopathological examination for the 4 cases described characteristic granulomas and; in the case of Bazin indurated erythema, associated lobular vasculitis. The patients evolved favorably to anti-TB treatment from the Ministry of Health of Peru.

CONCLUSION
No association with immunosuppressive conditions described in the literature in any of our patients (HIV, diabetes, chronic corticosteroid therapy) but the epidemiological history of TB contact is positive for 3 of them. The described clinical forms are typical for the case of tuberculosis verrucosa cutis, scrofuloderma and Bazin indurated erythema and although the location of the tuberculid papulonecrotica is uncommon.

Treatment of Cutaneous and Mucocutaneous Leishmaniasis with Amphotericin b Lipid Formulation, Experience in a Cohort of Patients at the Hospital Militar Central Bogota, Colombia
Maria Rodriguez, MD, Hospital Militar Central, Universidad Militar Nueva Granada, Bogota, Colombia

INTRODUCTION
Treatment of cutaneous leishmaniasis in the military population is a major therapeutic challenge for the medical staff of the Armed Forces, due to the emergence of resistant strains and treatment failure to various regimens that some patients present.

METHODOLOGY
We performed a descriptive observational type of case series study in patients who received amphotericin B lipid formulation in the HMC for cutaneous and mucocutaneous Leishmaniasis with prior therapeutic failure. January to December 2011 all of the patients were treated with amphotericin B lipid formulation at a dose of 3mg/kg/day, with a total of 7 doses. If cure was not achieved a 2 dose was administered at 5 mg/kg in combination with Miltefosine.

RESULTS
Sixty (85.7%) out of seventy patients were cured with the first cycle of treatment. Ten patients (14.3%) did not meet healing criteria and required a second course of treatment, of which two had persistence of lesions after ending treatment. Fever and phlebitis occurred in 40% and 33% respectively and 4.2% had renal toxicity.

CONCLUSION
We present the first Colombian study with the largest cohort in Latin America of patients with cutaneous and mucocutaneous leishmaniasis who had failed conventional therapeutic regimens and were treated successfully with amphotericin B lipid formulation in colloidal dispersion. As of yet there is no standardized dose for the treatment of leishmaniasis with amphotericin B lipid formulation, we suggest to start with doses of 5 mg/kg a day with or whithout Miltefosine to achieve higher cure rates since the fist treatment.
Cutaneous Manifestations in 206 Renal & Reno-pancreatic Recipients of Uruguay

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INTRODUCTION

Uruguay is the second Latin American country in prevalence of renal replacement therapies, including functioning kidney allografts. Long-term immunosuppressive therapy is essential for adequate graft function, but results in reduced immunosurveillance leading to an increased risk of complications. A variety of cutaneous manifestations and an increase in non-melanoma skin cancers have been reported in this population. The objective of this study was to evaluate the clinical spectrum of cutaneous manifestations in renal and reno-pancreatic recipients in Uruguay.

METHODOLOGY

Transverse study performed between September 2009 and September 2011. Inclusion criteria: to be older than 18 years old, to be a renal or reno-pancreatic recipient, to have consulted in the periodic control at the transplant unit or have been referred to the dermatologist if a lesion or eruption was noted by the nephrologist. Exclusion criteria: not to meet inclusion criteria. Lesions detected were divided into 4 groups: infections, pre-malignant and malignant lesions, adverse effects of immunosuppressive treatment (AEIT), and miscellaneous. Data analysis was performed with SPSS 15.0.

RESULTS

206 recipients were included (89 women and 117 men). Mean age was 48 (s=13). Mean time after transplant was 70 months. Immunosuppressant therapy included 3 drugs: prednisone, mycophenolate mofetil, and cyclosporine or tacrolimus. 180 dermatoses were observed: AEIT (40.6%), infections (26.1%), miscellaneous causes (18.9%), and malignant or premalignant lesions (14.4%). The most frequent AEIT were hypertrichosis, acne, and hirsutism. Premalignant and malignant lesions were actinic keratoses (53.8%), squamous cell carcinomas (SCC) (30.8%) and basal cell carcinomas (7.7%).

CONCLUSION

The high frequency of dermatoses highlights that recipients are a dermatologic high-risk population. AEIT were the most frequent events. Prevalence of squamous cell carcinoma in our study seems to be similar to the reported in low prototype populations. Dermatologic surveillance in transplant recipients is essential. Skin cancer is one of the most important causes of morbidity. It demands modifications in immunosuppressant therapy. Physicians should be aware of the importance of dermatological screening in this high-risk population for diagnosis and early treatment of cutaneous diseases.

Necrobiotic Xantogranuloma in Patient with MGUS

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INTRODUCTION

Necrobiotic xantogranuloma (NXG) is an uncommon granulomatous disease involving the skin and extracutaneous tissues with chronic evolution and progressive course. Pathogenesis is still unclear and no curative established treatment is available. The mean onset is in sixth decade and there is no sex predilection. Systemic disorders associated with NXG are mainly hematologic and lymphoproliferative malignancies, in particular multiple myeloma. Paraproteinemia is also closely associated with NXG, with approximately 80 to 90 % of the cases demonstrating monoclonal gammopathy.

METHODOLOGY

We report a 51-year-old male patient who was referred to our Department by his haematologist who treated him for monoclonal gammopathy of undetermined significance (MGUS) due to appearance of new lesions on the legs and on the arms. Beside this finding patient had hyperlipidemia and xanthelasma on his eyelids. Physical examination revealed eritematous, nummular lesions with hard edge and with yellowish part in the center on both lower extremities, preternally, periumbilically and on the arms, and xantelasmas on both eyelides.

RESULTS

Biopsy was performed on his left leg and histopathological finding confirmed the diagnosis of necrobiotic xantogranuloma. In diagnostic work-up which we performed with hematologist there were no signs of multiple myeloma but just of previously diagnosed MGUS which does not need any therapy, but the regular follow up. Therapy with potent topical steroids gave no results, so the systemic corticosteroids were introduced, also without satisfactory result. As patient had problems with recurrent pseudoptosis surgical therapy is performed when needed, without complications.

CONCLUSION

Necrobiotic xantogranuloma was first described by Kossard and Winkelmann in 1980, and since than about 100 cases have been reported. Various modalities of treatment are reported, such as excision of the lesions, topical, intralesional or systemic corticosteroids, alkylating agents as well as methotrexate, all of them with varying response. It is important to recognize the course of this rare disease in order to plan for long term management and follow up. Early detection of systemic involvements of either hematologic malignancies or NXG itself is necessary.
Reflectance Confocal Microscopic Features of Labial Melanocytic Macules

Isin Sinem Bagci, MD; Asli Turkog Erdemir, MD; Pinar Incel, MD; Ayse Esra Koku Aksu, MD; and Mehmet Salih Gurel, MD, Istanbul Education and Research Hospital, Istanbul, Turkey

INTRODUCTION
Reflectance confocal microscopy (RCM) is a non-invasive imaging tool which can provide a high-resolution sectioning of skin in vivo to the level of the upper reticular dermis. In recent years it is commonly used for differential diagnosis and follow up of the melanocytic lesions. Labial melanocytic macules (LMM) are benign pigmentation of the lip but they may have an atypical appearance that can mimic malignant melanoma. The aim of this study is to evaluate the usefulness of RCM at LMM and to correlate the results with histopathology.

METHODOLOGY
Ten patients with LMM are included in this study and dermoscopic and RCM examinations are performed. Histopathologic examination is done at the suspected lesions.

RESULTS
Unlike cutaneous melanocytic nevi, predominance of refractile dendritic cells were detected at the level of dermoepidermal junction with RCM. No pagetoid cells or atypical dendritic cells were detected at any of the lesions. These findings were correlated with histopathologic examination.

CONCLUSION
LMM are benign pigmentation of the mucocutaneous membranes. They can mimic melanoma for their atypical clinic and dermoscopic appearance. RCM may be a useful tool to differentiate LMM from melanoma.

Primary Cutaneous Ewing’s Sarcoma: A Case Report

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INTRODUCTION
The Ewing sarcoma is a primitive neuroectodermal tumor that rarely occurs in the skin and subcutaneous tissues. Generally, the Ewing sarcoma is primarily a bone tumor, and it is extremely uncommon in soft tissues. Most patients are Caucasian, women and on the second decade of life. The most common clinical feature is a superficial 2-3 cm tumorous mass of tender consistency, pressing some range of motion, and sometimes painful. The most affected regions are upper and lower extremities, truncal, head, neck or even multiple lesions. Metastases are very uncommon.

METHODOLOGY
Female patient, 26 years old, complaining of a tumor in the clavicular region D, 6 months before the doctor visit. Physical examination revealed tumorous lesion bulging skin tissue without compromising it, with 3x4cm, soft to palpation, poorly delimited, painless, non-attached. Laboratorial results were normal and ultrasonography suggested lipoma. During intraoperative procedures, it was detected a slightly white tissue with soft and friable consistency, not encapsulated nor adhered, presenting bloody discharge.

RESULTS
It was observed an immature neoplasia presenting proliferative mantle-forming round cells with large cytoplasm and nucleus containing dense chromat, which is compatible with malignant round cell neoplasia, requiring immunohistochemistry for differential diagnosis. Such technique indicated strong and diffuse CD99+, desmin+ in isolated foci, EMA+ in several foci, multiple enolase+ foci, vimentin+, Ki67+ in 10% of neoplastic cells, and S100 protein+ in multiple foci. These results confirmed the diagnosis of Ewing’s sarcoma of soft tissue with moderated index of proliferation.

CONCLUSION
Discussion: Ewing’s skin sarcoma is a rare malignancy morphologically similar to other skin tumors that tends to be clinically and pathologically underdiagnosed. Therefore, it should be considered as differential diagnosis even in simple cases, such as lipomas. We suggest that every excised lesion should be sent to pathology for diagnostic confirmation. This report serves to demonstrate once again the need for diagnostic confirmation by pathology before any injury nodular tumor, even if clinically benign features are present.
The Influence of UVA1 Light Therapy on Microbial Colonization of Skin Lesions in Children with Atopic Dermatitis

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INTRODUCTION
Process of atopic dermatitis can be worse by direct influence of bacteria and its products, or through immunological reaction of bacteria antigens. The bacteria which is typically isolated from the skin and skin lesions is Staphylococcus aureus or beta-hemolytic streptococcus. This positive influence refers to the strains of Staphylococcus aureus or beta-hemolytic streptococcus, which with its factors of virulence can contribute to aggravation of clinical symptoms of the patients and take part in chronic process of atopic dermatitis.

METHODOLOGY
The microbial colonization was determined with semiquantitative swab method with sterile blood agar on flexible textile carrier. After the taking the swab they were cultivated for 24 hours in 35°C and then they were evaluated with standard microbiological procedures. The samples were taken from the patients with atopic dermatitis from the volar side of forearm. The first swab was taken from the skin lesion before the UVA1 therapy and the second one was taken right after the UVA1 therapy. The samples were taken from the same lesion divided on half. The file was analyzed by Wilcoxon test.

RESULTS
The results from cultivation were analyzed semiquantitative: to 10 colonies with value 1, from 10-100 with value 2, and over 100 colonies with the value 3. In the group of 23 patients we demonstrated significant proportion with decrease of Staphylococcus aureus (p<0.002). Median of Staphylococcus aureus decrease was 1.5(+), 95% confidence interval (CI).

CONCLUSION
The microbial colonization of the patients with atopic dermatitis is changing after immunomodulation and antimicrobial effect of UVA1 light. These positive changes are because of the strains Staphylococcus aureus or beta-hemolytic streptococcus, which are factors of virulence and could contributes to the deterioration of the clinical symptoms and can take a part in chronicity of atopic dermatitis.

Narrowband Ultraviolet B Therapy in Psoriasis: Randomized Double-Blind Comparison of Two Different Starting Doses based on 50% Minimal Erythema Dose and Skin Phototype

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INTRODUCTION
The commencement of narrowband ultraviolet B (NB-UVB) therapy, can be based either on Fitzpatrick skin phototype (sPT) or minimal erythema dose (MED). Most local phototherapy centers are using sPT-based regimen as MED testing is perceived to be an inconvenient practice. This study aimed to determine the optimal NB-UVB starting dose for the treatment of chronic plaque psoriasis in our multi-ethnic population (Malays, Chinese and Indians). Our primary endpoints were the number of treatments to 50%, 75% and 90% reduction in Psoriasis Area and Severity Index (PASI) score.

METHODOLOGY
This was a randomized, double-blind, controlled study (n=37). All had stable chronic plaque psoriasis of > 1 year, initial PASI > 10 and Body Surface Area >10%. Patients were randomized using SNOSE (Seal in Opaque Sequential Envelope) technique for treatment with a starting dose using their individual 50% MED or sPT regimen (using cabin manufacturer’s protocol). PASI scoring was done in a blinded manner at baseline, every 6th treatment and clearance. Patients were treated till clearance or maximum of 40 treatments. Kaplan-Meier curves were generated to compare effectiveness of the two arms.

RESULTS
There was significant overlap of MEDs within skin phototypes. (p=0.02). Patients on 50% MED arm (n=17) were started on at least double the dose of SPT arm (n=20) (p=0.002). 50% MED arm reached PASI 50 faster than SPT arm (p=0.03), needing a median of 6.5 visits fewer. This was also reflected in the Kaplan Meier curve. Indians who majority had sPT IV, reached PASI 50 fastest and tolerated dose increments better than Chinese, who had lightest skin tone and the slowest (p=0.02). Despite higher doses in 50% MED arm, there was no increase in adverse effects or protocol adjustments.

CONCLUSION
We have established that skin phototype or ethnicity is not a good predictor of a person’s sensitivity to ultraviolet treatment. Using sPT regimen as starting dose will result in slower response than 50% MED. We have now recommended using 50% MED as the starting dose of NB-UVB treatment in our multi-ethnic population.
A Novel Missense Mutation in Oncostatin

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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 ß subunit (OSMRß). OSMRß is 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 BclI 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) aminoacid 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.

Cardiac Abnormalities in Psoriasis

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INTRODUCTION
Psoriasis is considered as an independent cardiovascular risk factor due to its chronic systemic inflammatory nature. Psoriasis is also associated with other cardiac abnormalities like abnormal cardiac conduction, valvular heart disease, pulmonary hypertension and myocardial disease.

METHODOLOGY
This is a case control study of psoriasis patients with no known cardiac disease. One hundred and thirty five consecutive patients with chronic plaque psoriasis (and no known other medical problems) attending the Dermatology Clinic, Kuala Lumpur Hospital were recruited. A full history, physical examination, echocardiogram and electrocardiogram were done. The control group consisted of 135 age and sex matched healthy individuals.

RESULTS
On the echocardiogram, the mean left ventricular wall diastolic thickness, aortic annulus diameter and the isovolumetric relaxation time of the left ventricle was significantly prolonged in the psoriasis group. The frequency of tricuspid regurgitation was higher in the psoriasis group. On the electrocardiogram, more psoriasis patients had left ventricular hypertrophy, ischaemia and right bundle branch block.

CONCLUSION
Psoriasis is associated with an increased risk of cardiac abnormalities suggesting diastolic dysfunction, pulmonary hypertension and conduction disturbances; demonstrated on the echocardiogram and electrocardiogram.
Fox–Fordyce-like Disease Following Laser Hair Removal Appearing on all Treated Areas: 3 Patients and Review

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INTRODUCTION

Fox–Fordyce disease (FFd) is an inflammatory disease of the apocrine sweat glands characterized by severely pruritic follicular papules. Two recent reports indicated laser hair removal as a novel cause of FFd. We report here our experience with FFd secondary to laser hair removal in our laser center in 3 patients.

METHODOLOGY

Three patients performed depilatory 810-nm Diode laser (LightSheer, Lumenis Inc., Santa Clara, CA, USA) treatments in our center. Patient A was a 27-year-old woman (phototype IV) who had completed 2 depilatory laser treatments to her axilla, periumbilical region, and bikini areas that were interrupted due to tanning. Patient B was a 24-year-old woman (phototype III) who had 3 depilatory laser treatments to her axilla and bikini line. Patient C was a 31-year-old woman (phototype IV) who had 3 treatments to her axilla.

RESULTS

Patients A, B and C presented for pruritic tiny, conical, flesh-colored papules in the axillae, umbilical (patient A) and pubic regions (patient A). Biopsy specimen of the 3 patients were consistent with FFd but perifollicular xanthomatosis was lacking. In the 3 patients, topical hydrocortisone alleviated symptoms but had no significant effect on the lesions.

CONCLUSION

There are differences in skin response to depilatory laser: (1) Pathology characteristics: FFd-like (lack in foam cells) and FFd; (2) anatomical distribution of the lesions regardless of other apocrine-bearing regions treated. Density of the axillar apocrine units compared with other sites would explain this difference; (3) Skin type (4) additional unknown factors.

Efficacy of Autologous Platelet-Rich Fibrin Over Moist Sterile Saline Dressing in Chronic Trophic Ulcers in Hansen’s Disease Patients – a Randomized Control Trial – An Interim Analysis

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INTRODUCTION

There are no randomized control trials assessing the role of topical platelet derivate in chronic trophic ulcers in leprosy at present. The objective of this study was to compare the efficacy of autologous platelet rich fibrin (PRF) with moist sterile saline dressing in patients with chronic trophic ulcers in leprosy.

METHODOLOGY

Leprosy trophic ulcers of >6 months duration, area 1cm2-25cm2, and stage II/III of European Pressure Ulcer Advisory Panel scheme were included. Test group received platelet rich fibrin (PRF) clot topically and controls received saline dressing at weekly intervals for 4 weeks. PRF was prepared by drawing 10ml of blood without anticoagulant and immediately centrifuging at 3000rpm for 10 minutes. Following variables were recorded weekly: Ulcer length, breadth & depth in mm, ulcer area in mm2, ulcer volume in number of saline drops required to fill ulcer. Results were analyzed by unpaired t-test.

RESULTS

A total of 24 patients (18 males, 6 females) participated in the study. Eleven patients received treatment with PRF and the remaining 13 received moist sterile saline dressing. Baseline clinical and biochemical parameters between the groups were comparable (P>0.05). The mean reduction in length, breadth, area and volume of the ulcer was marginally higher at all the weeks in the treatment group as compared to control group, but this difference was not statistically significant (P>0.05). The mean reduction in the depth of ulcer was marginally higher (P>0.05) in control group.

CONCLUSION

Although topical platelet derivate has been used to treat ulcers of various etiologies, its efficacy in chronic trophic ulcers in leprosy has not been studied. The preliminary results of our study show improved healing rates with platelet rich fibrin as compared to saline dressings. The lack of statistical significance may be due to small sample size, and the final results upon completion of study remain to be seen.