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Poster Abstract Book

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2016 Strauss & Katz World Congress Fund Scholarship Recipients
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ACNE

DB-RCT On The Efficacy And Safety Of Metformin Adjunct To Lymecycline And Topical Adapalene/BPGel In Mod-Severe Acne

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INTRODUCTION
Acne vulgaris has multifactorial causes. Prolonged systemic antibiotics are often necessary because relapse of lesions occur upon its discontinuation. Currently, antimicrobial resistance is a growing concern. Androgen inhibitors like metformin may decrease the need for antibiotics and maintain adequate control of the disease.

METHODOLOGY
Patients with moderate to severe acne vulgaris received either metformin or placebo tablets, together with lymecycline and adapalene+benzoyl peroxide gel. Lymecycline was taken for 6 weeks. The rest were given for 18 weeks. Evaluation was done biweekly using the mean reduction rates of non-inflammatory, inflammatory and total lesion count, modified global severity score, subjective self-assessment score, Dermatology life quality index (DLQI) score, cutaneous and systemic adverse events.

RESULTS
Forty patients were included. Mean reduction rates of the non-inflammatory lesion counts of the 2 groups were comparable (p>0.05). Mean reduction rates of the inflammatory and total lesion count in the metformin group were higher than the placebo group (p<0.05). The mean modified global severity score of the metformin group was lower than the placebo group (p=0.034). Mean DLQI scores decreased in both groups (p<0.0001). Subjective self-assessment scores improved in both groups with comparable results. Cutaneous adverse events (erythema, pain, scaling and dryness) were tolerable. Systemic adverse events (diarrhea, flatulence, headache and epigastric pain) were self-limited.

CONCLUSION
Metformin is an effective and safe adjunct in the treatment of moderate to severe acne vulgaris.

Hormonal Disorders In Adult Women With Acne

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INTRODUCTION
Up to 30% of women of reproductive age suffer from acne. In most cases, acne leads to different reproductive disorders.

METHODOLOGY
The purpose of the study. To determine the frequency of hormonal disorders in women with acne and acne-similar changes of the skin. The study involved 30 female patients of 18-55 year old. Examined were their stature, the spread of acne and its predominant localization, and the presence of hirsutism syndrome. Among morphometric parameters measured were the circumference of waist and hips with calculation of the waist-hip ratio. BMI was determined as well. All patients were tested for venous blood glucose and glycated hemoglobin. Hormonal examination included the determination of following parameters: free testosterone, prolactin, thyrotropin, 17-oxyprogesterone, dehydroepiandrosterone sulfate, estrogen, progesterone, steroid-binding globulin, anti-Mullerian hormone. Sonography of thyroid gland and pelvic organs was also performed.

RESULTS
Study women were found to have ovarian hyperandrogenism, among different pathological conditions related to acne and acne-similar rash with the following percentage: atypical (late) forms of congenital adrenal dysfunction (27%); polycystic ovarian syndrome (20%); type 2 diabetes mellitus (17%); hypothyroidism (12%); hyperprolactinemia (12%); early menopause (10%); adrenal hyperandrogenism (1%). These parameters were only normal in 1% of examined subjects.

CONCLUSION
The background of acne and acne-similar rash changes in women of reproductive age are numerous hormonal and metabolic changes in the female organism. Not all cases of acne are accompanied with hyperandrogenism. Local treatment of acne in women should be preceded by intensive hormonal and instrumental examination of woman’s reproductive system, and determination of carbohydrate metabolism and thyroid status.
INTRODUCTION
Plasmacytoid dendritic cells (PDCs) are specialized cells which exhibit plasma cell morphology and produce large quantities of type I interferons (IFN). Type-I IFN system activation, in addition to its role in anti-tumor and anti-viral resistance, was found to be a central component in the development of many autoimmune skin conditions, particularly those characterized by an “Interface Dermatitis” (ID) histopathological pattern (such as lichen planus [LP] and lupus erythematosus [LE]). Our study aims at investigating the occurrence and activity of PDCs in skin disorders with an ID pattern.

METHODOLOGY
Around 13 cases (total of 148) of each of the entities characterized by ID pattern (lichen striatus, lichen sclerosus (LS), graft-versus-host disease (GVHD), pityriasis lichenoides (PL), erythema multiforme (EM), ashy dermatosis, keratosis lichenoides chronica (KLC), lichen nitidus (LN), lichen planus-like keratosis (LPLK), fixed drug eruption (FDE), and lichenoid drug eruption) with 15 cases of LP (control) were retrieved from the dermatopathology database at the American University of Beirut-Medical Center and were immunohistochemically tested and scored for PDC occurrence and activity.

RESULTS
PDCs were detected in all of the cases examined. Dense PDC presence (>50% of the mononuclear infiltrate) was shown in LP (20%), LS (13%), PL (20%), LPLK (20%), FDE (37.5%), lichenoid drug eruptions (30.8%), and in less than 10% of the cases of EM (5%) and ashy dermatosis (7%). Moderate infiltration (10 to 50% of the infiltrate) was noted in the majority (60%) of the cases. MxA expression showed was intensely detected in all of the cases of LP, lichen striatus, lichenoid drug eruptions, EM, and in the majority (around 62%) of cases of LS, LN, GVHD, FDE, LPLK, and ashy dermatosis.

CONCLUSION
Our study results suggest that the entities exhibiting an “Interface Dermatitis” pattern probably share a common PDC-driven process through the production of Type-I IFNs which ultimately leads to the cytotoxic attack on basal keratinocytes. While this process is physiologically important in antiviral and antitumor immune response, it appears that its inappropriate activation in the autoimmune/inflammatory skin disorders with “Interface Dermatitis” pattern represents the basis of these pathologic processes.
INTRODUCTION
Chronic Urticaria has an unpredictable, relentless course. It is a vexing problem and patients suffer not only from the morbidity that arise out from an irritable itch but are also subjected to a huge antihistamine pill burden. The patients are at a constant apprehension of this temperamental nature of disease that waxes and wanes at times. The symptoms are worse in autoimmune urticaria, a subgroup of chronic urticaria containing circulating functional auto-antibodies. There have been various studies that compare the efficacy of various second generation antihistamines, the first line treatment for Urticaria. However the effectiveness of urticaria is limited to the period of their use; so search for newer therapeutic modality that can provide extended relief to the patients and reduce the pill burden is the felt need of the hour. The goal of therapy in chronic urticaria is to maintain a symptom free period and to ensure that the treatment is not associated with least hazards and monetary burden. Thus the scope of autologous serum therapy (AST) needs evaluation.

METHODOLOGY
The study was designed as a single-center, double-blind, randomized (1:1), placebo-controlled clinical trial. Adult patients (>18 years) of either sex suffering from chronic urticaria attending the Dermatology outpatient department of a tertiary care teaching hospital in Eastern India were included. The operational definition of chronic urticaria was taken as itching and weals occurring daily or near daily (≥3 times/week) for ≥6 weeks. Autologous serum skin test (ASST) was performed in all study subjects. 5 ml venous blood of the patient was drawn and subjected to centrifugation. 0.05 ml of the serum thus separated was injected immediately intra-dermally into the patients’ left flexor forearm 2 inches below the antecubital crease and 0.05 ml sterile normal saline as negative control into right forearm. Areas which were involved in spontaneous wealing within last 48 h were avoided. A reading of the weal was taken after 30 min. Patients having weal of more than 1.5mm perpendicular diameter than that of control were considered to be suffering from autoreactive urticaria (ASST positive).

Successful eligible patients were randomized into either treatment arms in 1:1 ratio irrespective of the ASST status. The patients received autologous serum therapy or normal saline as placebo in either treatment group. Two ml of the fresh serum separated from the patients’ blood was given deep IM into the upper arm for nine successive weeks (baseline and initial eight follow-up visits). At all these eight follow-ups, the effectiveness and safety parameters were noted. Urticaria total severity score (TSS) and Bengali version of Dermatologic life quality index (DLQI) was used as primary efficacy variable. The AST therapy was then discontinued and the patients were followed-up for improvement or recurrence of symptoms weekly for the next four weeks.

Mann-Whitney U test and Freidman’s ANOVA followed by post hoc Dunn’s test was used for analysis.

RESULTS
Among 156 study participants screened, 120 were randomized equally into two groups receiving AST or placebo in addition to Cetirizine SOS. Nine subjects were lost to follow-up (termination of trial prior to one week of follow-up) leaving 111 (92.5%) intent-to-treat dataset. Males outnumbered females in both the treatment arms and were of the late thirties age group. The mean duration of urticaria prior to inclusion in the study was comparable in both the treatment arms. Study groups were comparable at baseline with respect to age, sex, rural-urban status cases and literacy and occupation categories. Majority of cases in both the treatment arms belonged to idiopathic urticaria (19.8%) and dermatographism (27%). UAS was comparable at baseline and decreased significantly in the AST group from 5th follow-up and the placebo group from 6th follow-up onwards. Intergroup comparison revealed that the decrease was significantly more in the AST group from 4th follow up and was evident till the end of six months. TSS was comparable at baseline in both treatment arms. Significant decline in TSS was observed in the AST group and placebo group from the 5th and 6th follow-up respectively. TSS too showed significant decrease in the AST group as compared to placebo group from 4th follow-up onwards till study end. Similar observations were noted with Physicians and Patients Global assessment of disease improvement scales. Autoreactive urticaria subgroup (ASST positive) comprised of 45 (40.5%) patients of our study population, of whom 20 (18%) patients got randomized to AST group and the rest (22.5%) received placebo. A notably significant decline in TSS was found those receiving AST and was evident from 4th follow up onwards. Subgroup analysis of those who received AST revealed significant decline irrespective of their autoreactive status. Autoreactive urticaria took two weeks more time for significant decline from baseline TSS than non-autoreactive group, though the intergroup comparison showed no significant difference at every follow-up. DLQI score was comparable in both the treatment arms at baseline. Significant improvement in quality of life was evident at 12th follow-up in
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(Cont. from pg. 7) the AST group: whereas placebo group showed no such change. At 24 weeks, observation was similar. The antihistamine pill burden was significantly less in the AST group compared to the patients receiving placebo.

CONCLUSION
Autologous serum therapy represents the long forgotten art of autologous whole blood therapy with some modification. The use of serum in place of blood is the modification. The plausible mechanism of action of AST was thought to be induction of anti-idiotypes, which have recently shown to shift the TH2 cytokine profile to TH1 in ASST +ve patients. There is a significant reduction in urticaria symptoms by 5th week of initiation of therapy and the control was far better than what could be achieved by on demand antihistamine use. The reduction in symptom is accompanied by reduction in pill-burden and decrease in TSS score. The effect of nine weekly injections was found to persist even 6 months to one year after cessation of therapy. It should be also focused that in autoreactive urticaria, otherwise refractory to conventional therapy, AST has proved itself as an excellent adjuvant therapy. There are times when immunosuppressive agents (e.g. corticosteroids, cyclosporine, methotrexate, adalimumab etc) are needed for controlling urticaria symptoms and they aim to avert degranulation by preventing antibody formation. The use of these agents is limited by virtue of their side-effect profile(s) and their prohibitory cost. AUTOLOGOUS SERUM THERAPY thus acts as a useful adjunct and a therapeutic armamentarium for treating chronic urticaria, as it has enormous potential in the treatment of urticaria and hence in improving the quality of life of patients. It acts as a promising complement to Antihistamines and any such treatment modality is welcome by patients and physicians alike. In view of its low cost, easy procedure and good safety profile, autologous serum therapy is a good option in patients of refractory chronic urticaria.

Eccrine Spiradenoma: An Unusual Clinical Presentation
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INTRODUCTION
Eccrine spiradenoma is a rare tumor of the sweat glands eccinas, first described by Kersting and Helwig. It usually presents as a small erythematous nodule, lonely and painful, it may have occasional ulceration. The lesion usually appears on the head and trunk, the incidence is equal in males and females, and average age at presentation of 60 years old. The etiology is unknown but it is considered that previous trauma is a factor involved. It usually has a benign behavior, but malignant transformation has been reported.

METHODOLOGY
Male patient, 87 years old, farmer, consulted for three years starting with soft pink fleshy lesion and ulcerated tissue, painful, located in left temporal scalp region, which has increased in size progressively to be 5 centimeters in greatest diameter, denied history of trauma in that area. The patient was in good health, without medical history significant. Biopsy was performed in ellipse injury whose histopathology report showed nodular areas with 2 types of cells: a type of cell with hyperchromatic round nucleus and another cell with clear abundant cytoplasm, focal aggregates of squamous cells without atypia were found. Histopathological findings described eccrine spiradenoma and diagnosis was confirmed.

RESULTS
Usually the form of presentation of eccrine spiradenoma is a solid nodular or papular lesion, unusual presentation of large, soft lesion that bleeds easily in our patient was thought that it could be a malignant lesion. However, complete surgical excision was performed, and the histopathological study showed its benign nature. After 6 months and until now has not recurred.

CONCLUSION
the clinical features of presentation of eccrine spiradenoma observed in our patient are uncommon, however it is a diagnosis that must take into consideration, and that also must be removed in its entirety because the largest and atypical lesions are more susceptible to malignant degeneration.
Primary Cutis Verticis Gyrata Associated with Psoriasis

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INTRODUCTION
Cutis verticis gyrata is the condition of the scalp, which manifests as convoluted folds and furrows formed because of thickened skin of the scalp. This condition makes the scalp resembling cerebriform pattern. Alibert mentioned it first, followed then by Robert in 1843. Unna introduced the term cutis verticis gyrata in 1907. In 1953, Polan and Butterworth established the classification of cutis verticis gyrata which dividing into two forms: primary and secondary. Secondary form of cutis verticis gyrata are associated with other diseases such as: pachydermoperiostosis, neurofibroma, acromegaly. However, primary form of cutis verticis gyrata combined with psoriasis is rare and has not been established.

METHODOLOGY
A 4 mm punch biopsy specimen was obtained from both occipital skin and frontal affected area of scalp of each patient and embedded in paraffin. Tissue sections were immunostained using the Cytokeratin 15(CK 15) Ab-1 mouse monoclonal antibody, CD34 and p36.

RESULTS
Punch biopsy of the red-scale patch of the scalp skin fold revealed Candida spores and no signs of psoriasis.

CONCLUSION
This is the case of primary cutis verticis gyrata associated with psoriasis.

Folliculotropic Mycosis Fungoide (FMF)

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INTRODUCTION
Folliculotropic mycosis fungoide is a rare variant of mycosis fungoide (MF). Unlike classical MF where atypical lymphocytes show a preference for the epidermis (epidermotropism), follicular MF has an atypical lymphocytic infiltrate of the hair follicles (folliculotropismo). Includes cases with and without follicular mucinosis (MF). Clinically manifest as plates, follicular papules and comedones. The predominantly lesions committed the head, neck and scalp. It is less than 10% of cases of mycosis fungoides(MF).

METHODOLOGY
We report the case of a 58 year old with history of four years of evolution, which begins with itching and pigmented dorsal hands and face blemishes. Presents dry skin, fine scaling on the trunk and extremities, areas of lichen, also madarosis and diffuse hair loss.

RESULTS
Histological examination revealed dermal lymphocytic infiltration with moderate epidermotropism, follicular in the center and focal follicular mucinosis.

Immunohistochemical examination showed lymphocytic infiltrate composed predominantly of T lymphocytes (CD3 +) and T helper (CD4 +) more than T suppressors lymphocytes (CD8 +). The patient is receiving phototherapy showing favorable response after 10 sessions of treatment.

CONCLUSION
Folliculotropic mycosis fungoide (FMF) is considered a rare variant of mycosis fungoides with poor response to treatment, poor prognosis and shorter survival. Disease-specific survival is 68% at 5 years and 26% at 10 years. However it is important to make a accurate and well-timed diagnosis of this disease.
Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS): An Analysis of 21 Cases From Selayang Hospital, Malaysia

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INTRODUCTION
DRESS is an uncommon severe cutaneous adverse drug reaction, which is under recognized.

METHODOLOGY
We conducted a retrospective analysis on the data of all the patients diagnosed to have DRESS based on criteria by the European Registry of Severe Cutaneous Adverse Drug Reaction (RegiSCAR) from January 2006 to December 2012 in Selayang Hospital.

RESULTS
Twenty-one patients were included with median age of 33 and male to female ratio of 1:1. Allopurinol was the most frequent causative drug followed by anti tuberculous drugs, anti infectives, anti epileptics and herbal medications. The mean latency period was 28.6 days. All patients had macula-papular rash of which 6 progressed to erythroderma. Fever was reported in 13 patients (61.9%). Eight patients (38%) had facial edema of which 2 of them had concomitant pustules. One patient had mucosal involvement. Liver was the most common extracutaneous organ involvement with median peak alanine transaminase of 746 iu/l (range 45-3677) and median peak aspartate transaminases of 632 iu/l (range 30-3136). Eight patients (38%) had acute liver failure. The mainstay of treatment was systemic corticosteroid. Mortality rate was 23.8%.

CONCLUSION
DRESS is a severe cutaneous adverse drug reaction with a myriad of clinical presentation and can be associated with high mortality rate. Thus awareness and recognition of this adverse drug reaction by front-line clinicians is pertinent especially when patient is on allopurinol, anti-tuberculosis therapies and even herbal medications. Our series has higher mortality compared to most other reported studies, most probably due to referral bias. Early recognition is crucial.
The Relationship Between Toll-Like Receptor 2 Expression And Gene Polimorphism In Seborrheic Dermatitis Patients

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INTRODUCTION
Seborrheic dermatitis (SD) is a common chronic inflammatory skin condition, characterized by scaling and poorly defined erythematous patches. The etiopathogenesis of SD remains unknown, although many factors have been implicated. Malessezia furfur has been implicated in the development of this condition.

The family of Toll-like receptors (TLRs) is a key role in host immunity by mediating inflammatory reactions against a wide range pathogens. Mutations and polymorphism in TLRs have revealed the importance of TLRs in human defence against diseases. The TLR2 expression and gene polymorphism linked with impaired reactivity to Malessezia furfur may play role in pathogenesis of seborrheic dermatitis.

METHODOLOGY
Genomic DNA was obtained from the peripheral blood of 60 patients with SD and 60 healthy subjects. The TLR2 Arg753Gly gene polymorphism were genotyped by the polymerase chain reaction- restriction fragment length polymorphism method. Surface expression of TLR2 on the monocytes was also assessed by means flow cytometry. The data were analysed by a x2 test, logistic regression analysis and the Hardy-Weinberg equilibrium test.

RESULTS
The Arg753Gln mutant allele was found in 20% of the seborrheic dermatitis patients. Arg753Gln single nucleotide polymorphism was not seen in the control group. The frequency of the A allele was 9,8% in seborrheic dermatitis patients. For the healthy subjects, A allele was not detected (p<0,0001). Compared with healthy controls, the TLR2 Arg753Gln genotype was significantly higher in the entire group of seborrheic dermatitis cases (p<0.0001).

While TLR2 expression on monocytes mean rate was 72,9±3,1% in the patients group, this rate was 80,7±2,7% in healthy group. However, there was no significant difference in TLR2 expression rates (p=0,129). At the same time, compared with non-mutant SD patients, the TLR2 expression on monocytes was significantly lower in patients with TLR2 R753Q mutant SD patients (p=0,03).

CONCLUSION
We show for the first time TLR2 R753Q single nucleotide polymorphism in SD patients. We also determined that TLR2 R753Q mutation is associated with lower expressions of TLR2 on monocytes. TLR2 may be essential in the pathogenesis and maintenance of SD and may be involved in the enhanced susceptibility to skin colonization with M. furfur in patient with SD carrying TLR2 polymorphism.
Neutrophilic Urticaria: A Separate Entity Or A Regular Type Of Chronic Spontaneous Urticaria?

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INTRODUCTION
Chronic Spontaneous urticaria (CSU) has an expressive prevalence in general population, especially in adult women, and is defined by the presence of intermittent hives for six weeks or longer. Several studies have suggested that urticaria with neutrophilic and eosinophilic inflammatory infiltrate predominance might differ in clinic-laboratorial aspects, although it is not already established as a concrete separate entity. Our study aims to characterize the histological patterns of chronic spontaneous urticaria, based on the inflammatory cell infiltrate, and correlate them to laboratory exams.

METHODOLOGY
It was performed a retrospective analysis of histopathology and laboratory data of 93 patients with CSU at Hospital das Clínicas of the University of São Paulo Medical School, Brazil. For histopathological analysis, each specimen had four fields examined at high magnification (×400), whose neutrophils, lymphocytes and eosinophils were counted independently by two specialists, in each field. The resulting cell count medians were submitted to statistical analysis and, finally, were correlated to laboratorial findings.

RESULTS
Our casuistic was characterized by a female predominance (76.34%), and an average age of 42.5 years (SD±15). After histological analysis, the approximate t-tests found that the cell counts of neutrophilic and eosinophilic groups were significantly correlated (t(93)=-1.98, p=0.02), preventing them to be compared separately. Therefore, two histological groups were distinctive: 1) CSU with predominance of neutrophils or eosinophils - N(%)= 39(42.4%) - and 2) CSU with predominance of lymphocytes – N(%)=53(57.6%). There was not significant correlation between histological groups and laboratorial tests.

CONCLUSION
Several authors have described histopathological patterns in chronic urticaria, with reports of neutrophil predominance association with laboratorial aspects, refractory course and even demand for differentiated treatment (a neutrophil targetting drug, i.e dapsone). However, previous studies did not submit their histopathological analysis to statistical methods, i.e., several neutrophilic patterns were described based on arbitrary criteria, but no rough cell counting was submitted to statistical normalization. Our results questions, therefore, neutrophilic urticaria as a separate entity or even as a subtype of urticaria. Indeed, patients with neutrophilic predominance can not even be compared apart from those with eosinophilic predominance. Nevertheless, laboratorial aspects do not differ according to the predominant cell type; what lead us to conclude that all them correspond to the same disease, demanding no specific treatment. Further studies are yet required to elucidate the association observed between neutrophils and eosinophils, what could be explained, for example, by pathophysiological mechanisms, such as specific cytokines patterns that would recruit both cell types.
**INTRODUCTION**

Background: Eruptive lichen planus is an autoinflammatory disorder with sudden and widespread presentation, accompanied by severe itching with little response to treatment and frequent recurrences. To date, there aren’t therapeutic consensus due to the lack of comparative studies.

Objective: Compare therapeutic response of griseofulvin and deposit betamethasone with other treatments used in eruptive lichen planus in the Instituto Dermatológico de Jalisco “Dr. Jose Barba Rubio”.

Methods: A retrospective study of January 1, 2000 to December 31, 2014. There All clinical and histopathological diagnosis of eruptive lichen planus reports were included, epidemiological variables were investigated and descriptive statistics were used for analysis data.

Results: During the study period, 145 cases of eruptive lichen planus, of which the therapeutic response were evaluated in 82 cases after the start of treatment. Combination treatments were more effective in the treatment of lichen eruptive plane, compared to the use of monotherapy. Griseofulvin and deposit betamethasone showed similar results to phototherapy in patients with eruptive lichen planus.

Conclusion: The combined use of griseofulvin 500 mg daily and 4 mg betamethasone intramuscularly every 21 days for 2 months showed greater efficacy than other monotherapies and combination therapies, with a response similar to phototherapy.

**METHODOLOGY**

A linear, retrospective, observational and descriptive study from January 1, 1999 to December 31, 2014, was conducted. All clinical reports with a diagnosis of eruptive lichen planus in patients of any age; reports corresponded to patients attending the Instituto Dermatológico de Jalisco “Dr. Jose Barba Rubio” in the study period, which had the clinical diagnosis and slide stained with hematoxylin-eosin for review. Reports with more than one record were excluded, when it was the same case and those who have not attended a month follow-up after the start of treatment. The study variables were quantity of used treatments, time of treatment, response to treatment and adverse effects to the drug treatments.

The procedure included the search of all electronic records in the database of the electronic files of our institute, diagnosed with eruptive lichen planus; after the treatment employed and treatment time were reviewed, along with the response and presence or absence of adverse drug effects. Treatment response variable was classified as: no improvement, improvement or remission of dermatosis; this was measured by the treating physician global clinical assessing the disappearance of lesions, absence of new lesions and itching.

The study variables were investigated of that included in electronic data record. Descriptive statistics were used for data analysis, averages and analysis of central tendency and the standard deviation as a measure of dispersion were used. The data were captured and processed in an Excel program.

**RESULTS**

During the study period of 15 years, 145 cases of eruptive lichen planus were found, of which only 126 had the confirmed diagnosis by histopathology. Only 82 of the 126 patients attended a one month follow-up visit to assess their response to treatment. Regarding the number of treatments used, they were classified into single and combined therapy, which corresponded to 42 and 40 patients, respectively. The most widely used treatment as monotherapy were topical steroids in 19 patients (23%), of whom 73% showed no improvement at subsequent assessments and 27% improvement. The second most common treatment monotherapy was systemic steroids with 11% of patients (8/82), 62% showed improvement and 38% no improvement; All patients that showed improvement, were those with doses equal or greater than 20 mg per day. Other treatments used as monotherapy and with poor response were dapsone, bismuth and calcineurin inhibitors. Griseofulvin used as monotherapy in 3 patients, reported remission in 2 patients and improvement in 1 patient. The monotherapy treatment with reported dermatosis remission in all patients, was the use of phototherapy. Regarding combined therapies, the combination of topical steroids, dapsone and bismuth with any other treatment showed no statistically significant differences in response to treatment. However, the combination of griseofulvin given 500 mg per day with systemic deposit steroid (dipropionate and betamethasone sodium phosphate 4 mg intramuscularly every 21 days for 2 months) in 7 patients, six of them (85%) presented remission and one without improvement (15%); it is noteworthy that this patient without improvement had received multiple prior treatments and had no improvement to any treatment. In general, monotherapy in patients with eruptive lichen planus showed remission in 10% (4/42) improvement in 33% (14/42) and no improvement in 57%; whereas in combined therapy,
Therefore, combined therapy was more effective, demonstrating greater remission and improvement in remission compared to monotherapy, with no difference about quantity of treatments (two or more).

About side effects associated with treatment, a patient with acneiform reaction associated with the use of topical and systemic steroids for more than six months was reported.

CONCLUSION
Lichen planus is a papulosquamous disorder with characteristic clinical and histopathological findings, mediated by cell immunity. Despite having a benign course, treatment is necessary due to the severity of pruritus. Eruptive variety is related to a sudden and disseminated onset with severe symptoms; in turn, their therapy is disappointing cause it relates to resistance to multiple treatments and frequent recurrences. To date, there isn’t therapeutic consensus due to the lack of controlled and comparative studies with large numbers of patients, and no standardized methods for clinical assessment of treatment response. In Instituto Dermatologico de Jalisco “Dr. José Barba Rubio” in 15 years, 145 cases of eruptive lichen planus, of which there was an one month follow-up to assess their response to treatment in 82 patients. This is the largest report of patients with eruptive lichen planus with clinical and treatment response follow up. In our series, patients with combined therapy showed higher rate of remission and improvement compared to patients with single therapy. Topical steroids, despite being the first line of treatment for eruptive lichen planus, proved to be less responsive treatment in our patients (73% no improvement). Systemic steroids, used as monotherapy, showed to be effective only at doses equal or higher 20 mg per day, consistent with that reported in the literature. However, a patient with acneiform reaction associated with the use of medium power topical and systemic steroids for more than six months was reported.

The most effective monotherapy, in our series was phototherapy with remission rate of 100% of patients, followed by griseofulvin. Topical steroids, dapsone and bismuth combine with any treatment showed a no statistically significantly greater therapeutic response for use as monotherapy. The combination of griseofulvin given 500 mg daily with intramuscular administration of 4 mg dipropionate and betamethasone sodium phosphate every 21 days for 2 months therapy proved effectiveness as combined therapy, with remission in 85% of patients. No adverse effects were reported with this combined treatment.

Use of griseofulvin as monotherapy had proved more effectiveness than placebo in the treatment of eruptive lichen planus into two clinical trials presented by Sehgal et al, but less effective than hydroxychloroquine (Buhiyan et al). No study reported adverse effects during treatment of lichen planus. Its response is due to immunological effects associated with inhibition of IFNγ of the major histocompatibility complex type 2 and the inhibition of the expression of V-CAM1, essentials for lichen planus pathophysiology. In turn, an analog photoimmunomodulator effect of vitamin D3 which explains the griseofulvin effectiveness response, similar to phototherapy. Betamethasone depot had been used by Saka et al in 73 patients with lichen planus, showing complete remission in 83% of patients; similar to that reported by Lemmonier with the use of intramuscular triamcinolone response. The use of betamethasone depot in comparison with other daily enteral steroids, has benefits such as: low dose, fewer side effects, greater therapeutic monitoring and lower costs. The combined use of griseofulvin and intramuscular betamethasone showed greater efficacy than other monotherapies and combined therapies in our series; so it’s an appropriate treatment option for patients with eruptive lichen planus that don’t have access to phototherapy.
Dermatology In Ghana: Physician Survey Of Needs And Access

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INTRODUCTION
Ghana, a West African country of over 25 million people, has limited access to dermatologic care, with fewer than 25 dermatologists serving the entire country. Physicians practicing in resource poor areas face many challenges, such as clinic access, medication unavailability and patient illiteracy. Yet, little is known about the specific challenges encountered by Ghanaian dermatologists. As Ghana begins to invest in the resources necessary to provide dermatological care, it is essential to better understand the local challenges in order to maximize and best direct capacity building efforts.

METHODOLOGY
Preliminary discussions were conducted amongst collaborators (NYU researchers and dermatology physicians at Korle Bu Teaching hospital) over several visits in order to assess the state of dermatologic care in Ghana and its challenges. Several themes emerged: physician training, provision of care, access to care, resource availability, and patient education. Based on these themes and our experiences, a questionnaire will be distributed at the Ghana Society of Dermatology’s quarterly meeting in September 2015. Due to limited sample size, descriptive and qualitative data will be reported.

RESULTS
The first Ghanaian dermatology fellowship was recently established and accepts one resident per year; previously all training had to be completed abroad. There is no dermatopathology training. Challenges in providing care include a high patient to physician ratio, and limited availability of certain treatments, e.g. biologics and phototherapy. An upfront payment system limits patient access to care. There is little interest in specializing in dermatology. Detailed survey results encompassing other Ghanaian dermatologists’ perspectives will be available in September.

CONCLUSION
Dermatologic care in Ghana faces similar challenges to those faced in other resource poor settings. These include: limited availability and affordability of medication, limited access to care for patients living in remote areas, and few specialized providers. There are also some unique challenges, including endemic infections, such as Buruli ulcers. This study will help to provide more detailed information across these registers, and will be a first step towards enhancing dermatologic care, directing resource investment and designing targeted educational interventions.
Gorlin Syndrome: Report of 5 Cases
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INTRODUCTION
Gorlin syndrome, also known as nevoid basal cell carcinoma syndrome (NBCCS) (OMIM 109400) is a rare autosomal dominant disease with complete penetrance and variable expressivity. It is mainly due to mutations in the PTCH1 gene, a tumor suppressor gene, but can also be caused by mutations in PTCH2 and SUFU genes. It is characterized by multiple basal cell carcinomas (BCCs) and/or odontogenic keratocysts at an early age, palmar-plantar pits, calcification of the falx and skeletal abnormalities. Other features include macrocephaly, birth defects, marfanoid habit and medulloblastoma.

METHODOLOGY
We performed a retrospective evaluation of the patients diagnosed as having Gorlin syndrome in the Pediatric Dermatology Division of the Ramos Mejia Hospital, in Buenos Aires, Argentina.

In the studied period (2004-2014) we evaluated 5 patients, three unrelated kids, and two adults that were fathers of two of the children.

RESULTS
We report a series of 5 patients with NBCCS: a 5 year-old boy, an 11 year-old boy and his father and a 16 year-old girl and her father. All of them presented palmar-plantar pits. Four patients had a history of early age maxillary/jaw keratocysts and three of them presented multiple BCCs before age 20. Two patients showed facial milia and basaloid hamartomas. One patient had skeletal and ocular abnormalities. The boy's father had a meningioma and he was heterozygous in the PTCH1 gene for a sequence variant: c.394+2T>C. A mutation c.3419 delC in exon 16 in the PTCH1 gene was found in the girl.

CONCLUSION
Gorlin syndrome is a rare entity that requires a high index of suspicion from skin lesions and family history. In our cases the diagnosis was based on clinical manifestations, family history as well as imaging and histopathological studies. Reported cases illustrate the variable expressivity of the syndrome. Autosomal dominant inheritance was observed in four patients. Mutations in the PTCH1 gene were confirmed in two cases. We emphasize the importance of clinical monitoring and imaging studies given its malignant potential.
A Clinical and Immunological Study of Phototoxic Doses of Ultraviolet A for Treatment of Alopecia Areata: A Randomized Control

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INTRODUCTION
Various therapeutic agents have been described for alopecia areata (AA) but none is curative. The gold standard therapy remains to be using intrallesional corticosteroids (ILCs). Recently, the use of phototherapy in phototoxic regimens has emerged with promising results in treatment of such cases.

METHODOLOGY
40 patients were randomly divided into two equal groups. Group A patients received phototoxic doses of UVA after topical application of psoralen, whereas group B patients received potent ILCs. Patients were treated for 3 months and followed up for an additional 3 months. Skin biopsies were taken before and after therapy to compare the level of expression of IFN-γ, IGF-1 and TGF-β1.

RESULTS
At 3 months, no significant difference was found between both groups regarding the mean SALT nor the percent change of SALT from baseline (p= 0.808 and 0.204 respectively). The percent change of IFN-γ showed a mean reduction and that of IGF-1 and TGF-β1 showed an increased mean in both groups. Treatment success (≥ 75% improvement in comparison to baseline) was achieved by 20% of the phototoxic group patients versus 10% of the ILCs patients.

CONCLUSION
The current study offers proof that phototoxic regimen of topical PUVA deserves to be placed among the therapeutic tools used in the treatment of AA especially extensive and resistant cases owing to both its efficacy and safety.

Follicular Stem Cells in Androgenetic Alopecia

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INTRODUCTION
Background: Although the pathogenesis of androgenetic alopecia (AGA) is poorly understood, recent studies suggest that compromising the integrity of the follicular bulge area and or sebaceous gland may play a role.

Aim: This study was designed to evaluate the role of follicular bulge stem cells in AGA.

Subjects: Twenty patients with AGA (17 males and 3 females) with a mean age of 24.05±1.6 were the subjects of this study.

METHODOLOGY
A 4 mm punch biopsy specimen was obtained from both occipital skin and frontal affected area of scalp of each patient and embedded in paraffin. Tissue sections were immunostained using the Cytokeratin 15(CK 15) Ab-1 mouse monoclonal antibody, CD34 and p36.

RESULTS
Cytokeratin 15 immunoreactivity was observed both in the frontal and occipital skin biopsies in the follicular bulge region and outer root sheath in all 20 AGA patients (100%). Positive expression of CD34 antibody was detected in 30% (6 patients) of frontal scalp biopsies, compared to 85% (17 patients) in occipital biopsies with a highly statistically significant difference. p63 antibody showed positive expression in 85% (17 patients) of frontal scalp biopsies, compared to 100% (20 patients) in occipital skin with no statistically significant difference.

CONCLUSION
This study suggests that follicular stem cells in the bulge region are not the target in AGA. Further studies using other stem cell markers are recommended to clarify the role of follicular stem cells in AGA pathogenesis. The loss of CD34+ cells in AGA provides insight into the possible mechanism of miniaturization and supports the notion that a defect in conversion of bulge stem cells to progenitor cells may play a role in disease progression. Also the decreased expression of P63 in this study suggests a role of this protein in the pathogenesis of AGA.
Safety and Efficacy of 10% Bee Propolis versus 2% Mupirocin on Superficial Pyodermas Caused by Staphylococcus Aureus

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INTRODUCTION
Superficial pyodermas are infections of the skin commonly caused by Staphylococcus aureus. 2% mupirocin ointment has been successfully used for this condition. However, its high cost and emerging drug resistance affect compliance and overall cure. As physicians concerned about the welfare of our impoverished patients, we must be aggressive in the search for new drugs that may be cheaper but equally safe and effective alternative to current medications. In vitro studies show that bee propolis possess antibacterial activity, rendering it a potential alternative treatment.

METHODOLOGY
Patch testing of 10% bee propolis among 30 healthy volunteers showed that it was non-irritant and safe. This was followed by a randomized, double-blind, controlled trial of 10% bee propolis versus 2% mupirocin. Patients with superficial pyodermas due to S. aureus, 18-60 years of age, were randomly assigned to receive either 10% bee propolis or 2% mupirocin ointment for two weeks. Bactericidal activity, erythema, edema, induration and size of lesions were evaluated at baseline, Days 3, 7 and 14 by the investigator. Participant’s Global Assessment score and adverse events were also noted.

RESULTS
Fifty-three subjects (88.33%) completed the trial. There were no statistically significant differences between the two groups for bactericidal activity against S. aureus (p=0.54) at Day 14, and for erythema (p=0.53,0.48,0.69,0.23), edema (p=0.84,0.59,0.47,0.37), induration (p=0.81,0.88,0.52,0.26), and size of lesions (p=0.72,0.56,0.34,0.36) at baseline, Days 3, 7 and 14. There was no statistically significant difference in Participant’s Global Assessment score (p=0.57,0.65) at Days 3 and 14, and no statistically significant adverse events (p=0.50) noted in both groups.

CONCLUSION
Ten percent bee propolis ointment is equally safe and effective as 2% mupirocin ointment in the treatment of superficial pyodermas caused by Staphylococcus aureus. Based on cost-comparison, 10% bee propolis ointment can therefore be considered a cost-effective alternative to 2% mupirocin ointment in the treatment of S. aureus superficial pyoderma.
Penile Lupus Vulgaris and Primary Intrathoracic Tuberculosis

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INTRODUCTION
Mycobacterium tuberculosis infection of the penis is a rare but a serious problem. Skin involvement represents 2% of extra-pulmonary tuberculosis. We report a rare case of penile skin tuberculosis revealing a deep focus.

METHODOLOGY
A 62-year-old man, a chronic smoker, had a six-month history of a very painful torpid ulceration of the penis. He presented also a chronic productive cough and a poor general condition. Physical examination revealed a 4x3 well-demarcated, non infiltrated ulceration over the side of the penis. The inguinal lymphnodes were enlarged bilaterally. The serologic test for syphilis was negative. The chest x-ray films showed nodular opacities in both lung fields. A biopsy specimen objectived granulomatous inflammation with a few giant cells of the Langhans type without central necrosis. The tuberculin test was positive with erythema of 18 mm in diameter. The diagnosis of cutaneous and pulmonary tuberculosis was made. The patient was started on rifampicin, isoniazid, ethambutol and pyrazynamide during 2 months followed by a further 4 months of isoniazid and rifampicin. 3 months later, the cutaneous lesion and pulmonary symptoms were resolved.

RESULTS
Before any investigation, this ulceration evoke a cancer or an infection (syphilis, herpes). But this single skin lesion reveals a cutaneous and pulmonary tuberculosis.

Accurate diagnosis of the form of cutaneous tuberculosis is based on clinical, histological, bacteriological and immunological criteria. The location away from the meatus in our patient removes urogenital tuberculosis or periorificialis form. The lupus vulgaris due to a tuberculous reactivation from a contemporary activated pulmonary focus remains accepted. Penile location is extremely rare. Sexual transmission is recently described. Inoculation of contaminated clothes is rare. The diagnosis requires research of other tuberculous outbreaks as well as HIV infection given the frequency and the increased morbidity and mortality of tuberculosis in this field. Examination of the partner is indicated looking for urogenital tuberculosis.

The chemotherapy allowed a rapid healing of the ulcer and a disappearance of the cough in our patient, confirming -a posteriori- the diagnosis.

CONCLUSION
In front of any chronic genital ulceration, we should keep in mind the tuberculous origin especially in highly endemic countries.
Is Household Contact Screening Important in Leprosy? Findings from Sri Lanka

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INTRODUCTION
Leprosy is a communicable disease known to occur in humans since biblical times. For many centuries it was suspected that exposure to an affected person increased the risk of infection, which was subsequently proven scientifically. Furthermore, as prolonged close contact is needed, household contacts of leprosy patients have a higher risk of developing leprosy. Since the disease is asymptomatic in early stages, contact tracing remains the most valuable process of identification of asymptomatic cases. Early detection and treatment is the most important strategy for disease control and to meet the challenge of global leprosy elimination.

METHODOLOGY
This study was undertaken among all household contacts (n=292) of newly diagnosed Leprosy patients (n=76) attending a Dermatology clinic from January 2014 to May 2015 in a tertiary care hospital, Sri Lanka. The study focused on assessing the prevalence of leprosy among these close contacts and other associated factors. Information was obtained by an interviewer-administered questionnaire. Following clinical diagnosis, skin biopsy was performed to confirm the diagnosis.

RESULTS
Out of the contacts, 92% were screened; 12% were clinically positive for Leprosy. Among them, 95% were histologically positive. The mean age was 36.6 years (SD=21.33); 70% were females; 29% were grand children of the index patient, while 12.5% were the spouse.

Index patients with positive slit skin smears (X²=5.298; p=0.021), being Lepromatous (X²=9.709; p=0.002) and having poor ventilation (X²=6.046; p=0.014) were significantly associated with contact positivity. Female sex (56.2%) was associated with high prevalence of positive contacts but statistically insignificant (p>0.05).

FGD revealed about discrimination and stigmatisation while quality of life was not significantly affected.

CONCLUSION
This study revealed the importance of strengthening the strategies of screening for Leprosy among the household contacts at community level to detect asymptomatic incident cases. To address myths and discrimination deeply embedded in society, education and improvement of mass media campaigns would be beneficial. It will also help to overcome the challenges in global Leprosy elimination.
Tuberculous Pseudomycetoma After Accidental Inoculation with Salmonella Enteritidis Vaccine

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INTRODUCTION
Cutaneous tuberculosis is a chronic infectious disease caused by M. tuberculosis. It constitutes only a small proportion of all cases of extrapulmonary tuberculosis, not exceeding 1%. It comes in several clinical forms depending on the route of arrival of the bacillus to the skin and the immune status of the patient.

Pseudomycetomas tuberculosis are caused by mycobacterium tuberculosis, this is a rare clinical form that was originally described by Cabrera in 1972, it is included with the scrofuloderma and rubbery form in colicuative tuberculosis group. This clinical form is characterized by the presence of cold abscesses fistula prone to spontaneous evacuation and absence of grains.

Since there just have been published a few reports of this form of cutaneous tuberculosis which is totally different to the clinical forms described to date.

METHODOLOGY
A 35-year-old chicken farmer, without important antecedents, suffers accidental inoculation with salmonella enteritidis vaccine into second finger of left hand, he had 72 hours after the injury marked swelling, redness and fever despite antibiologica treatment given since the injury, purulent material was obtained after drainage and he continued with antibiologica treatment and daily curations, even though after ten days he had no improvement, the finger acquired black purple coloration, he was hospitalized and received parenteral antibiotics like cephalosporin and ciprofloxacin, a radiography of hand just revealed soft tissue involvement, after five days the swelling and coloration decreased and he continued with oral levofloxacin and curations at home, but after 45 days the lesion continued draining pus and even presents formation of ulcers that drain pus automatically, he also noted deformation of the finger so he consulted to us.

General physical examination was normal and there was no sign of lymph node enlargement. Dermatological examination showed swan neck deformity of index finger of left hand with proximally volume increased and purple coloration, on its surface had multiple well-defined, annular, moist punched-out ulcers which drained purulent material.

RESULTS
Laboratory tests were all within normal limits, direct exams and cultures for fungus, bacterial and mycobacteria were negative. Skin biopsy showed caseating granulomas and dense mixed infiltrate in mid and deep dermis, composed of lymphoid, histiocytes and multinucleated giant cells, ppd was positive of 19mm, chest x-rays revealed just soft tissue involvement.

He was managed with tetra conjugated treatment with clinical resolution eight weeks later.

There are just few cases published of accidental inoculation of salmonella enteritidis, we found around ten cases in the literature but all of them resolved easily with antibiologica treatment or drainage, we know that this kind of vaccine produces strong reaction of the skin by the components that contains, but it is limited, and it is important suspect transmission for tuberculosis by needle punctures especially when these are contaminated with biological material.

As in other skin tuberculosis the diagnosis of tuberculous pseudomycetoma is confirmed by the isolation of mycobacteria in the culture of skin material, but not in all cases this confirmation is possible, since the pseudomycetomas are forms of medium strength also is difficult to find the bacillus in histopathology with the ziehl-neelsen, ppd is positive in 87.5%. It is very important to exclude other causes of pseudomycetoma like Bacterial and mycological which were suspected also in this case.

CONCLUSION
The pseudomycetoma by M. tuberculosis has its own characteristics that differentiate and justify their separation from the rest of cutaneous tuberculosis. It is important to have in mind the diagnostic suspicion for cutaneous lesions that appear after accidental exposure to biologic risk.

Early treatment is critical to prevent the involvement of deeper structures although Mycobacteria are difficult to isolate, usually responds to the therapeutic trial.
Epidemiology, Clinical Characteristics and Outcomes of Pioverrugoide Syndrome Caused by Subcutaneous Micosis

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INTRODUCTION
Pioverrugoide syndrome (PS) is a group granulomatous diseases of our environment characterized by ulcers warty covered by erythematous scaly-crusts, beneath which are the miliary microabscesses. Groups subcutaneous micosis (SM) caused by several types of fungi, which are similar to those caused by other skin diseases, therefore, laboratory diagnosis is one that allows to discriminate among all the possibilities. The objective of the study is to demonstrate the epidemiological, clinical and treatment outcomes of SM presented as PS. Additionally this study had been included statistical evaluation compared data between mycosis subcutaneous and no fungal infections.

METHODOLOGY
This research was a cross sectional study of outpatient with PS due to subcutaneous mycosis at Dermatologic clinic between January, 2012 and January, 2015. Demographic data, clinical presentations, laboratory data and treatment outcomes were collected. They underwent a diagnostic protocol procedure based on clinical, microbiological and histopathological studies.

RESULTS
Among 190 patients had PS, 30 (15.7%) were infected with SM. The mean age was 46.7 years and 57.9% were male. The risk factors for SM associated with PS were evolution time of ≥ 6 months (60%), located on exposed areas (84.1%), medium or large (66.6%) in size, with mild pain (52.6%), occasional bleeding (38%) without pruritus (100%). They occur more frequently in urban patients with rural contact mainly adults 35-54 years, male and farmers. As the characteristics of the lesions and the duration of the disease, bleeding, pain and itching important data to establish the diagnosis. Median time to cure in SM populations was 169 days, which ad significant difference from not fungal infections (45 days p=0.0419)

CONCLUSION
We conclude that the PS is a useful diagnostic tool for clinical guidance in our population. They are more common in men, adults and farmers; Being injuries of more than 6 months duration, with occasional bleeding, moderate pain and nonpruritic which require special attention to the disposal of subcutaneous mycosis, requiring longer treatment for healing.
INFECTION - FUNGAL

Disseminated Paracoccidioidomycosis With A Fatal Outcome In Men With Probably Hyper-IgE Syndrome

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INTRODUCTION
Paracoccidiomycosis or South American blastomycosis is a multisystem infection caused by the dimorphic fungus Paracoccidioides brasiliensis, it is the most prevalent systemic mycosis in Latin America. It is characterized by a polymorphism of lesions and can affect any organ, but it is usually found in the skin, lungs, oral and nasal mucous membrane. The biggest risk factors for acquisition of the infection are activities related to the handling of soil contaminated by the fungus as in agricultural activities earth moving, gardening etc. The hyperimmunoglobulin E Syndrome (HIES) is a rare and complex immunodeficiency characterized clinically by recurrent skin abscesses, pneumonia, pneumatoceles, hypereosinophilia, high serum levels of Immunoglobulin E, early eczema and multiple connective tissue and skeletal abnormalities. Therapy for HIES is directed at prevention and management of infections by using sustained systemic antibiotics and antifungals along with topical therapy for eczema and drainage of abscesses.

METHODOLOGY
A 18 year old man from Camaná, Arequipa-Peru was admitted to the hospital in november 2014 because of a few months of general malaise, asthenia, weight loss, fever, night sweats, nodal compromise (cervical, axillary and inguinal regions) and skin ulcers. In addition the last weeks, he presented cough and respiratory distress. His medical history was significant for a social neglect, an severe chronic eczema since childhood managed irregularly with unspecified topical agents, and an elevated serum IgE (>2500) and eosinophilia (2190/ul) in a prior hospitalization 4 years ago, where it was not possible completing medical evaluation and studies. He was initially misdiagnosed of tuberculosis in other local hospital without improvement with antituberculosis drugs. On questioning he admitted to having worked in agricultural activities in the jungle 2 years ago. Examination revealed a bad general condition, respiratory distress, tachycardia, oxygen desaturation, distention and abdominal pain, generalized lymphadenopathy and inspiratory crackles bilaterally throughout the lower lung zones. The inspection of the skin showed xerosis, peeling, cicatricial lesions and two ulcers on the thorax and infra-axillary region.

RESULTS
Blood test revealed anemia (Hb: 10.4gr%). Leukocytes, platelets, glyceria and renal function did not showed alterations. RPR test for syphilis and ELISA test for HIV were negative as well as sputum smear for mycobacterium tuberculosis. Liver function test were abnormal: aspartate aminotransferase (AST) 186 IU/L, lactic deshydrogenase 681IU/L, alkaline phosphatase 1471 IU/L, gamma-glutamyl transpeptidase 336 IU/L. Radiography of the chest revealed bilaterally diffuse nodular reticular interstitial infiltrate. In a few days, the patient progressed to respiratory failure, sensory commitment and suffered a cardiopulmonary arrest. Before death, a biopsy was performed of ulcerative lesion on infra-axillary region. The histopathological study with hematoxilin-eosin reported abundant dermal inflammatory with formation of granulomas and giant multinucleated cells, and multiple budding blastoconidia.

CONCLUSION
A significant infectious problem in Hyper-IgE Syndrome is fungal (aspergillus), pseudomona and non tuberculous mycobacteria lung infections because parenchymal abnormalities following aberrant tissue healing after recurrent pulmonary infections. Nevertheless systemic mycosis and paracoccidioidomycosis has been rarely reported in these patients. Our patient had multisystemic organ involvement, including the lung, liver, skin and various lymph node chains with fatal outcome. It could have occurred by the association with this primary immunodeficiency disease since the principal goals of management of Hyper IgE Syndrome is aggressive treatment of infectious. In general, physicians working in endemic areas for paracoccidiomycosis should be aware of its presence in immunosuppressed patients, since prompt diagnosis allows the institution of specific therapy, which allow patients’ survival.
Cryotherapy Plus Oral Zinc Sulfate Vs Cryotherapy Plus Placebo In The Treatment Of Common Warts: A Double-Blind, Randomized Study

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INTRODUCTION
Cutaneous warts are caused by a small group of specific types of human papilomavirus. There are several modalities of treatment for warts, none of them are ideal. Cryotherapy is one of the most popular and effective ones. Zinc is a trace element with many proven effects on the immune system. Our aim was to assess the efficacy and safety of cryotherapy and oral zinc versus cryotherapy and placebo in the treatment of common warts.

METHODOLOGY
Eighty-three patients with common warts participated in this double-blind, randomized, placebo-controlled trial. In both groups, liquid nitrogen cryotherapy was performed for up to 2 months at intervals of 3 weeks. The treatment group received oral zinc capsules in a dose of 10 mg/kg per day up to 600 mg/day. The control group was given placebo capsules of similar appearance. The treatment was continued for 2 months and the follow-up period lasted up to 6 months.

RESULTS
Warts completely resolved in 26 patients in the treatment group (68.4%) and 23 in the placebo group (63.9%) (P value=0.68). Three patients (7.9%) in the treatment group and six (16.6%) patients in the placebo group recurred (P value=0.19).

CONCLUSION
Our study did not show any difference in complete resolution of common warts and their recurrence rate between patients treated with cryotherapy plus zinc sulfate and those with cryotherapy plus placebo.
Disfiguring Chloroma: An Extreme Presentation Case Report
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INTRODUCTION
Chloromas also named Myeloid sarcoma (MS) is a very rare neoplastic condition; which consists of immature myeloid cells at an extramedullary site; most frequently presented in bone, skin, or lymph node, although any part of the body may be affected. Chloromas usually consist of myeloblasts that partially or totally efface the tissue architecture. In a significant proportion. Chloromas or Myeloid sarcomas, may develop de novo or concurrently with acute myeloid leukemia, myeloproliferative neoplasm or myelodysplastic syndrome. They may represent the first manifestation of acute myeloid leukemia, preceding it by months or years, or equally represent the initial manifestation of relapse in a previously treated leukemia.

We present in this report the case of a man of 53 years old, with nodules and tumors that ranged from 2-40 centimeters of diameter scattered in neck, thorax, abdomen and extremities. Skin biopsy evidence dense neoplastic infiltrate, positive to CD4, CD117, Lysozyme, CD43, CD14 (very focal). Without medullar dissemination and a PET-SCAN CT showing multiple cutaneous hypermetabolic masses at neck, thorax, abdomen and extremities, without visceral or bone compromise. The patient had 90% response after 8 cycles of liposomal doxorubicin liposomal, gemcitabine and methotrexate.

METHODOLOGY
A masculine patient of 53 years old, with previous diagnosis of Diabetes Mellitus, no other relevant in. Consults to the dermatology clinic with history of 1 year of nodules and tumors at neck, thorax, abdomen and extremities, rapidly growing, no pain, weight loss associated. Several physicians gave him unspecific treatments that included fluconazole, ketoconazole and potassium iodine.

Physical examination evidenced a chronic dermatosis, disseminated to neck, thorax, abdomen and extremities, characterized by multiple nodules and tumors ranging from 2-40 centimeters, eritemato-violaceous, irregular surface, lobulated, some of them presenting lichenification and other purulent exudate. Irregular borders, well defined that settle upon a skin with several patches of 5-15 centimeters, Brown colored over skin with xerosis.

RESULTS
Hematology examination evidence general white cells count 9.2 ul, hemoglobin 15.1g/dl, neutrophils 68%, lymphocytes 19.6%, platelets 497 ul. Chemistry showed inverse albumin/globulin relationship, negative HIV. Peripheral rub with abundant neutrophils and red blood cells with hypochromia and macrocytosis.

Skin biopsy evidence a dense cellular infiltrate at dermic and subcutaneous tissue that darkens adnexal structures. Those cells are big, with eosinophyllic cytoplasm and rounded to oval nuclei. Their shape are irregular with prominent nuclei. Immuncistohistochemistry showed negativity to: CD1a, CD3, CD20, CD5, CD8, CD15, CD30, CD34, CD138, CD56, CD68, CD123, CD163, CD303, TCL-1, S100, B-RAF, Antitrypsin, MPO, and positivity to CD4, CD117, Lysozyme, CD43, CD14 (very focal). PET SCAN with multiple cutaneous hypermetabolic tumors at neck, thorax, abdomen and extremities without visceral o bone involvement.

Final Diagnosis: Myeloid Sarcoma (Chloroma)
The patient received treatment with liposomal doxorubicin 60mg/m2, gemcitabine 1.2 gms/m2 and methotrexate 35 mg/m2 each one every 3 weeks for 8 cycles. After treatment the patient has improved 90%, improving quality of life and survival prognosis. Stills pending of treatment with PUVA therapy.

CONCLUSION
Myeloid sarcoma, are also known as chloroma (owing its green color secondary to the enzyme myeloperoxidase), is a diagnosis of extramedullary proliferation of blasts of one or more of the myeloid lineages that disrupt architecture of the organ or tissue that it involves. It is most often found either concurrently or following a previously recognized Acute myeloid leukemia or may also occur as an isolated leukemic tumor or precede the appearance of blood or bone marrow disease. Less often, they occur in association with a myeloproliferative neoplasm or myelodysplastic disorder (MDS). Myeloid sarcomas are a rare disorder, large series are seldom reported, and the literature is mainly composed of case reports.

The pathogenesis might be an aberrant homing signal for the leukemic blasts precluding the more common localization. This may represent a subclone of an originalacute myeloid leukemia clone in cases of concurrent presentation in the relapse situation.
Myeloid sarcoma (MS) are reported in 2-8% of patients with acute myeloid leukemia (AML), either as a single or as a multifocal tumor. It can predate it by months or years in approximately a quarter of cases, appear concomitantly with AML in 15-35% of cases, or occur after the diagnosis of AML in up to 50% of cases. It can also appear as an initial manifestation of relapse in a previously treated AML patient in remission.

The age of patients at MS presentation is highly variable ranging from 1-81 years old. The most common presentations are the skin, bone and lymph nodes. It can however involve many other body sites like central nervous system, oral and nasal mucosa, breast, genitourinary tract, chest wall, pleura, retroperitoneum and gastrointestinal tract. The size at diagnosis is variable varies from 2 to 20 centimeters depending on size and localization, with the most common signs and symptoms compression, pain and abnormal bleeding.

Computerized tomography and magnetic resonance imaging are often used for tumor localization and are helpful in distinguishing, PET CT imaging was recently shown to be useful in studying and following extramedullary AML. The characteristic microscopic growth pattern of myeloid cells is either a diffuse or an Indian file pattern and the Ki-67/MIBI is usually high, ranging from 50% to 95%. MS is subclassified according to the most abundant cell type into granulocytic, monoblastic or myelomonocytic and according to cell maturation into immature, mature and blastic types. Immunohistochemistry it’s crucial for the diagnosis. The most common positive markers include CD68/KP1, MPO, CD 117, CD 99, CD 68/PG-M1, lysozyme, CD34, TdT, CD56, CD61, CD30, glycophorin and CD4. CD13, CD33, CD117 and for those tumors with myeloid differentiation and CD14, CD163 and CD11c in tumors with monoblastic differentiation. Treatment for isolated MS or MS concomitantly with AML is conventional AML-type chemotherapeutic protocols.
Melanoma In Hispanic Mexican Patients

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INTRODUCTION
Cutaneous melanoma is a malignant neoplasm originating from the melanocytes. Its incidence has been increasing worldwide; 20.1 cases/100,000 habitants and 2.7 cases/100,000 habitants global incidence and mortality, respectively has been described. Despite higher rates of melanoma reported in the Caucasian population vs. Hispanic patients, scarce literature suggests higher metastases and poorer outcomes in the later population. We sought to shed light into this concerning observation by performing a retrospective review of a Hispanic Mexican melanoma database

METHODOLOGY
We performed a retrospective study of a pathology electronic database of all melanoma cases diagnosed at the University Hospital “Dr. José Eleuterio González” from January 2000 to May 2015. Gender, age, localization, histologic subtype and prognosis factors were collected. All the slides were evaluated by a dermatopathologist to corroborate the reports. The data was tabulated and statistical analysis with central tendency and dispersion measurements as well as comparison of categorical variables with chi-square and Fisher’s exact test

RESULTS
We found 284 cases (49% females). Mean age was 56.6 years (SD+/-17.87). Most frequent involvement site was lower limbs in both genders. Predominant melanoma subtype was superficial spreading, 30% cases; followed by acral lentiginous 27%, lentigo maligna 8% and nodular 8%; 27% comprised other subtypes. We found a high rate of poor prognostic factors, mitosis median was 4 (IQR 2-8), Breslow median was 1.6 (IQR 0.64-4.2); 84 out of 211 cases that described ulceration were ulcerated. Men ulceration rate was higher (p=0.015); Breslow and mitosis count corresponded with the presence of ulceration

CONCLUSION
This study corroborates the prevailing presence of poor prognosis factors in a Hispanic Mexican population. However, similar to Caucasian literature, our study found superficial spreading as the commonest melanoma subtype; as opposed to Mexican literature that suggests acral lentiginous to be more common. Melanoma awareness, with public health education and prevention campaigns, is needed in order to allow this neoplasm diagnosis in earlier stages with favorable prognosis factors
NON-MELANOMA SKIN CANCER

Chronic Endemic Regional Hydroarsenicism: Clinical Presentation In Two Patients From Argentina

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INTRODUCTION
Chronic endemic regional hydroarsenicism (CERH) is an acquired syndrome caused by the ingestion of arsenic contaminated water over a long period of time. It causes damage in different organ systems, usually leading to death by cancer. The clinical features on the skin are palmoplantar hyperhidrosis and keratoderma, melanoderma, Mees lines in nails, Bowen disease and basal cell carcinomas (BCC). In Cordoba, Argentina, high levels of arsenic have been found in both soil and water, thus causing CERH to be a health problem requiring practitioners to work in early diagnosis and prevention.

METHODOLOGY
Case 1: Male, 54 year old patient with chronic exposure to well water throughout his childhood and adolescence in Córdoba. At physical examination presents different skin lesions, clinically compatible with palmoplantar keratoderma, actinic keratosis on the trunk, and basal cell carcinomas on the face and arms.
Case 2: A male, 65 year old patient from Córdoba with a history of multiple basal cell carcinomas, excised from the trunk and face in the past years. At physical examination presents disseminated actinic keratosis, palmoplantar keratoderma punctata and BCC on the face and forearms.

RESULTS
In both cases, the lesions compatible with basal cell carcinomas were confirmed with histopathological studies. They were also tested for arsenic in nails, resulting in >1.08mg/kg (normal value 0.05mg/kg). Other malignancies were dismissed by specialists. They were treated with excision of BCC and imiquimod 5% for actinic keratosis.

CONCLUSION
Argentina is an endemic area for CERH, and Cordoba has the highest levels in the country of arsenic in soil water. It causes numerous health problems, predominantly neurotoxicity and cancer. However, it is generally diagnosed by dermatologists since the cutaneous lesions are the primary reason for patients to seek medical attention. Early diagnosis and team work amongst specialists are key points to ensure help and prevention of this health problem.

Kaposi’s Sarcoma Occuring in HIV Positive 3 Year Old Girl

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INTRODUCTION
Introduction: Since the advent of the HIV/AIDS epidemic, Kaposi sarcoma (KS) is now seen in places not previously considered endemic for this disease. KS associated with HIV infection has been widely reported in a number of countries that led to a dramatic increase in the incidence of overall KS. However, KS is generally associated with adults with the acquired immunodeficiency syndrome (AIDS). Little is known regarding its occurrence in children. Here we describe a unique case of 3 years old girl who acquired HIV infection through blood transfusion. Of note, both her parents are HIV negative. HIV was discovered while the child had pneumonia at the age of 2 and presented with weakness; weight lost, and delays of mental and physical development.

METHODOLOGY
Physical examination revealed erythematous to violaceous papules and infiltrated plaques on the face, chest, lower and upper extremities. These lesions were non tender to palpation. There was no evidence of bleeding or infection. A biopsy was performed and showed spindle cell aggregates haphazardly arranged, vascular spaces intermingled with some networks of blood filled slits. Red blood cells were found in some vascular spaces and hemosiderin was present within the lesion. PCR for herpes virus type 8 was positive. CD4 count was 143 cells per mm^2, haemoglobin was 79 g/L, platelet count 100 * 9/L. Based on classification WHO, 4th stage of HIV infection was established.

RESULTS
Triple therapy of ARVT was started with combination of Abacavir, Lamivudin, and Nevirapine. While on ARVT therapy, her medical condition had improved, no new lesions had been reported, and was noted partial resolution of the violaceous papules and plaques of the skin.

CONCLUSION
In The Uzbekistan This Is The First Reported Case Of KS In HIV Infected Child. The Most Likely The Child Has Been Infected By Blood Transfusion Early On In Her Life We Did Not Find A Lot Of Information In The Literature About KS In Children, Only A Few Reports From Endemic Areas In Africa. We Believe, That This Unique Case Report Of KS Skin Manifestation In 3 Year Old Girl With The Successful Improvement After Prompt Treatment With Antiretroviral Drugs.
Dedicator Of Cytokinesis 8 Deficiency Gene (DOCK8) : A New Case

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INTRODUCTION
DOCK8 Deficiency is a rare inherited immune deficiency linked to autosomal recessive mutations of DOCK8 (dedicator of cytokinesis 8 gene) gene. It is characterized by recurrent bacterial and viral skin infections, susceptibility to cancers, lymphopenia and elevated serum IgE. DOCK8 Deficiency is a combined immunodeficiency molecularly characterized in 2009.

METHODOLOGY
A 4 year old child born to consanguineous parents suffers since the age of six months from eczema dermatitis superinfected by Molluscum contagiosum spread all over the body. The evolution of the skin lesions was marked by the installation of a very itchy dry erythroderma and Staphylococcus aureus abscesses in the trunk and limbs. The patient also presented recurrent ENT infections and multiple food allergies. He also has failure to thrive at -4 SD and a leonine facies. Laboratory tests objectified lymphopenia (2000 cell/mm3), eosinophilia (21000 cell/mm3) and hyper IgE (16,000 IU / ml). The analysis of lymphocyte populations by flow cytometry identified CD4 + and CD8 + lymphopenia. All these abnormalities guided to a combined immunodeficiency. Genomic MLPA analysis (Multiplex ligation-dependent probe amplification) revealed a large homozygous deletion of DOCK8 gene from exon 6 to 20. The same mutation was identified in the heterozygous state in the mother.

RESULTS
The combined immune deficiency by DOCK8 deficiency is caused by homozygous deletions or heterozygous recessive mutation that lead to the absence of DOCK8 protein and thus lymphopenia CD4 + and functional abnormalities of CD8 + T lymphocytes including a lack of antiviral cytokine production (TNFα, INFγ) and therefore increased neoplasia and susceptibility to severe cutaneous viral infections. The disease occurs in childhood with severe atopic dermatitis, upper and lower respiratory tract infections and recurrent viral and bacterial skin infections including extended herpes infections, warts (HPV), Molluscum contagiosum and bacterial skin infections, including S. aureus, eosinophilia and elevated serum IgE. Allogeneic hematopoietic stem cell transplantation is the only curative treatment in this immunodeficiency.

CONCLUSION
Our case, added to the few cases described in the literature, reflects the large spectrum of mutations leading to this deficit, and highlights the importance of regular monitoring for the increased risk of secondary infections and skin neoplasia risk.
Visual Defects In Oculocutaneous Albinism Is Not Associated With Gross Structural Anomaly

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INTRODUCTION
Albinism is a heterogeneous group of inherited non progressive disorders of melanin metabolism. The two main types are Ocular Albinism (OA) in which pigment is absent only in the eyes and Oculocutaneous albinism (OCA) in which the eyes, skin and hair lack pigment. The tropical environment, without the protective effect of melanin predisposes the African oculocutaneous albino to skin cancers. In the eyes fovea maturity is impaired leading to poor vision. All forms of albinism, regardless of phenotype, have the same distinctive visual impairment that confers visual acuity ranging from 20/40 (6/12) to 20/200 (6/60) that significantly limits their education, occupation and recreation. This study set out to use ultrasonography to detect correctable ocular structure anomaly in visually impaired oculocutaneous albinos who also have sun damaged skin.

METHODOLOGY
In a prospective study, the eyes of 57 consenting Nigerian Oculocutaneous albinos referred from the Dermatology to Radiology for ocular scans were investigated with B-mode ultrasonography. The results were compared with matched controls and analysed by simple descriptive statistics.

RESULTS
The age range of the study population was 15 to 62 years (mean 24.6 years) and male to female ratio was 1:2. Of the albinos, 98% and of the controls 91.2% had normal ocular scans. Vitreous echoes were found in 7% of all participants and one (1.8%) of the control participants had cataracts. No cataract or other gross structural anomaly was detected in any of the orbital structures of the albinos.

CONCLUSION
Ultrasonography reveals no ocular structural abnormalities peculiar to Oculocutaneous albinism. Hence the visual defect in Oculocutaneous albinos is non-structural.

Assessment of Insulin Resistance and Cardiovascular Risk Factors in Adult Patients with Vitiligo: Controlled Study

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INTRODUCTION
Vitiligo Is An Acquired Multifactorial Disorder Characterized By The Appearance Of Blemishes And Achromatic Patches On The Skin And Mucous Membranes Due To Disappearance Of The Melanoocytes In Affected Areas. The Prevalence May Range From 0.1 To 8% Worldwide. Some Studies Have Suggested A higher Prevalence Of Cardiovascular Risks Factors And Insulin Resistance (IR) In Vitiligo Patients. Nevertheless, The Evidence Is Controversial And There Is Still No Consensus On The Subject. The Aim Of This Study Was To Assess The Relationship Between Vitiligo, IR And Cardiovascular Risk Factors In Adults.

METHODOLOGY
A transversal cross-sectional study was carried out. A convenience sample of consecutive vitiligo cases attending the Dermatology Department at Hospital de Clínicas de Porto Alegre was invited to participate. Patients with psoriasis, diabetes and using immunosuppressive drugs were excluded. After informed consent, patients and controls were investigated with laboratory tests, anamnesis and physical examination, including waist circumference (WC), hip circumference (HC) and blood pressure (BP) assessment. The statistical analysis was made with SPSS 18.0 software.

RESULTS
130 patients older than 14 years were included- 73 diagnosed with vitiligo and 57 controls. There was no significant difference between the groups when compared measurement of HOMAIR, HOMAβ, insulin, C-peptide, low-density lipoprotein (LDL), high-density lipoprotein (HDL), triglycerides, lipid accumulation product (LAP), WC/HC and LDL/HDL ratio. The mean systolic BP was significantly higher in the vitiligo group when compared to controls (124.57 ± 18.0mmHg vs 121.19 ± 18.5mmHg, p= 0.01).

CONCLUSION
There are two controlled studies that evaluated metabolic profile of vitiligo patients. One found higher prevalence of IR and cardiovascular risk factors in vitiligo patients, however the other found less metabolic syndrome markers in these patients. Our results showed no difference between groups when assessed IR and cardiovascular risk factors, therefore we cannot state that vitiligo patients have poorer metabolic profile or more IR when compared to controls. Further studies are needed to assess this correlation in
Generalized Vitiligo In A Patient With Preexisting Lichen Planus: A Case Report

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INTRODUCTION
Lichen planus, a papulosquamous skin disorder and vitiligo, a depigmenting autoimmune skin disease are dermatoses which are frequently encountered in clinical practice affecting about 1-2% of the general population. There have been reports of coexistence of both conditions. Several theories including actinic damage, dysregulated immune system and even mere coincidence have been proposed for this coexistence. In most cases reported in the literature, vitiligo preceded the development of lichen planus. This finding lends credence to the actinic damage theory. However, our patient presented with lichen planus initially before developing generalized vitiligo three months later. The index patient who has an outdoor job that placed him in direct sunlight for about eight to ten hours daily for over ten years would have supported the actinic damage theory had he developed vitiligo as the initial disease. This report aims to document the occurrence of lichen planus with subsequent development of generalized vitiligo three months later.

METHODOLOGY
A 52-year-old building site worker for over ten years presented with a two-month history of pruritic skin lesions on the trunk and lower limbs. Dermatological examination revealed ashy grey plaques with a few post-inflamatory hyper and hypopigmented patches interspersed within the plaques. He had no lesions on his scalp, oral mucosa, upper limbs, and nails. A clinical diagnosis of hypertrophic lichen planus was made. Routine complete blood count was normal and viral markers were all negative. He had a skin biopsy for histology which confirmed lichen planus.

He however developed depigmented patches on the previously uninvolved upper limbs and lower limbs three months after the initial diagnosis of lichen planus was made. A clinical assessment of generalized vitiligo was made. He declined a second skin biopsy.

RESULTS
He has since commenced topical tacrolimus ointment for the vitiligo and lesions have been repigmenting gradually over the past three months; and oral metronidazole for the lichen planus.

CONCLUSION
There may be an association between lichen planus and vitiligo; whether this association is as a result of dysregulated immune system, actinic damage, mere coincidence or other mechanism needs to be explored further. More research concerning this association will likely lead to improved patient management and also help develop preventive measures.
A Study To Analyze The Efficacy Of Melanocyte Keratinocyte Transplantation Procedure In Children With Stable Vitiligo

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INTRODUCTION
Childhood Vitiligo can have a devastating impact on the overall development of the child. Surgical modality is a recent addition to the treatment armamentarium. This is a study assessing the efficacy of autologous keratinocyte melanocyte transplantation procedure (MKTP) in children diagnosed with stable vitiligo.

METHODOLOGY
122 children aged between 4 years to 15 years who were treated for vitiligo, of which 63 children had vitiligo vulgaris, 56 children had segmental vitiligo, 2 children had nevus depigmentosus and 1 patient had post burn leukoderma. They were all treated with MKTP and were analysed in terms of (i) repigmentation at 9 months or longer, (ii) anaesthesia technique used and (iii) side effects at the donor and recipient site.

RESULTS
The results were analysed on the basis of repigmentation. Repigmentation of 75%-100% was considered as a successful outcome. Of the 63 cases of vitiligo vulgaris treated with MKTP, 68% patients had a successful outcome. Of the 56 cases of segmental vitiligo, 76% patients had successful repigmentation. Repigmentation in 2 patients with nevus depigmentosus was not of high cosmetic quality though the extent of pigmentation was excellent. One child with post burn leukoderma re-pigmented completely. The follow up period ranged from 9 to 54 months. All the procedures were performed under intravenous (general) anaesthesia. The anaesthesia was uneventful and no untoward effect except nausea in some patients was seen.

Mild hyper-pigmentation over the donor area was seen in 58% of the patients. No other side-effects were seen. All the patients were co-operative and retained the dressing for the required duration.

CONCLUSION
MKTP is an excellent modality of treatment for stable vitiligo in children.
**INTRODUCTION**
Melasma is a common disfiguring skin problem. Multiple modalities have been used in the treatment of melasma, such as bleaching agents, chemical peels and antioxidants, topical zinc sulphate and laser nowadays had been tried as an option of treatment.

**METHODOLOGY**
This comparative split face clinical study was carried out in the Laser Research Unit, College of Medicine, University of Kufa; for the period from October 2012 to December 2013. Each patient’s face was divided into two halves, right and left, each half was treated with one of the two laser devices used in this study. The total number of sessions for each patient was eight, at a two-week interval.

The laser devices are Fractional Erbium:Glass 1540nm and Nd:YAG Q-switched 1064nm. The severity of melasma was assessed before, and after treatment with the Modified Melasma Area and Severity Index Score and photographs. All patients were followed up three months after the last laser session.

**RESULTS**
Twenty nine patients with melasma completed the study, 25 (86.21%) females and 4 (13.79%) males, their ages ranged from (23-48) years with mean of (35.2±7.2 SD) years. The Modified MASI score was reduced in the facial halves that treated by Erbium:Glass laser from mean of (14.89±6.11 SD) before treatment to mean of (12.37±6.03 SD) after treatment with statistically highly significant P value (P=0.001). While in facial halves that treated by Nd:YAG laser the Modified MASI score also reduced from mean of (15.34±6.06 SD) before treatment to mean of (14.62±5.6 SD) but with statistically significant P value (P=0.022). There is a high difference in the degree of reduction of Modified MASI score between both laser systems that the reduction in mean Modified MASI score of Erbium:Glass laser was (2.51±1.49 SD) while of Nd:YAG laser (0.72±1.60 SD), it was statistically significant P value (P=0.015). All patients developed transient erythema and burning sensation last not more than 2 days after each session in both sides of face, while only three patients (10.3%) developed mottled postinflamatory hyperpigmentation in the facial halves that treated by Nd:YAG laser only. Three months later, the Modified MASI score elevated in most of the patients in both facial halves and reach to pre-treatment score this indicate relapse of the disease, and statistically not significant P value in both Erbium:Glass laser (P=0.477), and in Nd:YAG laser (P=0.155).

**CONCLUSION**
In general this laser therapy was well tolerated and the patients demonstrated positive responses with promising results. Erbium:Glass 1540nm laser was more effective than Nd: YAG Q-Switched 1064nm laser in the treatment of melasma despite of the high recurrence rate of disease reported after both laser types.
Limited Management Of Calciphylaxis In Developing Countries

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INTRODUCTION
Calciphylaxis is a rare, life threatening syndrome characterized by progressive and very painful cutaneous ulcerations associated with media calcification of small and medium sized cutaneous arterial vessels. It develops predominantly in dialysis and renal transplant patients. We aim to report a calciphylaxis case of a 27 year-old-man whose management is limited.

METHODOLOGY
A 27 year-old-man with end-stage renal disease (ESRD) attributed to interstitial nephropathy was hospitalized for painful skin lesions in large folds 2 months prior to evaluation. A kidney transplant was effectuated 14 months before this hospital admission. He presented black indurated plaquelike lesions in axillary and inguinal folds, violaceous patches over the lower back, the buttocks, the trochanteric region and penis. These lesions have progressed rapidly to nonhealing ulcers with wound infection and eschar formation. Radiography of right leg showed severe vascular calcifications of posterior and anterior tibial arteries. Histopathology examination of skin lesions revealed medial calcification of small to medium vessels with intimal proliferation. Serum calcium level was normal, but significant elevations of uraemia (70 mmol/L), phosphorous (3, 26 mmol/L) and parathyroid hormone (1400 pg/mL) were noted. The diagnosis of cutaneous calciphylaxis was confirmed. Although 3 dialysis sessions per week, therapy to low serum calcium and phosphate concentrations, wound care and careful use of antibiotics, the patient died 2 months later from sepsis.

RESULTS
Our patient presented proximal lesions localised in the lower back, the buttocks and thighs, this localisation has a poorer prognosis essentially due to the larger bulk of necrotic and infected tissue. In addition to the poor prognosis with mortality rates as high as 80% once ulceration develops mainly from uncontrolled sepsis from wound infection, therapeutic options are limited and unsatisfactory in Madagascar. Our patient couldn’t follow daily hemodialysis. We use only conservative therapy to low phosphatemia and vitamin D products. Hyperbaric oxygen therapy which promote wound healing and calciphylaxis therapy with sodium thiosulfate aren’t available in our country.

CONCLUSION
Therapeutic options essentially supportive in calciphylaxis involve multidisciplinary approach that is difficult in developing countries, even preventive measures are poor.