INTERNATIONAL DERMATOLOGY AND COSMETOLOGY CONGRESS

EVIDENCE BASED DERMATOLOGY AND COSMETOLOGY

16-20 MARCH 2016

HARBİYE MILITARY MUSEUM & CULTURAL CENTER

İSTANBUL, TURKEY

www.indercos.org

PROGRAM & ABSTRACT BOOK

Dear Colleagues;

It is a great pleasure to invite you to the 1st International Dermatology and Cosmetology Congress (INDERCOS) which will be held in one of the most fascinating cities of the world, İstanbul.

Located on transcontinental crossroads; Turkey's largest city is a gateway to the orient. Istanbul is considered as the economic, cultural and historical heart of Turkey. It's a unique blend of both the East and the West.

We are looking forward to welcome dermatologists from all over the world in Istanbul to witness an unforgettable scientific event and to perceive the fascinating atmosphere of this city. The main topic of the 1st INDERCOS Congress will be "Evidence-Based Dermatology and Cosmetology".

The question "Could Dermatology of today be considered to have two distinct camps? "will be debated. The two camps will be considered as follows; on one side, a growing army of cosmetic/surgical dermatologists armed with fillers, Botulinum toxins and lasers with patients happy to pay for these procedures, on the other hand, medical dermatologists which provide traditional therapies to patients. We believe that in the future of Dermatology training a new combination of cosmetic and medical dermatology will form and thanks to this unique training, dermatologists will have the medical knowledge and skill necessary to safely perform many cosmetic procedures.

The great mystic Mevlana had said "Come, come, whoever you are".

We are following this philosophic approach and saying "Come, come, whoever you are to all Medical dermatologists, cosmetic dermatologists, dermatopathologists and surgical dermatologists"

We look forward to your participation and greeting you in Istanbul.

Yours faithfully,

Prof Dr Ümit Türsen, MD
Congress President

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GENERAL INFORMATION

Language of the Congress
The official language of the congress is English.

Travel Information
The fastest and consequently the least tiring way to get to Turkey is by plane. All major airlines have direct flights to Istanbul.

How to get to Istanbul
Istanbul has two international airports: one on the European side (Atatürk Airport) and one on the Asian side (Sabiha Gökçen Airport). Both can be used but distance wise (airport congress centre), Atatürk Airport is preferred one.

Istanbul Atatürk Airport
Istanbul Atatürk Airport is located 24 km southeast of Istanbul. You can use airport buses (Havatas), busses, taxi, subway or private transfer to go to the city.

Airport shuttle buses (HAVATAS)
There are buses every hour to and from Taksim square (city centre) for 10 TL (equal to 3,3 €). For detailed information: www.havatas.com

Bus
There is direct bus connection line "96 T" from Istanbul Atatürk Airport to the city centre in Istanbul. The journey from the airport to the central station takes about 50 minutes.The bus leaves Istanbul Atatürk Airport every 50 minutes.

Price is 3,20 TL per person (equal to 1,1 €).

Taxi
Available at taxi stands or hailed on the street. In Turkey taxis are colored yellow and have meters. The journey will cost approximately 55 TL to 70 TL (equal to 18,3 € - 23,3 €) depending on the route the driver will use and will take about 45 minutes.The meter in the car applies and charges as TL, please note credit cards are not yet valid in taxis. The taxi rates are same all day and night long.

Subway
There is an underground station at the airport and you can go to the city centre with 2 train changes for approximately 5 TL (equal to 1,6 €).

Sabiha Gökçen International Airport
Sabiha Gökçen International Airport is located at the Asian coast of Istanbul. It is located 50 km southeast of the city center.

Airport shuttle buses (HAVATAS)
There are buses every 30 minutes to and from Taksim (central Istanbul) for 12 TL (equal to 4 €). For detailed information: www.havatas.com

Bus
Public transportation (IETT) departs from Sabiha Gökçen Airport (SAW) to central Istanbul. For detailed information: www.sgairport.com/havaalani/eng/ulasim/iett.asp

Taxi
Available at taxi stands or hailed on the street. In Turkey taxis are colored yellow and have meters. Taxis are available outside the terminal. It can be quite expensive if you intend travelling all the way to central Istanbul (approximately 75 TL- 90 TL, equal to 25 € - 30 €). The meter in the car applies and charges as TL, please note credit cards are not yet valid in taxis. The taxi rates are same all day and night long.

Public Transport
Istanbul Public Transportation is efficient, convenient and safe with its large number of choices of vehicles but may be very difficult to navigate if you do not know the language. Thus we suggest the use of taxis as they are very economically priced compared to most European cities.

More info for buses
www.iett.gov.tr

More info for subway & trams
www.istanbul-ulasim.com.tr/default.asp

More info for trains
www.tcdd.gov.tr/tcdding/index.htm

More info for ferries
www.ido.com.tr/en/index.cfm

16 March 2016 Wednesday

COSMETOLOGY COURSES

Moderator: *Nilgün Solak Tekin*

12:30 - 13:00 **Coffee Break**

BEGINNER COURSES

13:00 - 17:30 **Botulinum Toxin, Beginner's and Advanced Guide**
Lecturers: *Erol Koç, Zehra Aşiran Serdar*
13:00 - 14:00 Session 1
14:00 - 15:00 Session 2

15:00 - 15:30 **Coffee Break**

15:30 - 16:30 Session 3
16:30 - 17:30 Session 4

13:00 - 17:30 **Dermal Fillers For Beginners**
Lecturers: *Halis Bülent Taştan, Hakan Erbil*
13:00 - 14:00 Session 1
14:00 - 15:00 Session 2

15:00 - 15:30 **Coffee Break**

15:30 - 16:30 Session 3
16:30 - 17:30 Session 4

13:00 - 17:30 **Platelet Rich Plasma and Mesotherapy Treatment**
Lecturers: *Gaye Sarıkan, Öykü Maraşlıoğlu Çelen*
13:00 - 14:00 Session 1
14:00 - 15:00 Session 2
15:00 - 15:30 **Coffee Break**
15:30 - 16:30 Session 3
16:30 - 17:30 Session 4

17:30 - 18:00 **Coffee Break**

ADVANCED COURSES

18:00 - 20:00 **PLA Sutures for Face Lift**
Lecturers: *Abdullah Yıldız, Şükran Sarıgül Güdük*
18:00 - 19:00 Session 1
19:00 - 20:00 Session 2

18:00 - 20:00 **Advanced Dermal Fillers Techniques**
Lecturer: *Ömür Tekeli*
18:00 - 19:00 Session 1
19:00 - 20:00 Session 2

17 March 2016 Thursday

Main Hall

08:30 - 09:00 **Opening Ceremony**

09:00 - 10:30 **Evidence-Based Treatment in Erythematous-Squamous Skin Diseases**

Chairs: *Adem Köşlü, Nahide Onsun*

09:00 - 09:30	Rational use of Medicines and Evidence-Based Treatment	*Özgür Gündüz*
09:30 - 09:45	Overview of Psoriasis Treatment	*Christopher EM Griffiths*
09:45 - 10:00	DLQI (Dermatology Life Quality Index) in Psoriasis	*Andrew Finlay*
10:00 - 10:15	Evidence-Based Treatment in Lichen Planus	*Sedat Akdeniz*
10:15 - 10:30	Discussion	

10:30 - 11:00 **Coffe Break**

İnönü Hall

10:45 - 11:30 **Botulinum Toxins Use in Dermatology**

Chairs: *Erçin Özüntürk, Uwe Wollina, Zehra Aşiran Serdar*

10:45 - 11:00	Botulinum Toxins for Lower Limb	*Erçin Özüntürk*
11:00 - 11:15	Non-Cosmetic Uses of Botulinum Toxins	*Uwe Wollina*
11:15 - 11:30	Botulinum Toxin: Clinical Techniques, Applications and Complications	*Zehra Aşiran Serdar*

Main Hall

11:00 - 11:45 **TNF-Inhibitors and The Other-Biologics in Dermatology**

Chairs: *Tülin Ergun, Emel Bülbül Başkan*

11:00 - 11:15	TNF-Inhibitors Mechanism of Action, Side-Effects and Contraindicated Conditions	*Tülin Ergun*
11:15 - 11:30	TNF-Inhibitors Use in Psoriasis	*Christopher EM Griffiths*
11:30 - 11:45	Off-Label Uses of TNF-Inhibitors in Dermatology	*Emel Bülbül Başkan*

11:45 - 12:30 **Janssen Satellite Symposium**

janssen
PHARMACEUTICAL COMPANIES of Johnson & Johnson

Chair: *Serhat İnalöz*

11:45 - 12:30	Ustekinumab Experince in Psoriaris	*Christopher EM Griffiths*

İnönü Hall

Chair: *Belma Türsen*

12:30 - 13:15	Zihin-Kalp İlişkisi* (The Relationship of The Mind-Heart) * English translation will be available	*Metin Hara*

12:30 - 14.00 **Lunch**

17 March 2016 Thursday

Main Hall

14:00 - 15:30	**Malign Skin Diseases**	
	Chairs: *Sibel Alper, Rana Anadolu*	
14:00 - 14:15	Evidence-Based Treatment in Basal Cell Carcinoma	*Marcel Bekkenk*
14:15 - 14:30	Evidence-Based Treatment in Melanoma	*Marcel Bekkenk*
14:30 - 14:45	New Treatments in Melanoma	*Fezal Özdemir*
14:45 - 15:00	New Treatments in Basal Cell Carcinoma	*Fezal Özdemir*
15:00 - 15:15	Evidence-Based Treatment in Mycosis Fungoides	*Günter Burg*
15:15 - 15:30	Discussion	

15:30 - 16:30 Coffee Break

İnönü Hall

15:45 - 17:00	**Antiaging Treatments - 1**	
	Chairs: *Gonca Gökdemir, Ömür Tekeli, Deniz Koral*	
15:45 - 16:00	Autologous Fibroblast Treatment for Antiaging	*Gonca Gökdemir*
16:00 - 16:45	Plexr ve Needle Shaping	*Deniz Koral*
16:45 - 17:00	Erbium-Yag Lasers for Acne Scars	*Ömür Tekeli*
17:00 - 17:50	**Oral Presentations**	
	Chairs: *Işıl Kılınç Karaarslan, Levent Çınar*	
17:00 - 17:05	**OP-001** Comparison of Phenol and Trichloroacetic Acid Chemical Matricectomies for the Treatment of Ingrowing Toenails	*Nur Cihan Çoşansu*
17:05 - 17:10	**OP-002** The Most Common Skin Cancers and the Risk Factors for Skin Cancers Ine Geriatric Patients: A Hospital Based-Controlled Study	*Güldehan Atış*
17:10 - 17:15	**OP-003** Impact of Leishmaniasis in Women: A Practical Review of the Situation in Yemen	*Mohamed A Al-Kamel*
17:15 - 17:20	**OP-004** Skin Findings in Patients with Type II Diabetes Mellitus	*Güldehan Atış*
17:20 - 17:25	**OP-005** Pregabaline Treatment of Two Cases With Brachioradial Pruritus	*Güldehan Atış*
17:25 - 17:30	**OP-006** The Relationship Between Type D Personality and Disease Severity in Patients With Psoriasis: Preliminary Results	*Güldehan Atış*
17:30 - 17:35	**OP-007** Comparison of Phenol and Bichloracetic Acid Chemical Matricectomies for the Treatment of Ingrown Toenails	*Nur Cihan Çoşansu*
17:35 - 17:40	**OP-008** Extra-medial Thickness of Carotid Artery in Patients with Behçet's Disease: Evaluation of Atherosclerotic Vessel Wall Changes with a Novel Carotid Artery Ultrasound Index	*Betul Sereflican*
17:40 - 17:45	**OP-009** Evaluation of Mean Platelet Volume and Neutrophil to Lymphocyte Ratio As a Diagnostic Indicator in Patients With Recurrent Aphthous Stomatitis	*Betul Sereflican*
17:45 - 17:50	**OP-010** Leishmaniasis in Yemen: A Clinico-EpidemiologicalStudy of Leishmaniasis in Central Yemen	*Mohamed A Al-Kamel*

17 March 2016 Thursday

Main Hall

16:30 - 17:45	**Ulcerative Skin Diseases**	
	Chairs: *Tamer İrfan Kaya, Teoman Erdem, Ahmet Metin*	
16:30 - 16:45	Scar Prophylaxis	*Gerd Gauglitz*
16:45 - 17:00	Evidence-Based Treatment in Chronic Leg Ulcers	*Tzaneva Stanislava*
17:00 - 17:15	Evidence-Based Treatment In STD (Sexually Transmitted Diseases)	*Michael Waugh*
17:15 - 17:30	New Herbal and Alternative Treatments in Chronic Leg Ulcers	*Erdem Yeşilada*
17:30 - 17:45	Discussion	
17:45 - 19:00	**Behçet's Disease**	
	Chairs: *Cem Mat, Murat Borlu*	
17:45 - 18:00	Clinical Manifestations With Differential Diagnosis in Behçet's Disease	*Mehmet Melikoğlu*
18:00 - 18:15	Prognostic Findings in Behçet's Disease	*Murat Borlu*
18:15 - 18:30	Evidence-Based Behçet's Disease Treatments in Dermatology	*Erkan Alpsoy*
18:30 - 18:45	Emerging Therapies in Behçet's Disease	*Gülen Hatemi*
18:45 - 19:00	New Treatments in Behçet's Disease	*Osman Köse*

18 March 2016 Friday

Main Hall

09:00 - 10:15	**Autoimmune Bullous Diseases and Evidence Based Treatment**	
	Chairs: *Varol Aksungur, Pelin Koçyiğit*	
09:00 - 09:15	Evidence Based Treatment in Pemphigus Vulgaris	*Abdul Razzaque Ahmed*
09:15 - 09:30	Evidence Based Treatment in Bullous Pemphigoid	*Gudula Kirtschig*
09:30 - 09:45	Rituximab Uses in Dermatology	*Abdul Razzaque Ahmed*
09:45 - 10:00	The Experience of Using Rituximab in Turkey	*Soner Uzun*
10:00 - 10:15	Discussion	

10:15 - 11:15 Coffee Break

İnönü Hall

10:30 - 11:15	**Antiaging Treatments - 2**	
	Chairs: *Meltem Önder, Ahu Birol, Ferit Demirkan*	
10:30 - 10:45	Microneedling Technique for Acne Scars and Skin Aging	*Ahu Birol*
10:45 - 11:00	Adipose-Derived Stem Cells For Antiaging	*Ferit Demirkan*
11:00 - 11:15	Fraxional Radiofrequency Skin Tightening	*Meltem Önder*
11:15 - 12:15	**Khrono-X (Plasma Energy, Fractional Radiofrequency, Electroporation, Sonoporation)**	*Gregoris Stavrou*

Main Hall

11:15 - 12:15	**IVIG (Intravenous Immunoglobulin) Uses in Dermatology**	
	Chairs: *Emel Bülbül Başkan, Asena Çiğdem Doğramacı*	
11:15 - 11:30	IVIG Mechanism of Action, Side-Effects and Contraindicated Conditions	*Paul Strengers*
11:30 - 11:45	IVIG Uses in Autoimmune Bullous Diseases	*Abdul Razzaque Ahmed*
11:45 - 12:00	Off-Label Uses of IVIG Treatment in Dermatology	*Serhat İnalöz*
12:00 - 12:15	Discussion	

12:15 - 13:15 Lunch

13:15 - 13:45	**Para-Dermatology**	
	Chairs: *Rebiay Kıran, Ayşın Köktürk*	
13:15 - 13:30	Dermatolojide Dört Elementin Gizemi * (Importance of the Four Subtle Elements in Dermatology)	*Mehmet Kasım*
13:30 - 13:45	Doğu Sağlık Bilgeliğinde Sedef Hastalığı Tedavisi * (Treatment of Psoriasis with Eastern Wisdom) * English translation will be available.	*Müge Kasım*

18 March 2016 Friday

Main Hall

13:45 - 14:45	**Allergic Skin Diseases**	
	Chairs: *Server Serdaroğlu, Nilgün Atakan*	
13:45 - 14:00	Evidence-Based Treatment in Chronic Urticaria	*Torsten Zuberbier*
14:00 - 14:15	Evidence-Based Treatment in Atopic Dermatitis	*Arnold Oranje*
14:15 - 14:30	Omalizumab Treatment in Dermatology	*Emek Kocatürk Göncü*
14:30 - 14:45	Discussion	

14:45 - 15:45 Coffee Break

İnönü Hall

15:00 - 15:45	**Fillers in Dermatology**	
	Chairs: *Gaye Sarıkan, Pınar İnandıoğlu Kurtuluş, Elif Ebru Güner*	
15:00 - 15:15	Fillers for Lips and Periorbital Region	*Pınar İnandıoğlu Kurtuluş*
15:15 - 15:30	Fillers Complications and New PRP Indications	*Gaye Sarıkan*
15:30 - 15:45	Nose Fillers and Filtrum Reduction With Lasers	*Elif Ebru Güner*
15:45 - 16:35	**Oral Presentations**	
	Chairs: *Emek Kocatürk Göncü, Özgür Gündüz*	
15:45 - 15:50	**OP-011** In Vivo Imaging of Inflammatory Diseases With High-Definition Optical Coherence Tomography and Reflectance Confocal Microscopy: A Pilot Study	*Ayse Esra Koku Aksu*
15:50 - 15:55	**OP-012** Can Hematologic Parameters be an Indicator of Metabolic Disorders Accompanying to Rosacea?	*Aslı Akın Belli*
15:55 - 16:00	**OP-013** Dermatological Aspects of Synthetic Cannabinoid Addiction	*Rahime Inci*
16:00 - 16:05	**OP-014** Assessment of fragmented QRS in Patients With Behcet's Disease Without Cardiovascular Disease or Risk Factors	*Yalçın Baş*
16:05 - 16:10	**OP-015** A Rare Complication of Isoretinoin: Gynecomastia	*Burak Akşan*
16:10 - 16:15	**OP-016** Comparison of Efficacy and Safety of Topical 1% Butenafine and 1% Ciclopirox Olamine in Treatment of Tinea Pedis, and Evaluation of Effects of These Therapies on Life Quality	*Asude Kara*
16:15 - 16:20	**OP-017** Six Particular Clinical Presentations of Kaposi Sarcoma	*Mihoub Bourakba*
16:20 - 16:25	**OP-018** Paget's Disease of the Breast: 3 Cases With Three Different Clinical Presentations	*Mihoub Bourakba*
16:25 - 16:30	**OP-019** Evaluation of Clinical Features and Laboratory Findings of Hidradenitis Suppurativa Patients	*Pınar Özdemir*
16:30 - 16:35	**OP-020** Neutrophil to Lymphocyte Ratio in Patients with Vitiligo	*Berna Solak*

18 March 2016 Friday

Fevzi Çakmak Hall

15:00 - 19:00	**Aptos Threads Course**	*George Sulamanidze*

Main Hall

15:45 - 17:00	**Pigmentary Disorders**	
	Chairs: *Serap Öztürkcan, Nilgün Şentürk*	
15:45 - 16:00	Evidence-Based Treatment in Vitiligo	*Torello Lotti*
16:00 - 16:15	Evidence-Based Treatment in Melasma	*Ahu Birol*
16:15 - 16:30	Herbal (Alternative) Treatments in Pigmentary Disorders	*Erdem Yeşilada*
16:30 - 16:45	Colors of the Skin	*Günter Burg*
16:45 - 17:00	Discussion	
17:00 - 17:45	**Nail Disorders**	
	Chairs: *Seher Bostancı, Hamdi Memişoğlu, Ülker Gül*	
17:00 - 17:15	Non-Infectious Inflammatory Disorders and Tumours of the Nail Apparatus	*Eckart Haneke*
17:15 - 17:30	Laser Treatments in Onychomycosis	*Wojciech Francuzik*
17:30 - 17:45	Evidence-Based Treatment of Ungius Incarnatus	*Gülru Fatma Erdoğan*
17:45 - 18:00	**Genital Aesthetic with Radiofrequency**	*Öykü Maraşlıoğlu Çelen*

19 March 2016 Saturday

Main Hall

09:00 - 10:00	**Laser Treatments in Dermatology**	
	Chairs: *Meltem Önder, Ahu Birol*	
09:00 - 09:45	Evidence-Based Laser Treatments in Dermatology	*Paolo Sbano*
09:45 - 10:00	Discussion	
10:00 - 11:00	**Coffee Break**	

İnönü Hall

10:15 - 10:45	**Alopecia Treatments in Dermatology**	
	Chairs: *Ekrem Civaş, Zahide Eriş Eken*	
10:15 - 10:30	Mesotherapy and PRP for Hair Loss	*Zahide Eriş Eken*
10:30 - 10:45	Limitation of Hair Transplantations	*Ekrem Civaş*
11:00 - 11:45	**What's New in Picosecond Lasers, and Comparison of Nd: YAG+KTP with Pulse Dye and Other Vascular Lasers**	*Heike Heise*

Main Hall

11:00 - 12:30	**The Other Light Sources in Dermatology**	
	Chairs: *Akın Aktaş, Yalçın Tüzün*	
11:00 - 11:15	Excimer Laser Treatment in Dermatology	*Torello Lotti*
11:15 - 11:30	UVA1 Laser Treatment in Dermatology	*Torello Lotti*
11:30 - 11:45	LED Treatments in Dermatology	*Levent Çınar*
11:45 - 12:00	Evidence-Based UV Treatments in Dermatology	*Burhan Engin*
12:15 - 12:30	Evidence-Based IPL Treatments in Dermatology	*Pınar Özuğuz*
12:30 - 13:30	**Lunch**	

İnönü Hall

	Chair: *Ümit Türsen*	
13:00 - 13:30	Alkali Beslenmenin Biyokimyasal Mantığı ve Cilt Sağlığına Etkileri * (Feed Your Skincell)	*Ayşegül Çoruhlu*

* English translation will be available.

19 March 2016 Saturday

Main Hall

13:30 - 15:15	**Skin Appendages** **Chairs:** *Server Serdaroğlu, Teoman Erdem*	
13:30 - 13:45	Hair Dermoscopy	*Lidia Rudnicka*
13:45 - 14:00	Evidence-Based Acne Vulgaris Treatment	*Andreas Katsambas*
14:15 - 14:30	Evidence-Based Treatments in Hidradenitis Suppurativa/Acne Inversa	*CC Zouboulis*
14:30 - 14:45	Evidence-Based Treatment Seborrhea	*CC Zouboulis*
14:45 - 15:00	Evidence-Based Treatment in Alopecia Areata	*Jerry Shapiro*
15:00 - 15:15	Evidence-Based Treatment in Scatricial Alopecia	*Laura Atzorin*

İnönü Hall

13:30 - 15:30	The New Era of Anti-Age Therapy	*Viktor Shavlak*

15:15 - 16:15 **Coffee Break**

15:30 - 16:15	**Antiaging Treatments - 3** **Chairs:** *Nezih Karaca, Bilge Bülbül Şen, Asena Çiğdem Doğramacı, Yasemin Koyuncu Saray*	
15:30 - 15:45	Chemical Peeling Treatments	*Bilge Bülbül Şen, Asena Çiğdem Doğramacı*
15:45 - 16:00	PLA Sutures for Face Lift	*Nezih Karaca*
16:00 - 16:15	IPL and NdYag Vascular Laser Treatments	*Yasemin Koyuncu Saray*
16:15 - 17:00	**Oral Presentations** **Chairs:** *Mehmet Melikoğlu, Bilge Bülbül Şen*	
16:15 - 16:20	**OP-021** Compliance of Acne Patients to Topical Therapy	*Teoman Erdem*
16:20 - 16:25	**OP-022** Successful Treatment of Perianal Warts in a Male Child With 5% Imiquimod Cream	*Burak Akşan*
16:25 - 16:30	**OP-023** Seven Annular Lesions in Seven Patients	*Mihoub Bourakba*
16:30 - 16:35	**OP-024** Olfactory Functions in Patients with Psoriasis Vulgaris: Correlations with the Severity of the Disease	*Ersin Aydın*
16:35 - 16:40	**OP-025** The Association Between Illness Perception and Clinical Severity in Patients with Psoriasis	*Özlem Kaplan*
16:40 - 16:45	**OP-026** Serum C-reactive Protein, Neutrophil-Lymphocyte Ratio and Uric Acid Levels in Chronic Spontaneous Urticaria	*Ezgi Aktaş*
16:45 - 16:50	**OP-027** Amicrobial Pustulosis Symmetrically Located On Knees In A Patient With Type 1 Diabetes Mellitus; Is It A New Variant Of Amicrobial Pustolsis Associated With Autoimmune Diseases?	*Aslı Tatlıparmak*
16:50 - 16:55	**OP-028** Clear Cell Acanthoma: A Case Report	*Engin Karaaslan*
16:55 - 17:00	**OP-029** Porokeratosis: Four Cases With Four Types	*Mihoub Bourakba*

19 March 2016 Saturday

Main Hall

16:15 - 17:30	**Technology and Dermatology**	
	Chairs: *Mehmet Salih Gürel, Necmettin Akdeniz*	
16:15 - 16:30	Teledermatology Down Under	*Peter Soyer*
16:30 - 16:45	Telemicroscopy and Digital Microscopy	*Engin Şenel*
16:45 - 17:00	Confocal Microscopy in Dermatology	*Işıl Kılınç Karaarslan*
17:00 - 17:15	Media and Beauty	*Emel Çalıkoğlu*
17:15 - 17:30	Discussion	
17:30 - 18:00	**Closing Ceremony**	

Oral Presentation

OP-001

COMPARISON OF PHENOL AND TRICHLOROACETIC ACID CHEMICAL MATRICECTOMIES FOR THE TREATMENT OF INGROWING TOENAILS

Erdinç Terzi[1], Ulaş Güvenç[2], Belma Türsen[3], Emre Tayfun[4], Nur Cihan Çoşansu[5], Tamer İrfan Kaya[6], Teoman Erdem[5], Ümit Türsen[6]

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PURPOSE: The aim of our study was to compare the efficacy and postoperative morbidity of phenol and tricloroacetic acid.

MATERIALS-METHODS: Seventy-five patients with 107 ingrowing nail sides were treated with either phenol or tricloroacetic acid.In the postoperative period, all patients were evaluated at 48 hours and afterward weekly until full wound healing was achieved for the severity of postoperative complications.All patients were followed up for the recurrence rate and effectiveness of treatment.

RESULTS: The incidence of postoperative pain was found to be equal between phenol and TCA groups.Postoperative infection was occurred 3 patients (8,3 %) in the phenol group.Postoperative infection did not occur in TCA group.The incidence of drainage and complete healing duration was significantly higher in the phenol group. The overall success rates in the phenol and TCA groups were found to be 83,4 and 97,4 %, respectively.

CONCLUSION: Postoperative morbidity and recurence rate was lower in the TCA group. Therefore,we suggest that TCA can be used in place of phenol for chemical matricectomy.

OP-002

THE MOST COMMON SKIN CANCERS AND THE RISK FACTORS FOR SKIN CANCERS IN A GERIATRIC PATIENTS: A HOSPITAL BASED-CONTROLLED STUDY

Güldehan Atış[1], Ilknur Kıvanç Altunay[2], Gülşen Tükenmez Demirci[3], Ersin Aydın[4], Dilgem Mammadov[5], Semra Karşıdağ[5]

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INTRODUCTION AND OBJECTIVE: Skin cancer is the most common cancer all over the world. The incidence of skin cancers is rising each year along with the increase of aging population. We firstly aimed to detect the distribution of all malignant skin tumors in geriatric patients and to evaluate some sociodemographic charactestics and risk factors. In the second step, we aimed to compare these patients with healthy volunteers and thus to see whether there is any difference regarding aforementioned factors between the two groups.

MATERIAL-METHODS: Two-hundred patients with malignant skin tumors and over the age of 65 and seventy-five healthy volunteers were enrolled into the study retrospectively. Sociodemographic characteristics, hair colour, eye colour and Fitzpatrick's skin type, the degree of photoaging by using Glogau's Photodamage Classification Scale. sunbathing habits, the use of sun protective clothings, sunscreen cream usage, working outdoor, vitamine intake habit, smoking, and alcohol consumption, family history, accompanying systemic diseases, exposition to chemicals were recorded. Tumors' localizations were detected.

RESULTS: A total of 109 (54,5 %) of patients were male, 91 were (45,5 %) female in the study group. 36 (48 %) of patients were male, 39 (52%) were female in the control grup. A total of 209 skin tumors identified in 200 patients. Basal cell carcinoma (BCC) was the most common skin tumor (72,85 %) and followed by squamous cell carcinoma (SCC) (17,28%), malignant melanoma (4,7%), mycosis fungoides (2,35%), Kaposi Sarcoma (1,41 %), eccrine porocarcinoma (0,94%) and sebaceous carcinoma (0,47 %) respectively. The most common anatomical localization of tumors was the face (75,71%). A few number of patients had some other tumors, beside BCC and SCC, thus we excluded those tumors when compared with the control group for statistical evaluation.

Smoking and alcohol using habits, vitamine intake, family history of skin tumor, accompanying systemic diseases were similar in three of the groups and there was no statistically significant differerence between them. ($p>0,05$) Working outdoors experience, exposition to chemicals, sunbathing habits were similar in the three of the groups and there was no statistically significant

difference. (p>0,05). A few number of patients who had sun protective clothing habits in BCC and SCC patients and there was statistically significant difference between BCC, SCC and the control group. (p<0,05). Fitzpatrick's skin types, eye color and hair color were s similar in all three of the groups and there was no statistically significant difference between the three groups. (p>0,05). Glagou's Photodamage Classification Scale scores in BCC and SCC groups were higher more than the control group.(p<0,05)

CONCLUSION: UV radiation and sun exposure seemed to be the main risk factors of skin tumors in geriatric patients.

OP-003

IMPACT OF LEISHMANIASIS IN WOMEN: A PRACTICAL REVIEW OF THE SITUATION IN YEMEN

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Regional Leishmaniasis Control Center (RLCC), Yemen

BACKGROUND: The prevalent leishmaniasis disease constitutes the greatest threat to the health and socio-economic status of women as a gender and social group.

OBJECTIVE: To summarize the impact of leishmaniasis disease, my ISD-Sponsored community dermatology project 'Eradication of Leishmaniasis from Yemen Project (ELYP), and including medicine donation in Yemeni women.

METHODOLOGY: This practical review is based on my own practical experience with leishmaniasis patients in Yemen.

DISCUSSION: Women with leishmaniasis often present late and experience not only physical deformities and the risk of death, but also the painful socio-aesthetic stigma. ELYP addressed leishmaniasis magnitude in Yemen and eradicated it from some areas, addressed and solved the issues associated with poor access to proper drugs, and attracted the local and global attention to those problematic issues. Medicine donation enabled leishmaniasis women freely receive medicine they otherwise would not have been able to afford.

CONCLUSION: Leishmaniasis is seriously endemic, affects predominantly poor rural women and children, and stigma is synonymous with leishmaniasis in Yemen; a situations is similar to that of Leprosy, decades ago. ELYP and medicine donation has made a big difference upon leishmaniasis situation in Yemen and reduced leishmaniasis women's mortality and morbidity.

OP-004

SKIN FINDINGS IN PATIENTS WITH TYPE II DIABETES MELLITUS

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INTRODUCTION AND OBJECTIVE: Diabetes is most common endocrine disease. Some of skin finding can accompany the disease. Our aim to determine incidence of skin finding

MATERIAL-METHODS: One hundred and fifty three patients with type II diabetes mellitus (DM) who admitted to the Department of Internal medicine out-patient clinic were enrolled the study. All patient were examined by a dermatologist and all skin findings, age, gender, duration of disease, HbA1c levels, BMI and drugs taken for diabetes were recorded. Kruskal-Wallis test and Perason correlation test were used and p<0,05 was accepted to be statistically significant.

RESULTS: Hundred and seven petients were female and 46 patients were male. Mean duration of diseae was 10.2±8.6 years. Mean HbA1c level was 7.3±1.4 mg/dl, and mean BMI was 27.8±3.4 kg/m2. Of the 153 patients, 120 patients used oral antidiabetic agents, 20 patients used insulin, and 13 patients used both oral antidiabetic agents and insulin. Skin findings were detected in 129 patients(84.4 %). The most common skin finding was xerosis (40.52 %). T. pedis (18.95 %), onycomycosis (9.80 %), pruritus (14.38 %), seborrheic keratosis (10.46 %) were also other skin lesions were detected. Seborrheic dermatitis (p:0.048) and skin thickness (p:0.03) were statistically significantly more common in male patients. There was no statistical relationship between other skin lesions and gender (p>0.05). As the patients get older, the frequency of senil angioma (p:0.01, r:0.206), xerosis (p:0.023, r:0.184), skin thickness (p:0.027, r:0.179) and pruritus (p:0.05, r:0.156) incresed whereas the frequency of furuncles (p:0.023, r:-0.189) decreased. An increase in the frequency of tinea pedis (p:0.018, r:0.191), onycomycosis (p:0.045, r:0.153) and intertrigo (p:0.002, r:0.250) was observed whereas a decrease in the frequency of seborrheic keratosis (p:0.004, r:-0.149) was observed with the increasing HbA1c levels. An increase in the frequency of senile angioma (p:0.029, r:0.177), acantosis nigricans (p:0.018, r:0.191) and prurigo nodularis (p<0.001, r:0.396) was determined with the incidence of the BMI. No statistical significant relationship between duration of diabetes and skin findings was observed and also between treatment of diabetes and skin lesions.

CONCLUSION: Varying types of skin findings can be noted in patients with type II DM. Senile angioma, xerosis, skin thickness and pruritus findings are attention especially elderly patients with long-lasting diabetes mellitus. Also patients with high level BMI and patients with DM nor under control should be carefully examined regarding to senile angioma, prurigo nodularis and acanthosis nigricans. Accompanying skin finding seems to important to guide course of DM therefore the patients should be examined carefully.

OP-005

PREGABALINE TREATMENT OF TWO CASES WITH BRACHIORADIAL PRURITUS

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INTRODUCTION AND OBJECTIVE: Brachioradial pruritus (BRP) is a rare type of chronic pruritus that localized at the dorsolateral part of the forearms. BRP usually develops symmetrically and it can spread over to the back or/and chest. The etiological factors are still unknown but sun exposure and/or cervical spine lesions seem to be trigerring or precipiting factors. Antiepileptic drugs such as gabapentin, oxcarbazepine and pregabalin are suggested medications for BRP. Herein, we report two cases with BRP successfully treated with pregabaline.

Case 1: A 58-year-old woman admitted to our dermatology out-patient clinic with a 2-year history of pruritus on the lateral side of both arms and forearms. Her symptom was not related to exposure sunligth or heat whether pruritus was decrease by aplication ice-pack. Pruritus severity was measured by visuel anolog scale (VAS) and severity of pruritus was calculated as 8 points. On her dermatological examination, there were no skin lesions on the affected areas. Her X rays of the servical spine demonstrated moderate to severe multilevel degenerative changes, intervertebral spondylarthritis most prominent at C5-C6, C6-C7, C7-C8.The patient was diagnosed as BRP and pregabalin 75 mg twice a day was started. The patient was examined after one week and severtity of pruritus was calculated as 0. After one month, pregabaline dose was reduced to 100 mg/day and the maintenance dose has been continued and she has remained free of the symptoms to date.

Case 2: A 52-year-old woman admitted to our dermatology-outpatient clinic with a complaint of pruritus on the lateral side of both arms, forearms and back for six months. On her dermatological examination, there was no skin lesions on the involved areas. Pruritus severity was measured by VAS and severity of pruritus was 7 points. She had atrophy on right deltoid muscle and a muscle test was not performed because of the agrevated pain with movements. Her electromyography showed right deltoid, bilateral biceps and triceps ++ high amplitude polyphasic motor unit potentials and it was correlated with right C5 and bilateral C6, C7 mild chronic neurogenic denervation. Her servical MRI images showed C3-4 disc herniation, C4-5 diffuse bulging, C5-6 intervertebral disc herniations encroaching on the spinal cord and diffuse bulging at C6-7 levels. The patient was diagnosed as BRP and pregabalin 75 mg twice a day was started. She examined after one week, her symptom was decreased slightly (VAS:6) therefore pregabaline dose was increased 225 mg/day diveded into 2 doses as 75mg-125m) and after two months she examined again and severity of prurirtus was 0 points. She is still taking pregabalin at the same dose and she has remained free of symptoms to date.

CONCLUSION: Cervical spine pathologies can accompany BRP and pregabalin is an effective and safe treatment agent in BRP. All patients with BRP should be evaluated for occult cervical spine lesions.

OP-006

THE RELATIONSHIP BETWEEN TYPE D PERSONALITY AND DISEASE SEVERITY IN PATIENTS WITH PSORIASIS: PRELIMINARY RESULTS

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INTRODUCTION AND OBJECTIVES: Type D personality is characterized by “negative affectivity” and “social inhibition”. “Negative affectivety” is associated with the higher levels of anxiety, irritability, pessimism. “Social inhibition” refers to having fewer personal ties, and being distressed when social interacting with other people. Recent studies have shown that Type D personality is related with somatic and psychiatric disease. The aim of this study is to investigate the prevalence of Type D personality in psoriatic patients. Second aim of the study is to evaluate the relationship between Type D personality and severity of disease.

MATERIALS-METHODS: Sixty-eight (49 women and 19 men) psoriatic patients were included the study. The Type D Scale 14 (DS_14), Hospital Anxiety and Depression Scale (HAD) were performed to each patients with a sociodemografic form. The severity of disease was calculated with Psoriasis Area and Severity Index (PASI). All analyses were conducted using SPSS 16.0 package programme and $p<0,05$ was accepted to be statistically significant. RESULTS: Mean age of the patients was 43.31±15.05 and age of onset was 32.29±15.03. Of the patients in our study, 41.2% (n=28) were classified Type D personality. The mean age of onset was lower among patients with Type D personality (27.82±17.45), than those without Type D personality (35.43±12.37) (t= -2.105; p=0.039). HAD-A and HAD-D scores were statistically higher among patients with Type-D personality ($p<0.001$ and $p<0.001$, respectively). The mean PASI scores of patients with Type D personality (5.57±4.50) was higher than those without Type D personality (3.11±2.16) (Z=-2.388; p=0.017). The severity of disease in patients with earl-onset psoriasis was higher among patients with Type D personality (χ^2=17.220, df=1, $p<0.001$). There was no difference on palmar, genital, nail involvement and psoriatic arthritis between Type D personality (p=0.076, p=0.712, p=0.924 and p=0.564, respectively). There were significant differences regarding accompanying systemic disease between two groups. Dislipidemia was more common in patients with Type D personality.(p=0.022). There was statistically significant negative correlation between age of onset and social inhibition scores in psoriatic patients (r= -0.248; p=0.041).

CONCLUSIONS: This study is first investigation of Type D personality on a dermatological disease in Turkish population. The main outcome of our study is that a significant proportion of psoriatic patients has Type D personality. Type D personality is associated with early onset of disease and higher disease severity in psoriatic patients. Type D personality might be a vulnerability factor to dermatological disease such as psoriazis.

Klinik özellikler ve hastalık başlangıç yaşı arasındaki ilişki

		Başlangıç yaşı	PAŞİ	HAD-A	HAD-D	Olumsuz duygulanım	Sosyal Baskılanma
Başlangıç yaşı	p r	1,000	-0.150 0,222	-0.381 0.001	-0.292 0.016	-0.187 0.126	-0.248 0.041
PAŞİ	p r	-0.150 0,222	1,000	0.092 0.456	0.098 0.429	0.157 0.201	0.068 0.580
HAD-A	p r	-0.381 0.001	0.092 0.456	1,000	0.580 <0.001	0.524 <0.001	0.318 0.008
HAD-D	p r	-0.292 0.016	0.098 0.429	0.580 <0.001	1,000	0.527 <0.001	0.464 <0.001

PAŞİ: Psoriyazis Alan Şiddet İndeksi, HAD-D:Hastane Anksiyete Depresyon- Depresyon, HAD-A: Hastane Anksiyete Depresyon-Depresyon

Table-1. Correlations between age of onset and clinical measures.

		Age of onset	PASI	HAD-A	HAD-D	Negative Affectivity	Social Inhibition
Age of onset	r p	1,000	-0.150 0,222	-0.381 0.001	-0.292 0.016	-0.187 0.126	-0.248 0.041
PASI	r p	-0.150 0,222	1,000	0.092 0.456	0.098 0.429	0.157 0.201	0.068 0.580
HAD-A	r p	-0.381 0.001	0.092 0.456	1,000	0.580 <0.001	0.524 <0.001	0.318 0.008
HAD-D	r p	-0.292 0.016	0.098 0.429	0.580 <0.001	1,000	0.527 <0.001	0.464 <0.001

PASI: Psoriasis Area Severity Index, HAD-D:Hospital Anxiety depression-Depression, HAD-A: Hospital Anxiety Depression-Anxiety

OP-007

COMPARISON OF PHENOL AND BICHLORACETIC ACID CHEMICAL MATRICECTOMIES FOR THE TREATMENT OF INGROWN TOENAILS

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BACKGROUND: Ingrown toenails is an often painful disorder which usually affects big toenails. Chemical matricectomy is a successful method for the treatment of ingrowing toanails. PURPOSE: The objective of this study was to compare the efficacy and postoperative morbidity of phenol and bichloracetic acid.

MATERIALS-METHODS: Sixty-nine patients with 112 ingrowing nail sides were treated with either phenol or bichloracetic acid. In the postoperative period,the patients were examinated at 48 hours and afterward weekly until full wound healing was achieved for the severity of postoperative complications. All patients were followed up for the recurrence rate and effectiveness of treatment.

RESULTS: The incidence and severity of postoperative pain was found to be equal between phenol and BCA groups.Postoperative infection was observed 3 patients (7,6 %) in the phenol group. Postoperative infection did not occur in BCA group.The incidence of drainage and complete healing duration was significantly higher in the phenol group. The overall success rates in the phenol and TCA groups were found to be 84,6 and 96,7 %, respectively.

CONCLUSION: Both phenol and BCA are effective agents giving high success rates,but BCA causes less postoperative morbidity and provides recovery.

OP-008

EXTRA-MEDIAL THICKNESS OF CAROTID ARTERY IN PATIENTS WITH BEHÇET'S DISEASE: EVALUATION OF ATHEROSCLEROTIC VESSEL WALL CHANGES WITH A NOVEL CAROTID ARTERY ULTRASOUND INDEX

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OBJECTIVE: Chronic inflammation and endothelial dysfunction are the characteristic features of Behçet's disease (BD). Endothelial dysfunction causes the initial lesion leading to atherosclerosis. We have researched carotid extra medial thickness (cEMT), a novel ultrasound parameter for atherosclerotic vessel wall changes, and carotid intima media thickness (cIMT), a widely accepted marker of subclinical atherosclerosis, in patients with BD, and we evaluated the relationship between these two parameters for assessing disease activity and severity, and clinical and laboratory parameters.

METHODS: In total, 31 patients with BD were matched to 26 control subjects on the basis of age, gender and major cardiovascular risk factors. Laboratory parameters including lipid profile were measured for both patients and controls. B-mode ultrasonography was used to assess the cEMT and cIMT.

RESULTS: There was no significant difference in the cEMT values between the BD patients and the control group (0.71 ± 0.11 mm vs. 0.71 ± 0.07 mm, respectively, $p = 0.90$). cIMT in the BD group was significantly higher compared with the control group (0.56 ± 0.11 mm vs. 0.48 ± 0.09 mm, respectively, $p = 0.021$). There was a significant positive correlation between cIMT and cEMT ($r = 0.585$, $p = 0.001$). Both cEMT and cIMT were positively correlated with age and the presence of arthritis ($p < 0.05$). There was a linear correlation with sedimentation (ESR), C-reactive protein (CRP) and cEMT ($p < 0.05$).

CONCLUSIONS: To the best of our knowledge, this is the first study to evaluate both cEMT and cIMT in BD. This study presents morphological evidence of subclinical atherosclerosis in terms of cIMT. Although there was no significant increment in cEMT, it has potential to assess endothelial dysfunction in BD. Further studies are required to confirm this finding.

OP-009

EVALUATION OF MEAN PLATELET VOLUME AND NEUTROPHIL TO LYMPHOCYTE RATIO AS A DIAGNOSTIC INDICATOR IN PATIENTS WITH RECURRENT APHTHOUS STOMATITIS

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OBJECTIVE: Recurrent aphthous stomatitis (RAS) is a chronic inflammatory disease of the oral mucosa and it is characterized with painful recurrent ulcers. Although it is relatively common and well-defined, the etiology and pathogenesis is unknown. The etiology of RAS is multifactorial or idiopathic. Mean platelet volume (MPV) is an indicator of platelet activation and the neutrophil to lymphocyte ratio (NLR) is an emerging marker of inflammation and both can analyze in routine complete blood count test. The aim of this study was to investigate the MPV and NLR levels in patients with RAS and healthy participants.

METHODS: A total of 39 patients with RAS, and 34 healthy controls were included in this study.

RESULTS: There was a significant difference between the patient and control groups in terms of MPV, erythrocyte sedimentation rate, C-reactive protein, Vitamin B12 and folic acid values, the difference in NLR, hemoglobin, white blood cells, neutrophil and lymphocyte values was not significant. The mean values of all data with significant difference were higher in the RAS group.

CONCLUSION: The MPV may be a useful and diagnostic marker in patients with RAS.

OP-010

LEISHMANIASIS IN YEMEN: A CLINICO-EPIDEMIOLOGICAL STUDY OF LEISHMANIASIS IN CENTRAL YEMEN

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BACKGROUND: Leishmaniasis is a hazardous public health problem in Yemen.

OBJECTIVE: Identifying clinical and epidemiological features of leishmaniasis disease in Yemen

METHODS: At the Regional Leishmaniasis Control Center (RLCC), this study was conducted, by data analysis of the medical records of 152 confirmed active leishmaniasis patients from Central Yemen, who were managed in the period from April to August, 2013.

RESULTS: 94.08% of patients were rural inhabitants, and Al Bayda was the most endemic governorate (59.87%). Children were at the highest-risk group (57.24%), followed by adult females (32.89%); both comprised 90.13% of all patients. Mucocutaneous leishmaniasis (MCL) was the highest prevalent form (49.34%), followed by cutaneous (CL) form (47.37%), then the visceral (VL) form (03.29%). Wet ulcer was the commonest lesion (49.66%), and single lesion (69.39%) was the commonest presentation. All patients ignored the disease nature, and 55.92% had a history of popular treatment.

CONCLUSION: Cutaneous, mucocutaneous and visceral leishmaniases have a significant endemicity in Yemen, especially the central areas. Al Bayda seems to be the highest endemic governorate, and rural children and women are at the highest-risk populations. Mucocutaneous leishmaniasis seems to be the most prevalent form, and single-wet ulcer is the commonest presentation. Infected refugees may represent new foci for imported Leishmania species. Ecology, geography, climate change, cultural gender-age-speciŞc duties, urban night activities, and popular treatments are among proven risk factors. 'Badah', 'Ofiah', and 'Atharah' are of the identified synonyms, that all mean 'Stigma' (both, aesthetic and social stigmatization).

OP-011

IN VIVO IMAGING OF INFLAMMATORY DISEASES WITH HIGH-DEFINITION OPTICAL COHERENCE TOMOGRAPHY AND REFLECTANCE CONFOCAL MICROSCOPY: A PILOT STUDY

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BACKGROUND/PURPOSE: Inflammatory diseases like psoriasis, contact dermatitis, lichen planus are common diseases in dermatology practice. Recently new imaging techniques like high-definition optical coherence tomography (HD-OCT) and reflectance confocal microscopy (RCM), demonstrated to be effective for diagnosis and monitoring skin diseases. It is aimed to demonstrate and compare the features of inflammatory diseases; psoriasis, contact dermatitis and lichen planus with RCM and HD-OCT.

METHODS: Thirty-six patients diagnosed with inflammatory skin disease (psoriasis, contact dermatitis, lichen planus) were included in the study. Images were generated from the lesion and from the normal skin adjacent to the lesion with RCM and HD-OCT. The generated pictures were analysed. The main group of inflammatory disorder and secondary pathological criteria were identified. Algorithmic method of pattern recognition in the perivascular dermatitis group was applied. Sensitivity and specificity of HD-OCT and RCM were evaluated according to the histopathological parameters.

RESULTS: Both imaging techniques were able to evaluate disease specific secondary pathological criteria although RCM was superior than HD-OCT for distunguishing granuler layer and necrotic keratinocytes while HD-OCT was superior than RCM for evaluating papillomatosis. Accurate diagnosis was achieved in most of the patients by RCM and HD-OCT. HD-OCT and RCM had high sensitivity and specificity for evaluating parakeratosis, hyperkeratosis, acanthosis and spongiosis.

CONCLUSION: RCM and HD-OCT were able to determine the features and discriminate three main inflammatory diseases, psoriasis, contact dermatitis and lichen planus. Both imaging techniques are promising tools for correct diagnosis of inflammatory diseases.

OP-012

CAN HEMATOLOGIC PARAMETERS BE AN INDICATOR OF METABOLIC DISORDERS ACCOMPANYING TO ROSACEA?

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INTRODUCTION & OBJECTIVES: Various hematological parameters have been used as an indicator of presence or severity of inflammatory and cardiovascular diseases. Rosacea is also a chronic inflammatory disease. Further, dyslipidemia, hypertension, and cardiovascular disease risk factors have been found increased in rosacea patients recently. We aimed to investigate the ratios of neutrophil to lymphocyte (NL), monocyte to HDL cholesterol (MHC), and platelet to lymphocyte (PL) in rosacea patients comparing with control group, and whether there is a correlation between these ratios and metabolic syndrome (MS) or insulin resistance (IR) in rosacea patients.

MATERIALS & METHODS: We conducted a case-control study on 61 rosacea patients and 60 healthy controls (age-, gender-, and body mass index-matched) between January 2015 and January 2016 in the Dermatology Outpatient Clinic. Demographic data, body mass index, lipid profile, fasting blood glucose, insulin, C-reactive protein (CRP), the ratios of NL, MHC, and PL, systolic and diastolic blood pressure levels, and presence of MS and IR were evaluated.

RESULTS: Sixty one rosacea patients (16 male, 45 female; age range 35-74 years) and 60 controls (13 male, 47 female; age range 33-78 years) were included in the study. Of the patients, 29 (47.5%) had erythematotelangiectatic type, 31 (50.8%) had papulopustular type, and 1 (1.6) had phymatous type rosacea. The duration of rosacea varied between 3 months to 20 years (mean 1.75 ± 3.53 years) in the patients. NL ratio, mean levels of LDL, total cholesterol, triglyceride, CRP, systolic and diastolic blood pressures, and presence of IR were significantly higher in rosacea group than control group ($P < 0.05$) (Table 1). NL ratio was correlated with CRP levels ($P < 0.05$). In rosacea group, MHC ratio was significantly higher in the patients with IR and MS ($P = 0.008$ and $P = 0.007$, respectively) (Table 2). Among the evaluated parameters, only MHC ratio was an independent predictor of MS in the univariate logistic regression analysis (P=0.015, OR: 1.54, CI: 1.723-1.371). The cutoff value of MHC on admission for predicting MS in rosacea patients was 0.013 with a sensitivity of 9.5% and a specificity of 97.5% (Fig. 1).

CONCLUSIONS: The higher levels of NL ratio and IR in rosacea group supported the previous studies demonstrating high cardiovascular disease risk factors in rosacea patients. MHC ratio as a simple and inexpensive method may be used to indicate metabolic disorders accompanying to rosacea.

Table 1. Comparison of the demographic, biochemical, metabolic, and hematologic parameters in rosacea and control groups

	Rosacea group n (%) or mean ±SD	Control group n (%) or mean ±SD	P
Female Male	45 (73.8) 16 (26.2)	47 (78.3) 13 (21.7)	0.557
Age	50.46 ± 8.58	49.80 ± 9.70	0.693
BMI (kg/m2)	28.19 ± 3.76	27.18 ± 3.36	0.123
LDL (mg/dL)	129.87 ± 31.46	119 ± 26.39	0.042
HDL (mg/dL)	57.19 ± 14.51	57.62 ± 16.69	0.938
Total cholesterol (mg/dL)	214 ± 35.47	199.76 ± 34.89	0.028
Triglyceride (mg/dL)	83.09 ± 8.79	76.04 ± 9.39	0.036
FBG (mg/dL)	96.42 ±14.53	91.83 ± 7.36	0.128
Systolic BP (mmHg)	126.80 ± 16.71	118.50 ± 14.12	0.004
Diastolic BP (mmHg)	82.29 ± 9.20	75.83 ± 9.26	< 0.001
Presence of IR	22 (36.1)	11 (18.3)	0.029
Presence of MS	21 (34.4)	13 (21.6)	0.118
CRP (mg/dL)	3.33 ± 3.11	2.26 ± 2.22	0.016
NL ratio	2.11 ± 0.97	1.73 ± 0.64	0,012
MHC ratio	0.0073 ± 0.0030	0.0067 ± 0.0047	0.447
PL ratio	132.73 ± 45.06	131.58 ± 36.58	0.880

Chi-square test, Independent T test, and Mann-Whitney u test. BMI: Body mass index; FBG: FBG: Fasting blood glucose; BP: Blood pressure; IR: Insulin resistance; MS: Metabolic syndrome; CRP: C-reactive protein; NL: Neutrophil/Lymphocyte; MHC: Monocyte/HDL cholesterol; PL: Platelet/ Lymphocyte; SD: Standard deviation.

Table 2. Comparison of the hematological parameters in rosacea group with or without metabolic syndrome (MS) and insulin resistance (IR)

	IR (+) n=22 Mean ±SD	IR (-) n=39 Mean ±SD	P	MS (+) n=21 Mean ±SD	MS (-) n=40 Mean ±SD	P
NL ratio	2.15 ± 1.04	2.08 ± 0.95	0.088	2.39 ± 1.09	1.96 ± 0.89	0.088
MHC ratio	0.0080 ± 0.0034	0.0069 ± 0.0027	0.008	0.0087 ± 0.0031	0.0066 ± 0.0027	0.007
PL ratio	140.43 ± 54.44	128.39 ± 38.92	0.505	138.11 ± 59.73	129.92 ± 35.65	0.505

Independent T test and Mann-Whitney u test. IR: Insulin resistance; MS: Metabolic syndrome; NL: Neutrophil/Lymphocyte; MHC: Monocyte/HDL cholesterol; PL: Platelet/Lymphocyte; SD: Standard deviation.

OP-013

DERMATOLOGICAL ASPECTS OF SYNTHETIC CANNABINOID ADDICTION

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PURPOSE: Synthetic cannabinoids (SC) has recently become one of the most abused substances. The aim of this study was to investigate sociodemographic and dermatological findings in SC addicts that cause severe public health both among adolescents and young in our country and worldwide.

METHODS: A total of 136 SC user who applied to AMATEM outpatient clinic and diagnosed with drug addiction according to DSM-4 criteria between July 201 and September 2015 were enrolled to our study. Patients were evaluated by dermatologist and psychiatrist with sociodemographic and clinical data sheets. Data were obtained by direct discussion with patients, clinical examination findings and laboratory tests, if necessary.

RESULTS: Of 136 patient, 12 (8.8%) were women and 124 (91.2%) were men, aged between 17 and 53 with mean age of 25.8±9.2. Most common use way of SC was smoking and patients majorly used opiates before SC. The majority of the patients enrolled to our study were low-educated and almost 50% did not have a regular job. The most frequent dermatologic complaints were periorbital darkening, hallowed-cheeks and premature aging, hair loss and gray hair, and acnes, whereas most frequent dermatologic examination findings were artifact lesions such as blade scars and tobacco scars-stains, tattoos and acnes.

CONCLUSIONS: Dermatologists should be familiare common mucocutaneous markers in SC addicts. Awareness of signs of SC use will facilitate earlier diagnose, intervention and directed treatment.

OP-014

ASSESSMENT OF FRAGMENTED QRS IN PATIENTS WITH BEHCET'S DISEASE WITHOUT CARDIOVASCULAR DISEASE OR RISK FACTORS

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OBJECTIVES: Myocardial fibrosis causes the fragmentation of QRS complexes on electrocardiogram (ECG). We hypothesized that the frequency of fragmented QRS (fQRS) would be more common in patients with Behcet's disease (BD) than in healthy control subjects.

METHODS: In this prospective study, 50 patients with BD who did not have cardiovascular disease were compared with 50 healthy control group volunteers. The patients with BD were diagnosed according to the International Study Group Criteria and categorized according to presence of fQRS on ECG [fQRS (+) group and fQRS (-) group].

RESULTS: The patients with BD had a higher frequency of fQRS, C-reactive protein (CRP), and sedimentation rate (ESR) than the control group (n=22, 44% vs. n=4, 8%, p<0.001; 14.06±38.1 vs. 3.51±0.83 mg/dl, p=0.042; 21.5±17.49 vs. 9.04±11.05 mm/h, p<0.001, respectively). Within the patient group, there were no statistically significant differences between the fQRS (+) and fQRS (-) subgroups in terms of sex, age, CRP, ESR, and medications. However, duration of disease was higher in the fQRS (+) subgroup compared to the fQRS (-) subgroup (mean ± standard deviation 10.47±7.42 vs. 5.72±5.16, respectively; p=0.035).

CONCLUSION: We believe the presence of fQRS on ECG may be associated with myocardial fibrosis in patients with BD who do not have cardiovascular disease or risk factors. For this reason, in our opinion, fQRS could be used as a predictive marker for myocardial fibrosis in patients with BD.

Table1 Clinical characteristics of the study population at the time of examination.

	Study group (n=50)	Control group (n=50)	p
fQRS, n (%)	22 (44)	4 (8)	<0.001
Age (years), mean ± SD	37.64±12.67	40.22±8.43	ns
Gender (M), n (%)	25 (50)	25(50)	ns
BMI (kg/m2), mean ± SD	26.27±5.87	27.44±6.07	ns
SBP (mmHg), mean ± SD	116.42±7.81	117±9.20	ns
DBP(mmHg), mean ± SD	73.2±7.91	73.9±7.28	ns
HR (bpm), mean ± SD	72.23±12.94	71.55±12.48	ns
ESR (mm/h), mean ± SD	21.5±17.49	9.04±11.05	<0.001
CRP (mg/dl), mean ± SD	14.06±38.1	3.51±0.83	0.042
FBG (mg/dl), mean ± SD	91.66±10.44	94.23±10.72	ns
LDL-C (mg/dl), mean ± SD	112.63±27.34	120.38±29.28	ns
HDL-C (mg/dl), mean ± SD	51.46±16.74	52.59±12	ns
TC (mg/dl), mean ± SD	172±33.42	184.69±31.91	ns
TG (mg/dl) mean ± SD	111.6±51.18	127.68±43.13	ns

CRP, C-reactive protein; DBP, diastolic blood pressure; ESR, erythrocyte sedimentation rate; FBG, fasting blood glucose; fQRS, fragmented QRS; HDL-C, high-density lipoprotein cholesterol; HR, heart rate; LDL-C, low-density lipoprotein cholesterol; ns, not significant, SBP, systolic blood pressure; SD, standart deviation; TC, total cholesterol; TG, triglycerides.

OP-015

A RARE COMPLICATION OF ISOTRETINOIN: GYNECOMASTIA

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Isotretinoin is a retinoic acid derivative which is used in the treatment of acne vulgaris. The adverse effects of isotretinoin; the most serious side effect is teratogenity and the other side effects in decreasing frequency are cheilitis, eczema, tiredness, mood change, skin fragility, nose bleeds, muscle aches, eye problems, infections, lipid problems and miscellaneous.

Gyneomastia is a benign enlargement of the breast tissue due to proliferation of the fibroglandular tissue. Gynecomastia results from the imbalance of the estrogen/androgen ratio in favor of strogen. Drugs can block androgen metabolizm or receptors and displace relatively more estrogen than testosterone with reducing androgen production.

The possible etiology of gynecomastia in our case is the decrement of testosterone due to isoretinoin during the treatment of acne.

A 17-year-old 170 m heiht and 58 kg weight man applied to the hospital with nodulo-cyctic acne vulgaris. 30 mg/day isotretinoin treatment started to him after clinical and blood examination. In first control one month later he applied with complains of gynecomastia and galactore at right side which he noticed with the treatment. According to the history, he did not have any systemic disease and was not on any other medication. His physical examination was normal except mild gynecomastia and galactore at his right breast. The laboratory findings were normal. Duration of gynecomastia determines and galactore the success of regression with the treatment of discontinuing isotretinoin in one month later control.

By this presentation, we aimed to remind a rare and possible side affect of isotretionin.

OP-016

COMPARISON OF EFFICACY AND SAFETY OF TOPICAL 1% BUTENAFINE AND 1% CICLOPIROX OLAMINE IN TREATMENT OF TINEA PEDIS, AND EVALUATION OF EFFECTS OF THESE THERAPIES ON LIFE QUALITY

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INTRODUCTION & OBJECTIVES: We aimed to compare efficacy and safety of topical 1% butenafine and 1% ciclopirox olamine therapies in the patients with tinea pedis and to evaluate effects of these therapies on life quality.

MATERIALS & METHODS: A cross-sectional study was conducted on 80 patients with tinea pedis between May 2013 and May 2014 in the Dermatology Outpatient Clinic. Of 80 patients, 40 were treated with 1% butenafine cream once a day and 40 were treated with 1% ciclopirox olamine cream twice a day for a month. Clinical characteristics involving erythema, scaling, maceration, and fissure and the Dermatology Life Quality Index (DLQI) scores of the patients were recorded before and after the treatments. In addition, Physician's Global Assessment (PhGA) and Patient's Global Assessment (PtGA) were evaluated after the treatment.

RESULTS: Forty patients (21 male, 19 female, age range 21-62 years) on 1% butenafine therapy and 40 patients (15 male, 25 female, age range 21-61 years) on 1% ciclopirox olamine therapy were included in the study. There was no significant difference between butenafine and ciclopirox olamine groups for clinical efficacy ($P > 0.05$) (Table 1). The DLQI scores were significantly increased after the treatments in both two groups ($P < 0.001$) and there was no significant difference for the improvement of life quality between two groups ($P > 0.05$). According to PtGA, 35 patients (87.5%) in butenafin group and 31 patients (77.5%) in ciclopirox olamine group had excellent improvement (100% response). According to PhGA, 17 patients (42.5%) in butenafine group and 14 patients (35%) in ciclopirox olamine group had excellent improvement (100% response) (Table 2). We did not observed any side effects during the treatments.

CONCLUSIONS: In our study, topical butenafine and ciclopirox olamine therapies had similar and high efficacy and safety in the treatment of tinea pedis. In addition, both two drugs had positive improvement on life quality of the patients.

Table 1. Comparison of demographic and clinical characteristics of the patients in butenafine and ciclopirox olamine groups

	Butenafine group n = 40 n (%) or mean ± SD	Ciclopirox olamine group n = 40 n (%) or mean ± SD	P
Female Male	19 (47.5) 21 (52.5)	25 (62.5) 15 (37.5)	0.178
Age	37.33 ± 12.29	42.15 ± 11.68	0.076
Duration of the disease (year)	2.68 ± 3.18	2.55 ± 3.05	0.884
Erythema (BT) Mild-Moderate Severe	39 (97.5) 1 (2.5)	39 (97.5) 1 (2.5)	1
Scaling (BT) Mild-Moderate Severe	40 (100) 0 (0)	39 (97.5) 1 (2.5)	1
Pruritus (BT) Mild-Moderate Severe	14 (35) 26 (65)	17 (42.5) 23 (57.5)	0.491
Maceration (BT) Mild-Moderate Severe	39 (97.5) 1 (2.5)	35 (87.5) 5 (12.5)	0.201
Fissure (BT) Mild-Moderate Severe	39 (97.5) 1 (2.5)	39 (97.5) 1 (2.5)	1
Erythema (AT) Absent Mild	37 (92.5) 3 (7.5)	37 (92.5) 3 (7.5)	1
Scaling (AT) Absent Mild	32 (80) 8 (20)	36 (90) 4 (10)	0.210
Pruritus (AT) Absent Mild	40 (100) 0 (0)	39 (97.5) 1 (2.5)	1
Maceration (AT) Absent Mild	39 (97.5) 1 (2.5)	33 (82.5) 7 (17.5)	0.057
Fissure (AT) Absent Mild	36 (90) 4 (10)	37 (92.5) 3 (7.5)	1

Chi-square test, Independent t test, and Mann Whitney u test. BT- Before treatment; AT- After treatment.

Table 2. Comparison of butenafine and ciclopirox olamine groups for the efficacy and effect on life quality according to Physician's Global Assessment (PhGA), Patient's Global Assessment (PtGA), and the Dermatology Life Quality Index (DLQI) scales

	Butenafine group n = 40 n (%) or mean ± SD	Ciclopirox olamine group n = 40 n (%) or mean ± SD
Patient's global assessment Greatly improvement Somewhat improvement The same Somewhat worse Much worse	35 (87.5) 5 (12.5) 0 (0) 0 (0) 0 (0)	31 (77.5) 8 (20) 1 (2.5) 0 (0) 0 (0)
Physician's global assesment Cleared Excellent Good Fair Poor Worse	17 (42.5) 21 (52.5) 2 (5) 0 (0) 0 (0) 0 (0)	14 (35) 20 (50) 5 (12.5) 1 (2.5) 0 (0) 0 (0)
DLQI (BT)	9.45 ± 4.30	9.90 ± 4.74
DLQI (AT)	0.92 ± 0.99	1.10 ± 1.28

BT- Before treatment; AT- After treatment.

OP-017

SIX PARTICULAR CLINICAL PRESENTATIONS OF KAPOSI SARCOMA

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INTRODUCTION: Kaposi sarcoma (KS) is a multifocal angioproliferative disorder of vascular endothelium. Four clinical variants of classic, endemic, iatrogenic, and epidemic KS are described for the disease. Kaposi sarcoma lesions evolve from patch macules into plaques that grow into larger nodules. The aim of this paper is to report 6 particular clinical presentations of this disease

MATERIAL-METHODS: We selected six patients that were followed in our clinic of dermatology. Diagnosis was based on clinical manifestations, systemic examinations and treatment of biopsy-proved.All patients presented vascular proliferation and human herpesvirus 8 infection RESULTS: Different clinical variants of the cutaneous lesions of KS have been identified

Case one; Pyogenic granuloma–like: a red, firm nodule about 2 cm diameter growing from the lateral aspect of the neck

Case two: lupus pernio-like; purple indurated plaques and nodules affecting the nose and cheeks

Case three: Nodules with sporotrichoid spread, located on the left extensor forearm

Case four: large violet plaque with induration and infiltration of the skin located on the left leg

Case five: Angiokeratoma -like; blue papules on scrotum skin

Case six: lymphangioma-like: lesions develop on the lower extremities that consist of compressible nodules that appear to be fluid-filled cysts.

CONCLUSION: The clinical spectrum of KS has been expanded to include other forms. This rare neoplasm can mimic other disease processes, the correct diagnosis relies heavily on the recognition of salient clinical and histological features of conventional KS, including a strong immunohistochemical expression of HHV-8

OP-018

PAGET'S DISEASE OF THE BREAST: 3 CASES WITH THREE DIFFERENT CLINICAL PRESENTATIONS

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INTRODUCTION: Paget's disease of the breast is a rare disorder of the nipple-areola complex that is often associated with an underlying in situ or invasive carcinoma. It is more prevalent in postmenopausal women, usually after the sixth decade of life, but it has also been reported in adolescent and elderly patients. It may affect male patients, albeit more rarely

OBJECTIVE: We report three cases of paget's disease in two males (60 and 75 years old) and one woman (63 years) with different clinical features

MATERIAL-METHODS: In all cases the disease has an insidious onset and there was a diagnostic delay of between 5 (case1) and 17 years (cases 1 and 3).All patients received treatment that was ineffective for fungal infections and chronic inflammatory disease.At the time of diagnosis, lesions' diameters vary from 4 to 15 cm. lesions were asymptomatic at the beginning, but during evolution pruritus, burning sensation were present

RESULTS: The diagnosis of PD was confirmed in all cases by histopathologic study of the skin biopsy. It was characterized by the invasion of epidermis by Paget's cells, malignant glandular epithelial cells with enlarged pleomorphic and hyperchromatic nuclei, abundant pale and clear cytoplasm. Paget's cells show similar immunohistochemical staining pattern as that of adenocarcinomas growing within the breast. Invasive carcinoma was likely to be found in the 3rd case

Case 1: Advanced lesions show skin thickening,erythema, erosion and moist or crusted lesions, around the nipple–areola with irregular borders of the plaque

Case2: Scaly, erythematous, eczematoid crusted plaque spreading to the surrounding areolar areas with irregular borders

Case3: Retraction of the nipple, present with an associated palpable mass in the breast. Enlarged axillary lymph nodes were found

CONCLUSION: Because PD is rare and its clinical presentation is nonspecific, a high degree of clinical suspicion is required to avoid delays in diagnosis and treatment

OP-019

EVALUATION OF CLINICAL FEATURES AND LABORATORY FINDINGS OF HIDRADENITIS SUPPURATIVA PATIENTS

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INTRODUCTION and OBJECTIVES: Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic inflammatory skin disease characterized by recurrent inflammatory nodules mostly located in the apocrine gland bearing areas. It's a debilitating disease, which inflicts a significant burden on patients and is associated with comorbid disorders, such as significantly reduced quality of life, depression, stigmatization and several cardiovascular risk factors. In this study the clinical characteristics, laboratory findings, quality of life, anxiety and depression status of patients were investigated.

MATERIALS-METHODS: Between March 2014 and March 2015, 30 hidradenitis suppurativa patients managed at the Dermatology and Venereology Clinic were evaluated. The demographic, clinical, laboratory characteristics, dermatology life quality index (DLQI) and hospital anxiety and depression scale (HAD) scores of the patients were examined.

RESULTS: Sixteen of the 30 patients enrolled in the study were female, 14 were male. The mean age was 36,86 ± 12,62 years. The average age of disease onset was 27,31 ± 8,87 years; mean disease duration was 9,21 ± 8,77 years. The disease most commonly affected axillary region. Inframammarian and intermammarian involvement was statistically significantly more in females than males. A statistically significant positive correlation was found between the disease duration and the number of the involved areas. According to Hurley staging system 8 (26,7%) patients had stage I, 18 (60%) patients had stage II, 4 (13,3%) patients had stage III disease. A statistically significant positive correlation was found between disease duration and disease severity according to Hurley staging system. The disease severity was statistically significantly more in patients with perineal/scrotal and perianal involvement compared to patients without involvement. The average mean dermatology life quality index (DLQI) score of the patients was 10,00 ± 12,23, the average hospital anxiety and depression scale anxiety (HAD-A) score was 10,60 ± 4,88 and the average hospital anxiety and depression scale depression (HAD-D) score was 8,86 ± 5,55. There was no statistically significant relationship between disease severity and the average DLQI, HAD-A and HAD-D scores. A statistically significant positive correlation was found between the number of the involved areas and HAD-A, HAD-D scores. HAD-A and HAD-D scores were statistically significantly higher in patients with inguinal involvement and HAD-D scores were statistically significantly higher in patients with perianal involvement.

CONCLUSIONS: This study is a hospital based study evaluating clinical and laboratory characteristics of hidradenitis suppurativa. In contrast to the literature, in this study, lower female/male ratio, late age of disease onset, less family history, axillary region as the most commonly affected area and a higher ratio of severe disease were found.

OP-020

NEUTROPHIL TO LYMPHOCYTE RATIO IN PATIENTS WITH VITILIGO

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BACKGOUND: There are a few studies showing the increased risk of insulin resistance, metabolic syndrome, oxidative stress and atherosclerosis in patients with vitiligo. We aimed to investigate if there is a systemic inflammation in vitiligo comparing with serum neutrophil lymphocyte ratio (NLR) and C-reactive protein (C-RP) levels between the patients with vitiligo and healthy controls.

METHODS: Nonsegmental vitiligo patient who had been followed at the outpatient dermatology clinic of a university-affiliated teaching hospital, and healthy controls were enrolled the study. Patients who actively receiving systemic treatments, and having systemic disease such as diabetes mellitus, thyroiditis were excluded. Demographics were recorded for all participants. Peripheral blood sample were taken from all participants to evaluate serum whole blood count, creatinine, and C-RP.

RESULTS: Fifty patients with localized vitiligo, 43 patients with generalized vitiligo, and 50 healthy volunteers were enrolled in the study. Neutrophil to lymphocyte ratio and serum C-reactive protein levels were significantly higher in patients who have generalized vitiligo than those of the patients who have localized vitiligo and healthy controls. However, there were no significant difference regarding NLR, and CRP between localized vitiligo group and controls.

CONCLUSIONS: Patients with generalized vitiligo have increased systemic inflammation. Although further studies to clarify this association are needed, we suggested that physicians should be aware of the increased risk of systemic inflammation and thus probably high risk of metabolic syndrome, and cardiovascular risk in patients who have generalized vitiligo.

Table

	Localized vitiligo group (N:50)	Generalized vitiligo group (N:43)	Controls (N: 50)	p value
Sex female male	25 (50%) 25 (50%)	20 (46.5%) 23 (53.5%)	25 (50%) 25 (50%)	0.929
Age	37.6±12.1	42.3±15.0	42.4±10.1	0.092
eGFR (ml/ min/1.73m2)	109.3±13.5	103.9±19.9	105.3±12.2	0.206
NLR	1.64±0.48	2.09±0.86	1.69±0.46	0.001
C-RP (mg/L)	3.03±1.98	3.99±2.47	2.78±1.02	0.007

Comparing the demographics and laboratory results of localized, generalized vitiligo and control groups

OP-021

COMPLIANCE OF ACNE PATIENTS TO TOPICAL THERAPY

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INTRODUCTION: Acne vulgaris is a common skin disorder effecting 70% of adolescents worldwide. Acne vulgaris is a chronic disease. Poor compliance to treatment causes delay or failure in cure.

OBJECTIVE: This study is designed to evaluate the topical treatment choices for different severity and type of acne vulgaris and the status of these patients regarding compliance to the prescribed treatment.

MATERIAL-METHOD: A written form was filled in for patients presenting with acne. Patients who had been prescribed a topical therapy in the last 6 months were selected. Demographic data and Fitzpatrick skin type, time period, severity and type of acne, therapy that had been prescribed and the way the patient used that therapy with the side effects or disturbance if any, were recorded. If the therapy had been stopped by the patient, the reason was recorded.

RESULTS: 250 adolescent patients, 178 (71.2%) female, and 72 (28.8%) male were included in this sudy. Mean age was 18.6 ± 2.8. 104 of the patients had mild (%41.6), 137 had moderate (%54.8) and 9 had severe (%3.6) acne. The topical therapies prescibed previously were revealed as: retinoids in 75 (%30), antibacterials in 45 (%18), benzoil peroxide + antibacterial combinations in 102 (%40.8), retinoid+antibacterial combination in 20 (%8), and formulation containing resorcine, salysilic acid, eau de rose and alcohol in 8 (%3.2) patients. 114 of 250 (%45.6) patiens had stopped therapy. The reason stated by the patients for stopping were unresponsiveness in 71 (%62.3), and side effects in 43 (%37.7). Unresponsiveness rate was higher with antibacterials than the others (p: 0.004). Total number of patients experiencing side effect was 83 in 250 (%33.2). Side effects were noted statistically lower with antibacterials than with other drugs(p: 0.002). Antibacterial use was twice (morning and evening) daily, where all the others were mostly once at night (p<0.001). Stopping therapy was due to side effects in those who had used twice a day, and due to unresponsiveness who had used other than twice a day(only night time or every other night users) (p: 0.001). The least side effect and withdrawal rate was recorded in every other night users (p: 0.014 and p<0.001). Withdrawal rate was higher due to unresponsiveness in severe acne patients when compared according to acne severity (p:0.048). Side effect rate was significantly higher in comedonenal acne patients (p: 0.030). Retinoid containing topical drugs were prescribed more in comedonal and mixed acne types (p<0.001).

CONCLUSION: Unresponsiveness is the most important factor on compliance to therapy in acne patients, a reason of this may be undertreating moderate or severe acne with just topical agents. Telling the way of using topical drugs for the need of each patient will result in adequate treatment to avoid both unresponsiveness and side effects that causes the patient stop the therapy.

Table1

	Retinoids (n: 75)	Antibacterials (n: 45)	Benzoil peroxide+ antibacterial (n:102)	Retinoid+ Antibacterial (n:20)	Formula containing resorcine, salycilic acid, alcohol,eau de rose (n:8)	p
Side effect yes no	31 (%41.3) 44 (%58.7)	5 (%11.1) 40 (88.9)	35 (%34.3) 67 (%65.7)	10 (%50) 10 (%50)	2 (%25.0) 6 (%75.0)	0.002
Rate of stopping therapy	30 (%40.0)	24 (%53.3)	45 (%44.1)	12 (%60.0)	3 (%37.5)	0.410
Reason for withdrawal (N:114) Side effect No respond	15 (%50) 15 (%50)	3 (%12.5) 21 (%87.5)	15 (%33.3) 30 (%66.7)	8 (%66.7) 4 (%33.3)	2 (%66.7) 1 (%33.3)	0.004
Severity of acne mild moderate severe	31 (%41.3) 42 (%56.0) 2 (%2.7)	27 (%60.0) 16 (%35.6) 2 (%4.4)	35 (%34.3) 63 (%61.8) 4 (%3.9)	8 (%40.0) 11 (%55.0) 1 (%5.0)	3 (%37.5) 5 (%62.5) 0	0.205
The way of use Once at night Twice a day Every other day Irregular/rare	48 (%64.0) 13 (%17.3) 10 (%13.3) 4 (%5.3)	17 (%37.8) 27 (%60.0) 0 1 (%2.2)	62 (%60.8) 19 (%18.6) 5 (%4.9) 16 (%15.7)	16 (%80.0) 2 (%10.0) 1 (%5.0) 1 (%5.0)	4 (%50.0) 2 (%25.0) 2 (%25) 0	<0.001
Type of acne comedonal papulopustular mixed	31 (%41.3) 9 (%12.0) 35 (%46.7)	6 (%13.3) 24 (%53.3) 15 (%33.3)	24 (%23.5) 28 (%27.5) 50 (%49.0)	9 (%45.0) 2 (%10.0) 9 (%45.0)	5 (%62.5) 3 (%37.5) 0	<0.001

Summary of topical drugs, acne types, compliance to therapy.

Table 2

	Once at night (N: 147)	Twice a day (N: 63)	Every other night (N: 18)	Irregularly/ rarely (N: 22)	p
Side effect yes No	46 (%31.3) 101 (%68.7)	27 (%42.9) 36 (%57.1)	1 (%5.6) 17 (%94.4)	9 (%40.9) 13 (%59.1)	0.014
Rate of stopping therapy	57 (%38.8)	40 (%63.5)	3 (%16.7)	14 (%63.6)	<0.001
Reason for withdrawal Side effect No respond	13 (%22.8) 44 (%77.2)	24 (%60) 16 (%40)	0 3 (%100)	6 (%42.9) 8 (%57.1)	0.001

The effect of the way of use.

OP-022

Successful Treatment of Perianal Warts in a Male Child with 5% Imiquimod Cream

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Genital warts are one of the most common sexually transmitted infections which are caused by human papillomavirus (HPV). In pediatric patients the treatment of anogenital warts is difficult and can be painful, with a wide range of treatment strategies that yield variable success Treatment regimens must consider the patient age, and etiology, location, and severity of lesions Imiquimod is a developed imidazoquinolin heterocyclic amine that is an immune response modifier. Topical imiquimod has been used successfully to treat anogenital warts in adults. A 18-month-old boy presented with a perianal growth of two months' duration Clinical findings confirmed the diagnosis of perianal wart. By the history there was no sexual assault. The laboratory findings were normal and no immune deficiency in laboratory tests. We applied imiquimod 5% cream three times per week for a period of 16 weeks, which resulted in complete clearance of all the warts. Minor inflammatory changes were observed during treatment; however, no significant pain and another lesion was by reported the patient. No recurrences were reported during 6 months of follow-up. This case show the effective use of topical imiquimod in the treatment of perianal warts in children. It is safe, effective, satisfactory, less traumatic and painful compared to other options for treatment of perianal warts in children.

OP-023

SEVEN ANNULAR LESIONS IN SEVEN PATIENTS

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INTRODUCTION AND OBJECTIVE: Annular lesions are extremely common and striking in appearance but can also be misleading. The term “annular” stems from the Latin word “annulus,” meaning ringed. The lesions appear as circular or ovoid macules or patches with an erythematous periphery and central clearing. Herein, we enumerate different presentations of annular lesions

MATERIAL-METHODS: We collected seven cases presented to our clinic during two years with annular lesions.The Diagnosis was only confirmed by the clinical findings in several cases and in some cases with histological examination

RESULTS: Different dermatosis were identified

1-Tinea corporis is characterized by annular or polycyclic lesions with erythematous and vesicular or scaly border with central clearin

2-Lupus vulgaris may assume annular shape with central thin superficial scar and apple jelly nodule at the edge of the lesion

3-Granuloma annular presents as closely set, skin-colored, firm, smooth asymptomatic papules arranged in a ring-like fashion

4-Sarcoidosis Indurated, erythematous plaques

5-Urticaria is characterized by pruritic, well circumscribed erythematous lesions of the skin (wheals) with erythematous raised borders and blanched centers

6-porokeratosis: presents as a dry annular plaque surrounded by a raised, fine keratotic wall with characteristic furrow in it

7- Necrobiosis lipoidica is a rare, chronic granulomatous disease of the skin. The lower legs, especially the shins, are the most common sites of involvement

7-Pityriasis rosea: Small, fawn-colored, oval patches with fine scale along the borders, following skin cleavage lines

CONCLUSION: A wide variety of cutaneous and systemic disorders present with annular (ring-like) skin lesions. The careful assessment of lesion characteristics and accompanying clinical features is valuable for narrowing the differential diagnosis

OP-024

OLFACTORY FUNCTIONS IN PATIENTS WITH PSORIASIS VULGARIS: CORRELATIONS WITH THE SEVERITY OF THE DISEASE

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INTRODUCTION: It is well known that the immunological basis of psoriasis is not only limited to skin, but also it is a systemic autoimmune disease with various co-morbidities. Olfactory dysfunction, one of as a common but lesser known symptom of patients with autoimmune diseases, often present with smell loss.

OBJECTIVES: The aim of the study was to assess the olfactory functions in patients with psoriasis and to compare with healthy controls.

MATERIALS-METHODS: A total of 50 patients with psoriasis and 43 age- and sex- matched control subjects were included to the study. The clinical severity of psoriasis was calculated using the Psoriasis Area and Severity Index (PASI). Patients were classified into two groups according to PASI score as mild (PASI ≤10) and moderate-severe (PASI > 10). Olfactory function was evaluated with "Sniffin'Sticks" test which is validated for nasal chemosensory performance based on pen-like odor dispensing devices. Total test scores (max. 48 points) of threshold, discrimination and identification (TDI) were classified as normal olfaction=normosmia (>30.3 points), decreased olfaction=hyposmia (16.5–30.3 points) and loss of olfaction=anosmia (< 16.5 points).

RESULTS: Psoriasis patients had significantly lower smell scores compared to healthy controls ($p<0.001$) (Figure 1). Of the 50 psoriasis patients, 40 (% 80) were hyposmic. We found negative correlation between TDI and PASI ($r=-0.34$ $p=0.014$) (Figure 2). TDI scores were not related to age, Body Mass Index (BMI) and the duration of the disease. The TDI scores of the patients with moderate-severe psoriasis (PASI score >10) were found to be significantly lower than the patients with mild psoriasis (PASI ≤ 10) ($p<0.001$) (Figure 3).

CONCLUSIONS: Olfactory dysfunction in patients with psoriasis could be thought as a co-morbidity as in other inflammatory disorders. Physicians should be aware of olfactory impairment when evaluating psoriasis patients in their clinical practice.

OP-025

THE ASSOCIATION BETWEEN ILLNESS PERCEPTION AND CLINICAL SEVERITY IN PATIENTS WITH PSORIASIS

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BACKGROUND: Psoriasis causes cosmetic concerns and complaints like itchiness and it may adversely affect the lives of patients. Therefore, among the psoriasis patients, depression and anxiety disorder have been found more than almost all of organic diseases.

MATERIALS-METHODS: In our study, it was aimed to determine the illness perception, anxiety and depression levels and to demonstrate the correlation of these levels with psoriasis severity among the psoriasis patients who admitted to Dermatology Department of Trakya University Medical Faculty. The study includes 86 clinically diagnosed psoriasis patients that 47 of them are male and ranging in age from 18 to 67. Questionnaires that consist of 37 questions from Brief Illness Perception Questionnaire, Hospital Anxiety and Depression Scale and sociodemographic questionnaire were applied to the patients and the disease severity was evaluated with Psoriasis Area Severity Index

RESULTS: As a result of the questionnaires, disease severity was higher in males than females. In patients with scalp involvement, disease was more severe. There was no correlation between disease severity and illness perception or anxiety levels. We found that, duration and severity of disease were correlated. It was found that illness perception affects anxiety and depression levels in patients with psoriasis. Depression levels were higher in patients with severe psoriasis.

CONCLUSION: As a conclusion, we are of the opinion that treatment, recovery time and quality of life can be affected by psychiatric problems of patient such as anxiety and depression in psoriasis patients. As handling the chronic disease psoriasis, not only the skin lesions should be considered but also the illness perception, anxiety disorder, depression and related possible psychiatric conditions should be evaluated by clinicians in terms of necessity of psychiatric support.

OP-026

SERUM C-REACTIVE PROTEIN, NEUTROPHIL-LYMPHOCYTE RATIO AND URIC ACID LEVELS IN CHRONIC SPONTANEOUS URTICARIA

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BACKGROUND: Recent studies implicate the role of inflammatory responses in chronic spontaneous urticaria (CSU). Urticaria activity score (UAS) is used to evaluate the disease activity, however there is no objective and reliable parameters to assess the activity of CSU. Neutrophil lymphocyte ratio (NLR), serum C-reactive protein (CRP) and uric acid levels have been proved as systemic inflammatory markers in different studies.

AIM: The purpose of this study was to analyse the levels of neutrophil-lymphocyte ratio (NLR), serum CRP and uric acid in CSU patients, and to investigate the relationship between these inflammatory parameters and disease activity.

METHODS: A total of 100 people consisting of 50 chronic urticaria patients and 50 healthy controls were included in the study. Serum CRP, NLR and uric acid levels of the chronic urticaria and control group were compared.

RESULTS: NLR and serum CRP levels were significantly higher in patients with CSU than in healthy controls ($p< 0.001$, $p< 0.001$, respectively). The levels of uric acid did not show a statistically significant difference between CSU patients and controls ($p= 0.359$). A significant positive correlation was found between NLR and CRP in patients with CSU ($p= 0.001$, $r= 0.442$).When CSU patients were evaluated according to disease severity, serum CRP levels were significantly higher in patients with severe CSU than in patients with mild- moderate CSU ($p= 0.038$).

CONCLUSION: It can be concluded that CRP and NLR can be used to assess the inflammatory status in CSU and may be useful parameters during the follow-up of these patients. It is known that NLR and CRP are diagnostic and prognostic markers of cardiovascular diseases. Elevated values of NLR and CRP may demand caution regarding cardiovascular comorbidities that may accompany chronic urticaria.

OP-027

AMICROBIAL PUSTULOSIS SYMMETRICALLY LOCATED ON KNEES IN A PATIENT WITH TYPE 1 DIABETES MELLITUS; IS IT A NEW VARIANT OF AMICROBIAL PUSTOLSIS ASSOCIATED WITH AUTOIMMUNE DISEASES?

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INSTRUCTION AND OBJECTIVES: Amicrobil pustulosis associated with autoimmune diseases (APAD) is a rare cutaneous manifestation of systemic autoimmune conditions. The disease first described in 1991 and since then a limited number of cases have been reported (1,2).

MATERIALS AND METHODS: A 56 year old woman presented to our clinic complaining of multipl itchy pustules on her knees with the history of type 1 diabetes mellitus (DM) and was receiving insulin therapy for five years. At examination, she had coalescing pustular lesions symmetricaly on her knees (Figure 1). Skin biopsy showed,dense neutrophilic infiltration and subcorneal spongioform pustules in the epidermis (Figure 2).Skin cultures and sepcial stains from pustules were negative. Full blood cell count, renal and hepatic tests were within normal limits. Autoimmune markers were negative. The patient treated with topical clobetasol propionate %0,05 ointment. Complete resolution occured after two weeks (Figure 3).

RESULTS: APAD is a rare clinical entity characterized with sterile pustular lesions and the areas predominantly affected are folds and periorificial regions(1-8). Although the etiology is unclear, many autoimmune disorders were detected in the reported cases including systemic lupus erythamatosus, Sjögren syndrome, rheumatoid arthritis,idiopathic thrombocytopenic purpura,myastenia gravis,Ig A nephropathy, autoimmune hepatitis, Hashimoto's thyroiditis (3-10). Medium dose systemic corticosteroids, ascorbic acid, cimetidine, sulfonamide, colchicine, dapsone, chloroquine are the other treatment options (3,4).

CONCLUSIONS: APAD is an uncommon disease associated with autoimmunity with an unknown etiology. According to the literature, our case is the first report of APAD with type 1 DM and symmetrically localized on knees.

OP-028

CLEAR CELL ACANTHOMA: A CASE REPORT

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INTRODUCTION&OBJECTIVES: The clear cell acanthoma (CCA), also known as the "Degos acanthoma" or as the "pale acanthoma", is a rare benign lesion with variable clinical aspects and distinct histopathological characteristics. CCA is a solitary benign epidermal tumor mainly occurring as an asymptomatic nodule on the lower limbs of older individuals. Most often, CCA is diagnosed in middle-aged or old-aged individuals, but it may also be found in children.We report a case of pretibial CCA mimicking Kaposi sarcoma.

MATERIALS&METHODS: A case report of CCA is presented.

RESULTS: A 64-year-old woman presented to our dermatology clinic with a few number of non-pruritic, indurated, melanocytic, shiny nodules on her bilateral pretibial areas. These complaints had started 20 years ago. She denied any pain, bleeding from the lesions and any associated systemic complaints. There was no history of drug ingestion. Dermatological examination revealed three violaceous, indurated, shiny nodules ranging from 1,5 to 2 cm in diameter. There was no palpable lymphadenopaty and the results of other physical examinations were unremarkable. Routine laboratory examinations including complete blood count, urinalysis, biochemical profile, VDRL, HIV and hepatitis serologies were all within normal limits. A punch biopsy was performed with a preliminary diagnosis of Kaposi sarcoma, bacillary angiomatosis and clear cell acanthoma. Histopathological examination showed acanthosis composed of clear cells, regular elongation of rete ridges and exocytosis of neutrophils in the epidermis. The cells within the lesion appear pale by comparison with the adjacent normal epidermis. Based on these clinical and histopathological findings, a diagnosis of CCA was made. The patient was referred to the department of Plastic and Reconstructive Surgery for complete surgical excision.

CONCLUSION: CCA is a usually solitary benign epidermal tumor, first described in 1962 by Degos et al. The etiopathogenesis of CCA is not fully understood. It is often confused with other diseases such as seborrhoeic keratosis, eczematous dermatitis, pyogenic granuloma, hemangioma, psoriasis, guttate parapsoriasis, histiocytoma, basal or squamous cell carcinoma, common wart, amelanotic melanoma. We presented an unusual case of a healthy 64-year-old female with Kaposi sarcoma-like CCA on the lower extremities.

OP-029

POROKERATOSIS: FOUR CASES WITH FOUR TYPES

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INTRODUCTION: Porokeratoses are a group of hereditary or acquired disorders characterized by annular lesions with an atrophic center and a prominent peripheral ridge. Pathologically, porokeratosis is characterized by the presence of abnormal vacuolated keratinocyte clones that develop in between normal cells, with no granules, and which eventually form a column of parakeratotic cells, a rim called the cornoid lamella. There are at least six clinical types of porokeratosis, namely: classic porokeratosis of Mibelli, linear porokeratosis, disseminated superficial actinic porokeratosis (DSAP), disseminated superficial Porokeratosis (DSP), porokeratosis palmaris et plantaris disseminate (PKPPD) and porokeratosis palmaris plantaris punctata

MATERIALS-METHODS: In the present document, four cases were identified from our clinic of dermatology.All subjects received careful examination by more than three dermatologists, and the diagnosis of porokeratosis was confirmed by histological examination of a skin biopsy.

RESULTS: According to the size, the arrangement, the number and the location of the lesions, several clinical forms of PK have been described

Case 1: DSAP is the most common form, usually appears during the 3rd or 4th life decade. DSAP manifests with several small annular lesions that are distributed in a bilateral and symmetric pattern on sun-exposed sites, namely the legs and forearms, the shoulders and the back, more rarely (15% of cases) the face

Case2: DSP is clinically similar to DSAP except for a younger age at onset (5-10 years,) The lesions are therefore localized both on sun-exposed and non-exposed body zone

Case3: PKPPD is characterized by bilateral, symmetric red-brown keratotic papules measuring 1-2 mm, that develop in adolescence or in adulthood, initially on the palms and soles. They may later spread to other body zones

Case4: Linear PK is a rare form, manifesting with linear, unilateral, hyperkeratotic plaques on the limbs, rarely the face, following Blaschko's lines; they may therefore resemble epidermal hamartomas

CONCLUSION: There are many clinical variants of this disease all united by the characteristic histologic find of a cornoid lamella. Although rare, the development of a squamous cell carcinoma may occur. This development underscores the fact that the cornoid lamella represents an abnormal clone with abnormal DNA ploidy and mutation.

Poster Presentation

PP-001

IMPAIRED QUALITY OF LIFE IN TURKISH CHILDREN WITH ALOPECIA

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INTRODUCTION AND OBJECTIVES: Alopecia areata (AA) is a psychocutaneous dermatosis marked by the loss of hair that impairs quality of life by causing psycho-social disorders. We calculated the Children's Dermatology Life Quality Index (CDLQI) scores for children with AA and compared them with those of healthy controls.

MATERIALS-METHODS: Forty-five children (28 females and 17 males) diagnosed with AA and 45 age- and sex-matched individuals selected from among hospital staff without any hair loss (control group) were evaluated using the CDLQI scale. RESULTS: Significant increases in the total CDLQI score and in all sub-groups thereof were observed in the AA patient group in comparison with the healthy controls. Of the AA patients, 2.22% experienced no impact, 11.11% a mild impact, 22.66% a moderate impact, 53.33% a severe impact, and 6.66% a very severe impact. There were no statistically significant differences between age groups in terms of the distribution of the total and sub-group CDLQI scores.

CONCLUSION: AA appears to have a partially negative impact on the CDLQI.

Table 1.

	Alopecia areata (45)	Control (45)	P
Itch	0.86±0.86	0.35±0.48	<0.001
Embarrassment	1.53±0.99	0.02±0.14	<0.001
Friendships	1.33±1.00	0.04±0.20	<0.001
Clothes/shoes	1.35±0.90	0.11±0.38	<0.001
Leisure/hobbies	1.22±0.97	0.06±0.25	<0.001
Swimming/sports	1.13±1.00	0.02±0.14	<0.001
School/holidays	1.35±1.06	0.04±0.29	<0.001
Teasing/bullying	1.66±1.02	0.06±0.25	<0.001
Sleep	0.80±0.86	0.04±0.20	<0.001
Treatment	1.55±1.35	0.04±0.29	<0.001
Total CDLQI score	12.51±6.17	0.84±1.99	<0.001

Distribution of sub-group and total CDLQI scores in the alopecia areata patient and control groups.

PP-002

TACROLIMUS INDUCED PHOTODISTRIBUTED LICHENOID ERUPTION

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The topical calcineurin inhibitors have an effect on various cells of the cutaneous immune system, specifically on T cells, by inhibiting the phosphatase calcineurin and preventing the transcription of proinflammatory cytokines. Tacrolimus ointment (Protopic®) is a topical calcineurin inhibitor used to control the symptoms of moderate to severe atopic dermatitis (AD). The most common adverse effect following the application of topical calcineurin inhibitors is mild to moderate symptoms of irritation such as burning, erythema and pruritus and usually fades after a few days. We report here a patient who developed photodistributed hyperpigmentation after topical application of tacrolimus ointment 0.1% for her allergic contact dermatitis.

PP-003

IS TIME-BASED SHORT-COURSE CCYCLOVIR THERAPY EFFICIENT IN TREATMENT OF POST-HERPETIC NEURALGIA?

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INTRODUCTION: Various treatments have been used to manage post-herpetic neuralgia (PHN). Safe and effective therapies to prevent PHN are needed.

MATERIAL-METHODS: A clinical trial involving 152 patients diagnosed with acute herpes Zoster (HZ) was conducted to determine whether short-course acyclovir therapy (800 mg five times a day for four days) can alleviate HZ-associated pain and prevent post-herpetic neuralgia (PHN). The patients were divided into two groups: Group 1 had a rash with a duration of less than 72 hours and Group 2 had a rash with a duration of more than 72 hours. To assess PHN, the patients categorized and assessed the severity of their symptoms using a four-point verbal rating scale (VRS).

RESULTS: By the fourth week, 134 out of 152 patients (88.2%) had complete pain response (CPR). Of these, 68 patients (89.5%) were from Group 1 and 66 from Group 2 (86.8%). After four weeks, the mean VRS scores had changed significantly in both groups compared to the scores at the beginning of study ($p = 0.001$), but there was no difference between the two groups (0.88 ± 0.66 Vs. 0.94 ± 0.72; $p = 0.66$) After three months no differences were observed in the treatment results between the two groups (0.51 ± 0.13 Vs.0.54 ± 0.19; $p = 0.77$).

CONCLUSION: Short-course acyclovir therapy is an effective treatment for zoster and its efficacy in patients with a rash duration of more than 72 hours is similar to that in patients with rash duration of less than 72 hours.

PP-004

SILVER SULFADIAZINE IS THE BEST TOPICAL AGENT IN TREATMENT OF SKIN WOUNDS IN MALE RATS

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INTRODUCTION & OBJECTIVES: Accelerating of skin wounds healing process has been focused by researchers in recent years. The aim of the present study was to compare the effects of topical phenytoin, silver sulfadiazine and conjugated estrogen on skin wounds healing in male rats. Accessing a way to accelerate skin wounds healing is still one of the important goals in medical science.

MATERIAL-METHODS: This experimental study was accomplished on 32 male rats (8 animals in each group) with approximately equal body mass. Skin wounds were made with an area of 40 mm^2 and a depth of 0.5 mm on the back of the necks. Three groups were administered daily by topical phenytoin (1%), silver sulfadiazine (1%) and conjugated estrogen (625%). Control group received no drug. Wounds healing was evaluated daily and the study was continued until the wounds healing completed.

RESULTS: Silver sulfadiazine demonstrated to be the best treatment for the wounds healing; compared with the other medicines, it required significant shorter time of treatment.

CONCLUSIONS: Silver sulfadiazine accelerates skin wounds healing in male rats.

PP-005

PATIENTS WITH ACNE VULGARIS DO NOT HAVE DIFFERENT LEVEL OF SERUM VITAMIN D.

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INTRODUCTION & OBJECTIVES: Since vitamin D is a recent known immunoregulatory factor in some diseases which are addressed in immune system disorders such as SLE, psoriasis and others, this study headed to evaluate serum levels of the vitamin in acne vulgaris patients and compare with healthy people.

MATERIAL-METHODS: Through a case-control study we compared serum vitamin D in cases of the disease and control group. In addition to the vitamin, family history and comorbidities like PCO were studied.Based on the previous studies this is highly suspected that vitamin D would be a prominent factor in acne patients and more performances with bigger sample size could be useful to get positive results.

RESULTS: Except PCO there was no different finding between the groups. Serum vitamin D was significantly different between men and women disregarding the groups they were in.

CONCLUSIONS: Based on the previous studies this is highly suspected that vitamin D would be a prominent factor in acne patients and more performances with bigger sample size could be useful to get positive results.

PP-006

PLATELET RICH PLASMA DOES NOT HAVE ANY EFFECT ON HAIR RE-GROWTH IN THE PATIENTS WITH ANDROGENETIC ALOPECIA: A PILOT STUD

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INTRODUCTION & OBJECTIVES: Androgenetic alopecia is a very common disorder in male and female. The manifestation includes gradual thinning of the hairs that begin between ages of 12 to 40 in both sexes. Balding scalps are characterized by high levels of the potent androgen and increased expression of the androgen receptor gene that results in a gradual reduction in the duration of anagen and prolongation of the latent period of the hair cycle. Autologous platelet rich plasma (PRP) is blood plasma with enhanced concentration of platelets that contains several growth factors.

MATERIAL-METHODS: This pilot study has been done on ten volunteers (seven males and three females) with clinical diagnosis of androgenetic alopecia. Blood sample was collected in thrombocyte harvesting tubes. The plasma/PRP was separated from the blood via centrifugation, after that in each patient his/her own PRP was injected randomly in left or right hemiside of scalp deep dermal. Each patient was visited every other month and photographs were taken from the four views. Then, photographs were evaluated.

RESULTS: After eight months of follow up, no hair regrowth or further loss was observed in both treated and untreated sides of six patients. Two patients showed less than 25% and two patients experienced 25-49% hair regrowth in both sides of their scalps.

CONCLUSIONS: Single PRP dermal injection did not show to have any effect on hair regrowth on the patients with androgenetic alopecia.

PP-007

PLATELET RICH PLASMA DOES NOT HAVE ANY EFFECT ON HAIR RE-GROWTH IN PATIENTS WITH ALOPECIA AREATA TOTALIS: A PILOT STUDY

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INTRODUCTION & OBJECTIVES: Alopecia areata is a common, chronic, inflammatory disease, which is hypothesized to have an autoimmune etiology. Autologous platelet rich plasma (PRP) is blood plasma with enhanced concentration of platelets and is enriched with several growth factors that stimulate tissue regeneration through several mechanisms. The current study aims to investigate the effect of local PRP injection on hair regrowth in the patients with AA totalis.

MATERIAL-METHODS: Ten adult subjects (28.9±6.28 years; 5 males and 5 females) with clinically diagnosed AA totalis for at least 3 years who had not received any therapy within three month prior to the study were recruited in this study. Blood sample was collected in thrombocyte harvesting tubes. The plasma was separated from the blood via centrifugation. The patients' scalps were divided sagitally into two approximately equal areas. In each patient 4 ml PRP was injected deep dermal randomly in left or right scalp in several spots with 1.5-2 cm distance. In each injection 0.1 ml PRP was injected. Each patient was visited monthly for four months and photographs were taken from several views.

RESULTS: In 8 of the patients no hair regrowth was seen after four months treatment. In two patients less than 10% hair re-growth was observed. Totally no significant effect of PRP on hair regrowth was found ($p>0.05$). We did not see any side effect of PRP injection during four months.

CONCLUSIONS: Single PRP dermal injection did not show to have any effect on hair regrowth on the patients with AA totalis. Further studies using combination therapy with immunosuppressant agents are recommended.

PP-008

ASSESSMENT OF RENAL PROBLEMS IN PSORIASIS AND THE RELATION WITH DISEASE SEVERITY

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Introduction & OBJECTIVES: Psoriasis is a common chronic immune-mediated chronic inflammatory disorder of the skin with distinct micro vascular changes that affect about 1–3% of the population. Clinical manifestations of psoriasis are heterogeneous, ranging from limited disease to very extensive disease. It can involve joints but involvement of internal organs is uncommon. Psoriatic nephropathy is a clinical disorder that is increasingly being reported in recent years. In this controlled study we evaluated the renal abnormalities and its correlation with psoriasis severity (PASI) in patients with psoriasis

MATERIAL-METHODS: In this case control study 40 psoriatic patients and 40 age- and gender-matched control subjects without hypertension or diabetes referring to Shohada hospital were enrolled. Psoriasis area and severity index (PASI) was used to assess the severity of psoriasis. Urinalysis by dipstick and microscopic evaluation and urine volume were measured in all patients and controls.In this case control study 40 psoriatic patients and 40 age- and gender-matched control subjects without hypertension or diabetes referring to Shohada hospital were enrolled. Psoriasis area and severity index (PASI) was used to assess the severity of psoriasis. Urinalysis by dipstick and microscopic evaluation and urine volume were measured in all patients and controls.

RESULTS: 80 patients mean age 44.91±15.33 were evaluated. The difference between two groups regarding sex and age was not significant.The level of BUN in case group was more than control and the difference was significant. Moreover the level of protein in urinalysis in case group was significantly less than control. Moreover, the difference was not significant regarding serum Cr, Na, K and urine albumin, Cr, uric acid, Ca, urine volume and hematuria. The mean of PASI was 0.82±1.10 and its correlation with urine protein was significant. However its correlation with urine and serum markers and duration of disease was not significant. The mean 8 duration of disease was 10.10±8.03 and its correlation with serum and urine markers was not significant. Creatinine was in normal range and the patients did not show microalbuminuria and proteinuria. Serum BUN was higher than normal in 2 patients, so C3 and C4 were checked and were in normal range. Moreover, these patients were under abdominal ultrasound and showed normal results.

CONCLUSIONS: Our study indicated that psoriasis is correlated with urine protein however, it did not affect the levels other serum and urine markers in patients with psoriasis.Our study indicated that psoriasis is correlated with urine protein however, it did not affect the levels other serum and urine markers in patients with psoriasis.

PP-009

CO_2 FRACTIONAL LASER 10600-NM AS AN EFFECTIVE MODALITY IN TREATMENT OF STRIAE ALBA

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INTRODUCTION & OBJECTIVES: The beneficial effects of CO2 fractional laser on increasing collagen fibbers, thus its effects on treating Striae has been suggested recently. The present study aimed to assess the effectiveness of CO2 fractional laser 10600-nm as an effective modality in treatment of striae alba.

MATERIAL-METHODS: In an interventional before-after study, 30 patients with striae alba referred to skin clinics at Loghman and Shohada hospitals in Tehran between 2011 to 2013 were consecutively included into the study. Elasticity of skin lesions was measured. Patients were treated with CO2 fractional laser 10600 nm by Deep Fx mode. The number of treatment sessions was 2 sessions with 4 weeks interval. Patients were followed-up three months after completion of therapy and skin elasticity was measured again.

RESULTS: Three months after the last treatment, five of the 30 participants (16.7%) had moderate improvement, 19 (63.3%) had minimal improvement and the others had no improvement. None of the participants showed worsening of their striae alba during the course of study. Evaluation of overall participant satisfaction revealed that three of the 30 participants (10%) were very satisfied, 3 (10%) were satisfied, one (3.3%) was slightly satisfied and 21 (76.7%) were unsatisfied. A statistical significant difference was found in median CRRT levels during the study ($p<.0001$, Friedman test). The median CRRT levels were significantly higher in week 4 and three months after the last treatment compared to the baseline (both $p<.001$, Wilcoxon signed-rank test). Likewise, a significant increase was observed in median CRRT level from week 4 till the end of study ($p<.001$, Wilcoxon signed-rank test).

CONCLUSIONS: Treatment of striae alba with CO2 fractional laser 10600-nm by Deep Fx mode results in partial improvement with mild and self-limited complications.

PP-010

RELATIONSHIP BETWEEN LEPTIN AND SEX HORMONES WITH PSORIASIS

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Introduction & OBJECTIVES: Leptin, a 16Kda peptide hormone secreted from adipose tissue, plays an important role in the regulation of energy intake and expenditure and regulation of body weight; furthermore it has a regulatory function on the reproductive system.Leptin, a 16Kda peptide hormone secreted from adipose tissue, plays an important role in the regulation of energy intake and expenditure and regulation of body weight; furthermore it has a regulatory function on the reproductive system.

The aim of this study was to assess the relationship between serum leptin levels and sex hormones in psoriatic patients and control group and to determine the serum levels of leptin and sex hormones in patients and its association with severity of disease.

MATERIAL-METHODS: This cross-sectional study included 43 male patients with psoriasis and 42 age- and sex- matched healthy controls. We measured serum levels of leptin, sex hormone-binding globulin (SHBG), luteinizing hormone (LH), follicle stimulating hormone (FSH), prolactin and total testosterone in both groups.

RESULTS: Psoriatic patients had significantly higher levels of leptin and lower levels of FSH than healthy controls. Psoriatic patients did not differ significantly in the serum concentrations of LH, total testosterone, SHBG and PRL in comparison with healthy controls. Severity of disease (PASI score) was positively correlated with leptin ($p<.0001$), Body Mass Index ($p=0.001$) and waist circumference ($p=0.001$) and inversely correlated with serum LH levels ($p=0.03$). No significant associations were found between severity of disease and serum levels of FSH ($p=0.38$), total testosterone ($p=0.14$), SHBG ($p=0.98$ and PRL ($p=0.76$).

CONCLUSIONS: Our results suggest that serum leptin level is associated with psoriasis severity and duration and even though we found a relation between LH and psoriasis severity. This association needs more extensive studies.

PP-011

COMPARISON OF TREATMENT OF CANDIDA ALBICANS AND CANDIDA GLABRATA ISOLATED FROM VULVOVAGINAL CANDIDIASIS WITH FUMARIA OFFICINALIS, ECHINACEA ANGUSTIFOLIA, VINEGAR, AND FLUCONAZOLE

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INTRODUCTION: Vulvovaginal candidiasis is an annoying disease among women caused mainly by Candida albicans (C.albicans) and Candida glabrata (C.glabrata). This study was performed with aim to evaluate the antifungal effect of apple vinegar, grape vinegar, and date vinegar, methanol extract of Fumaria officinalis (shahtareh), and methanol extract of Echinacea angustifolia (sarkhar gol) compared to fluconazole to prevent Candida albicans and Candida glabrata isolated from vulvovaginal candidiasis.

METHODS: This cross-sectional study was performed on 49 samples of vaginal discharge of women with positive vulvovaginal who had not respond to fluconazole at Tehran Mahdieh Hospital in 2013. Among these 49 samples, 13 cases of candida albicans and glabrata were diagnosed and isolated. Extracts of plants were obtained by maceration method. Agar gel diffusion was performed to determine inhibition zone (halo) diameter; Candida albicans and Candida glabrata susceptibility or resistance against prepared plant compounds were examined. Data was analyzed by SPSS software (version 16) using Wilcoxon and Mann–Whitney tests.

RESULTS: Fluconazole had larger inhibition zone compared to studied organic compounds. However, apple and grape vinegars had significant effect among natural compounds. Other compounds had no significant effect.

CONCLUSION: Medical plants and vinegars had smaller inhibition zone than fluconazole, had no serious side-effects, and impose very less cost. Moreover, no definite method has been known to reliably evaluate the plants considering to inhibition zone (halo) diameter

PP-012

SKIN SUBSTITUTES, PREPARED FROM CO-CULTURED FIBROBLASTS AND KERATINOCYTES ON A COLLAGEN SCAFFOLD, IMPROVE WOUND CLOSUR

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Introduction & OBJECTIVES: Considering the ineffective conventional therapeutic methods for treating different types of wounds, and because of reports of successful use of skin substitutes prepared from co-cultured keratinocytes and fibroblasts on the scaffold of collagen, this study was performed to evaluate the skin substitute on experimentally induced wounds in rats.

MATERIAL-METHODS: This experimental study was performed on five albino Wistar rats with a 2 x 2 cm2 dimension wounds on their backs. In the experimental group skin substitutes, prepared from co-cultured fibroblasts and keratinocytes on a collagen scaffold, were used; no intervention was done in the control group. Wound healing was assessed histopathologically on 10th day with qualitative indicators, like vascularization, fibrosis, and necrosis, and quantitative indicators, like epithelial thickness, number of hair follicles, fibroblasts, keratinocytes, lymphocytes and neutrophils. Descriptive statistics, Mann-Whitney U Test, and t-test were used to analyze the data.

RESULTS: In all parameters studied, wound healing in the experimental group was better than the control group. Fibrosis severity of the experimental group was less than control group ($p > 0.05$), thickness of the epithelial layer in the control group (30.4 ± 20.4) was less than experimental group (180.5 ± 73.8) ($p > 0.01$) and also the number of fibroblasts and keratinocytes in the experimental group was more than controls ($p > 0.05$)

CONCLUSIONS: It seems that skin substitutes, prepared from co-cultured fibroblasts and keratinocytes on a collagen scaffold, can improve and accelerate full-thickness wound closure. We recommend further studies in this field. Keywords: Fibroblast, Keratinocyte, Collagen-scaffold, Wound healing.

PP-013

EVALUATION OF NAILFOLD CAPILLARY SYSTEM WITH VIDEODERMATOSCOPE IN BEHÇET'S DISEASE

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INTRODUCTION and OBJECTIVES: Behçet's disease, which has a chronic course with attacks and can affect multiple organs, is a systemic vasculitis. Nailfold capillaroscopy is a non-invasive diagnostic method that facilitates the evaluation of microcirculation. Recently, it is frequently used to detect microvascular involvements of rheumatologic diseases. Dermatoscopic examination, which is used as an alternative to classical capillaroscopic methods, is a rapid, non-invasive, and effective tool for the evaluation of nailfold capillary system. The aim of the present study was to compare nailfold capillary findings of patients with Behçet's disease and healthy controls, and also to compare nailfold capillary findings of patients with Behçet's disease in the active and inactive stages.

MATERIALS-METHODS: The study included 44 patients with Behçet's disease and 44 healthy controls. A form including sociodemographic characteristics of the patients and healthy controls as well as clinical features of the patients regarding Behçet's disease was prepared. The patients were classified into active and inactive disease groups according to the Behçet's Disease Current Activity Form. Nailfold capillaries of the fingers of both hands were examined by videodermatoscope in all study participants.

RESULTS: Abnormal capillaroscopic findings including capillary dilatation, microhemorrhage, and capillary loss were determined in the patients with Behçet's disease. Capillary dilatation and microhemorrhage were significantly higher in the patients with Behçet's disease than in the healthy controls ($p<0.05$) (Table 1). In Behçet's disease patients, there were no statistically significant differences with capillary dilatation, microhemorrhage, and capillary loss between patients with active and inactive groups ($p>0.05$) (Table 2). Abnormal capillaroscopic changes were significantly higher in Behçet's disease patients with systemic signs than in those without systemic signs ($p<0.05$).

CONCLUSIONS: According to the present study investigating nailfold capillaroscopic changes as an indicator of microvascular involvement, nailfold capillaroscopy, a non-invasive, cost-effective, and easily applicable method, was considered to follow up Behçet's disease and as a guide for determining of potential systemic involvement.

Table 1. Evaluation of capillaroscopic pathological findings in the patients and control groups.

	Patients (n:25)	Healthy controls (n:3)	p
Capillary dilatation	13	2	p<0.05
Microhemorrhage	9	1	p<0.05
Capillary loss	3	0	p>0.05

n: number

Table 2 Evaluation of capillaroscopic findings in the active and inactive groups of Behçet's disease patients.

	Active group (n: 13)	Inactive group (n: 31)	p
Capillary dilatation	4 (30.8%)	9 (29%)	p>0.05
Microhemorrhage	3 (23.1%)	6 (19.4%)	p>0.05
Capillary loss	1 (7.7%)	2 (6.5%)	p>0.05

n: number

PP-014

STUDY OF METAMORPHOSIS OF SOLAR KERATOSIS TO SQUAMOUS CELL CARCINOMA BY FUNCTIONAL PROTEOMICS TECHNOLOGY

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INTRODUCTION & OBJECTIVES: Actinic keratosis (solar keratosis) is internal malignancy epidermal, if untreated, the potential to develop into invasive squamous cell carcinoma (SCC) of skin second most common cancer after basal cell carcinoma BCC extends around the world. Functional proteomics technology provides a rich source for the history of the disease and biomarkers involved in cancer.

MATERIAL-METHODS: Proteome profiles to find new biomarker for diagnosis and monitoring of cutaneous squamous cell carcinoma (CSCC) tumor progression and identify potential targets for therapeutic molecular targets, using two-dimensional gel electrophoresis (2-DE) and matrix-assisted laser desorption / ionization time of flight (MALDI-TOF-TOF) mass spectrometer is done.

RESULTS: Of the 471 protein spots detected in AK, 227 protein spots with high expression in SCC tumors were compared with the AK, the proteins identified (HSPA2, HSPA5, HSPA8, HSPB1, KRT75, TPM3, TPM4, Vimentin, TUBB2C, Sigma 14-3-3, ACTB, alpha-enolase,) was recently identified in the tumor.

CONCLUSIONS: In the present thesis, 2-DE is capable to breakdown the protein expression of normal skin to AK metamorphosis into CSCC, with the success of the regulator proteins in CSCC detected by proteome analysis, and suggested that this protein can be early detection for comparing candidates to SCC and molecular targets therapy.

PP-015

EVOLUTION OF GHRELIN SERUM LEVELS IN PATIENTS WITH LEPROSY

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OBJECTIVE: Leprosy is a chronic granulomatous infectious disease caused by bacilli of Mycobacterium leprae which can be self-limiting or progressive depending on immunological status of the host organism. In granulomas CD4+ lymphocytes are predominant. There is increase in levels of IL 2 and IFN g. As a result of reaction of CD8 + T cells with bacillus, function of the CD4+ T helper cells are suppressed. Ultimately, because of insufficient production of IL-2 and IFNg, the bacillus cannot be restricted. Although Ghrelin is detected in high amounts especially in gastric fundus, it is found in various cells and tissue types that contain immune cells. It has been determined that Ghrelin is synthesized by T cells and it has been determined that T cells have potent inhibitory effect on proinflammatory mediators via its effects on monocytes and endothelial cells.

MATERIAL AND METHOD: 30 patients with lepromatous leprosy and 30 health individuals whose ages and genders are accordant with that of patient group have been recruited to the study. Ethics committee approval (with meeting number 03, decision number 04, date of 21.02.2013). Ghrelin levels were measured in accordance with production protocol with enzyme-linked immunosorbent assay (ELISA). For statistical analysis, SPSS version 12.0 pack program was used.

RESULTS: Total of 30 patients with lepromatous leprosy with 12 females and 18 males and total of 30 health volunteers have been involved in the study. Age range was 62-86 in patients with leprosy and 61-87 in the control group, was showing accordance in both patient and control groups. Mean age was 75.06±6.4 years in leprosy group and 72.50±6.6 years in the healthy control group. In leprosy group, duration of the disease varied between 1 to 17 years and mean duration of disease was 58.51±9.74 years. There was no statistically significant difference between groups in terms of age and gender ($p>0.05$). In leprosy group, mean serum ghrelin level (68.60±62.75) was statistically significantly higher than the controls (38.31±21.57) ($p=0.01$) (Table 1). In patients with leprosy, when relationship between gender and serum ghrelin levels was investigated; although mean serum ghrelin levels (52.23±22.46) was found lower compared to males (79.52±77.94), this difference between genders was not found to be statistically significant ($p>0.05$).

CONCLUSIONS: Serum ghrelin levels have been found significantly higher in patients with Leprosy than in the controls. We have thought that increase in serum ghrelin level may be due to chronic inflammation. In infectious diseases, different results in terms of serum ghrelin levels have been obtained.

Table 1.

	Lepromatous leprosy	Control	p
n	30	30	
Gender (M/F)	12/18	12/18	p>0.05
Age* (year)	75.06 -/+ 6.	72.50-/+6.6	p>0.05
Ghrelin (pg/mL)	68.60 -/+62.75	38.31-/+21.57	p=0.01

Clinical and laboratory features of the patient and the control groups.

PP-016

IS ACUPUNCTURE A NEW COMPLEMENTARY ALTERNATIVE MEDICINE METHOD IN HILEY-HAILEY DISEASE? A CASE REPORT

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Is acupuncture a new complemantary alternative medicine method in Hailey-Hailey Disease? A case report

INTRODUCTION AND OBJECTIVE: Hailey-Hailey disease (HHD) or familial benign chronic pemphigus is a rare inherited genodermatosis that is characterized by blisters, maceration, erosions on the flexural areas. Sun exposure, stress, sweating, friction and cutaneous infections are precipitating factors of HHD. The mainstay of treatment modalities are anti-infective agents and/or topical corticosteroids; however, these agents usually fail in the treatment of the disease. Some of new therapies aim to reduce hyperhidrosis such as injection of botulinum toxin type A. Acupuncture is an old traditional Chinese medicine method that has been used in many dermatological diseases such as psoriasis,chronic urticaria,acne vulgaris, atopic eczema, alopecia, pruritus, rosacea, herpes zoster, impetigo, vitiligo and tinea becouse of the local anti-inflamatory effects. Also in acupuncture theory the renal meridian controls water and acupuncture is succesfull treatment methods to control hyperhidrosis. Primary hyperhidrosis, sweating associated with malignancy and spontaneous polyhidrosis were treated by acupuncture succesfully

MATERIAL-METHODS: A-50-year-old woman with HHD was admitted to our dermatology out-patient clinic. Her symptoms were started 21 years ago just after her first delivery. Her sister and her mother used to have also HHD. On her dermatological examination; there are severe erosions and macerations on the antecubital fossa, axilla, groins and sub-mammary areas. Her lesions were resistant to convantional treatments and she has reported of recurrent episodes of erosions, vesicles on these areas and her lesions were prone to be exacerbating in the summer months. Acupuncture was suggested to her to reduce sweating on affected sides of the body. Bilateral SI19 (Ting Tong), SP6 (San Yin Sieo), ST36 (Zu San Li), LR3 (Gredd Rushing), KI3 and KI7 (control of water) unilateral REN10 (Xia Wan), REN17 (Dang Zhong), DU20 (Bai hui), ExHN3, were punctured perpendiculary to 0,5-1 cun deep. Perilesional areas were punctured and ear acupuncture were also done. Acupuncture treatment was applied once a week during 2 months period.

RESULTS: At the end of the second month, the lesions on the antecubiteal fossa and sub-mammary areas healed completely. The lesions on the axilla and groins also showed some improvement and the maceration and erosions on the skin were seem to be less. No recurrences were observed in the follows ups 2nd and 8th months. She is still taking acupuncture treatments once in a month.

CONCLUSION: She is the first case with HHD who was treated by acupuncture succesfully for in literature. Acupuncture has been affective without side effects and should be considered as a complemantery alternative medicine method in HHD.

PP-017

LOW SERUM ZINC LEVEL IN PATIENTS WITH GENERALIZED VITILIGO

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BACKGROUND & OBJECTIVE: Vitiligo is characterized by autoimmune destruction of melanocytes, which results in patches of the depigmented skin and mucosal surface. Zinc is one of the trace elements and antiapoptotic factors that plays an important role in the process of melanogenesis and destruction of free radicals. The aim of this study was to evaluationof serum zinc levels in Iranian patients with vitiligo in comparison with normal controls.

MATERIALS & METHODS: In this study, we studied 103 patients vitiligo and 103 healthy controls through a case control design. Two groups were matched for gender and age. Serum zinc levels were measured in two groups.

RESULTS: The mean serum level of zinc was 92.1±13.8 in patients with localized vitiligo and 81.3±12.7 in patients with generalized vitiligo, compared with 91.8±16.2 in the control group. Significant difference was observed between generalized vitiligo and controls.

CONCLUSION: The present study demonstrated correlations between low zinc level and generalized vitiligo and oral zinc supplementation is suggested for the patients with low level zinc.

PP-018

A RARE CASE OF NEVUS LIPOMATOSUS SUPERFICIALIS

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INTRODUCTION: Naevus lipomatosus superficialis (NLS) of Hoffman and Zurhelle is a rare, idiopathic, naevus or hamartoma characterized by ectopic adipose tissue within dermis. This rare hamartoma no gender preference has been observed. Clinically it is classified as either a classical type (multiple) or uncommon solitary type. The classic type of NLS are appears as soft, yellow to skin colored, multiple, clustered papulonodules over the buttocks, lower back or upper thighs in a linear or segmental distribution. The solitary form is uncommon and presents as a single, skin colored, pedunculated nodüle or papule may be located at any site. Classical lesions are usually present at birth or in the first two to three decades of life whereas solitary types generally appear around the fifth decade. In this report with classical type naevus lipomatosus superficialis is presented and reviewed with the literature.

CASE: A 20-year-old male patient presented with a year history of multiple painless swelling over the buttocks. The lesions began as a single nodule; new lesions developed over time and had progressively increased in size. Asymptomatic, yellowish to skin-coloured with cerebriform surface, multiple coalescent papulonodules and tumours on the right gluteal region do not cross the midline, were noted in dermatological examination. His systemic examination was unremarkable. Histopathologic examination of the punch biopsy specimen was reported as ectopic mature adipocytes in the dermis, which was consistent with the diagnosis of NLS. Based on the histopathological and clinical findings, a diagnosis of NLS was made.

CONCLUSION: The treatment of NLS is usually for cosmetic reasons and surgical excision seems to be satisfactory. Therefore our patient was referred to the plastic surgery department for removal of the lesion.

PP-019

LIPOLYSIS USING A 980-NM DIODE LASER: A RETROSPECTIVE ANALYSIS OF 105 PROCEDURES

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BACKGROUND: Laser lipolysis is new a commonly used and accepted modality for removal of unwanted fatty tissue.

AIM: The aim of this study was to evaluate the safety and efficacy of the 980 nm diode laser for lipolysis.

MATERIALS-METHODS: From May 2013 to November 2014, 56 patients underwent laser lipolysis. The treatment was performed using a 980-nm diode laser(OSYRIS,Hellemmes,France).After tumescent anesthesia, a 0,8 mm diameter microcannula housing a 600 µm optical fiber was inserted into the subcutaneous fat. The cannula was moved back and forth in a predetermined manner to get a homogeneous distribution of energy at the treated area. Laser settings were selected in relation to individual body areas: 6 W(chin,arm,leg),9 W (abdomen,back,low back), 15 W (hips,buttock). Patient satisfaction was evaluated and side effects were recorded.

RESULTS: One hundred and five (105) laser lipolysis prosedures were performed on 56 patients.Different areas were treated:low back(25), abdomen(24),legs(16),submental area(11),back(9),buttocks(8),arms(7),knees(2),ankle(1).Mean cumulative energy was area-dependent,ranging from a minimum of 2500 J to maximum of 45000 J. Ecchymoses were observed in almost all patients but resolved in under 1 week for all patients.Hypertrophic scarring occured in a patient on the incision area.Burn observed in a patient on the submental area.Contour correction and skin retraction were observed in 5 patients. There was no infection,hypopigmentation, bruising,swelling or edema. Patient satisfaction was very high. Patients were able to resume normal daily activities after 24 hours.

CONCLUSION: This clinical study showed that the removal of small volumes of unwanted fatty tissue can be performed safety and effectively using a 980 nm diode laser.We observed excellent patient tolerance and quick recory time in this study.

PP-020

ASSESSMENT OF SERUM LEPTIN, LIPID PROFILE, GLUCOSE LEVEL, INSULIN RESISTANCE AND BMI IN PATIENTS WITH SKIN TAG

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BACKGROUND: Skin tags(ST), are small,soft,pedunculated papillomas,usually occuring on the neck,axillae and eyelids. Skin tags are associated with obesity and atherogenic profile

AIM: The aim of the study was to evaluate the relationship between serum leptin, BMI, lipid profile,fasting glucose,insulin levels and homeostasis model assessment of insulin resistance (HOMA-IR) in patients with ST and to compare them with the levels in healthy controls.

MATERIALS-METHODS: This study included 84 participant, 45 ST patients and 39 apparently healthy controls. BMI, fasting glucose, insulin levels, insulin resistance were estimated in addition to lipid profile, leptin and HOMA-IR levels.

RESULTS: The ST group showed significantly higher values of age, total cholesterol,low-density lipoprotein cholesterol (LDL),BMI, triglicerid, very low-density lipoprotein cholesterol (VLDL) and HOMA-IR, when compared with the healthy controls groups. There was no significant difference in sex,leptin levels,high-density lipoprotein cholesterol(HDL), glucose and insulin levels between the groups.

CONCLUSION: The results of this study confirm that ST is frequently associated with obesity and dyslipidemia.Therefore, follow-up of these patients patients with regard to development of disease associated with atherosclerosis may be beneficial.

PP-021

BASAL SERUM CORTISOL AND ADRENOCORTICOTROPIC HORMONE LEVELS IN PATIENTS WITH ATOPIC DERMATITIS

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INTRODUCTION & OBJECTIVES: Atopic dermatitis (AD) is an inflammatory skin disease with eczematous pruritic lesions. Topical corticosteroids are the most widely used and the mainstay of treatment for AD. There are some studies that precutaneous systemic absorption of topical steroids may occur and lead to suppression of hypothalamic-pituitary-adrenal axis (HPAA). However, almost in all of these studies, "basic" HPAA function (before application of topical steroids) was not evaluated. The aim of this study was to investigate basal serum cortisol, adrenocorticotropic hormone (ACTH), and IgE levels in patients with AD and their correlation with disease severity.

MATERIAL-METHODS: Levels of basal serum cortisol, ACTH, and IgE were assessed by ELISA in 31 patients with AD and 31 control subjects. Clinical severity of AD was evaluated by the SCORAD (SCORing Atopic Dermatitis) index.

RESULTS: Data analysis showed no statistical difference for basal serum cortisol and ACTH levels between two groups. The serum IgE level was significantly higher in AD group (P=0.02). The SCORAD index was correlated with serum IgE level, but not with the basal serum cortisol level and ACTH level.

CONCLUSIONS: Basal serum cortisol and ACTH levels are normal in AD patients. Serum IgE level is significantly higher in AD patients and correlated with disease severity.

PP-022

THREE CASES WITH CUTANEOUS MANIFESTATIONS OF FANCONI ANEMIA

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INTRODUCTION: Fanconi anemia (FA) is a rare, autosomal recessive genetic chromosomal instability syndrome. FA is clinically characterized by congenital malformations, progressive bone marrow failure, and high predisposition to malignancies especially acute myeloid leukemia, solid tumors and squamous cell carcinoma of head and neck and anogenital regions. Most patients with FA may present with hyperpigmented mottling, cafe-au-lait spots, small areas of hypopigmentation or pigmentation of the oral cavity.Here we present three cases with Fanconi anemia to remind the cutaneous manifestations of the disease.

CASES: An eighteen year old boy was consulted to our clinic with darkening of the skin and hypopigmented lesions from pediatric hematology and oncology department. Dermatologic examination revealed disseminated hyperpigmentation with multiple hypopigmented macules scattered all over the body especially face and the trunk. Multiple hypopigmented 3 to 5 cm patches on the groin and hyperpigmented patches on the left arm and the back were also determined. On the physical examination both testes were non-palpable. Pelvic magnetic resonance imaging revealed bilaterally undescended testes. Other system examinations were normal.His laboratory findings were compatible with the aplastic anemia. Performed diepoxibutane (DEB) induced chromosome breakage testing was compatible with FA. A twelve and eight year old sisters referred to our clinic by pediatric hematology and oncology department with complaint of skin darkening. Dermatological examination of the younger sister revealed diffuse hyperpigmentation with 1 to 3 cm hyperpigmented patches on the left gluteal area and the legs. Besides the generalized hyperpigmentation, few hypopigmented macules were observed on the right arm and on the abdomen of the older sister. There was no findings detected on the physical examination except for the dysmorphic face appearance. Repeated complete blood cell counts indicated persistent mild thrombocytopenia; DEB induced chromosome breakage testing was compatible with the FA.

DISCUSSION: Fanconi´s anaemia is described in 1927 by Guido Fanconi. The diagnosis is made by typical cutaneous and haematological findings. Cutaneous manifestations occur 80% of the cases and physical anomalies such as short stature, thumb and radial anomalies, structural renal defects, microcephaly, and development delay are also frequent. Dermatological findings may be the only manifestations which present at birth or started at the beginning of childhood. Intense and generalized dusky or olive brown pigmentation in the face and cervical regions, joints and trunk, are the features in patients with FA. Scattered raindrop-like, depigmented macules and cafe-au lait spots may also be seen. FA is a genetic disease which can be fatal, cutaneous manifestations may be the only presenting feature in the early stages. Recognizing these features are important for the early detection.

PP-023

PATCH TEST RESULTS OF THE DENTAL PERSONNEL WITH CONTACT DERMATITIS

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OBJECTIVES: Dental personnel have high risk of occupational contact dermatitis. The aim of this study is to detect the materials which cause contact sensitization and the frequency of contact dermatitis by using patch tests with European standard series and dental screening series in dental personnel.

METHODS: 461 dental personnel were examined. Age, gender, previous history of dermatitis, area of the skin affected and clinical diagnosis were noted. About 198 (43%) of the dental personnel were diagnosed contact dermatitis. Sixty-five of the dental personnel accepted to be patch tested.The tests were performed with European standard series and dental screening series.

RESULTS: Dental technicians, dentists and dental nurses constitute 69.2%, 24.6% and 6.2% of patch tested 65 patients, respectively. Positive reactions to at least one allergen were detected with European standard series at 20% and with dental series at 10.8% among the dental personnel. The most common allergens were nickel sulfate (12.3%), acrylates (6.1%) and para-tertiary-butylphenol-formaldehyde resin (4.6%). The most common acrylate was ethyleneglycol dimethacrylate (3.1%).

CONCLUSIONS: We believe our study will be helpful to dermatologists about frequency of contact dermatitis among dental personnel and allergens that cause contact sensitivity for developing new methods to protect the personnel in dentistry against sensitization.

PP-024

AN UNUSUAL CASE OF DERMATITIS HERPETIFORMIS PRESENTING WITH INITIAL SCALP LOCALIZATION

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Dermatitis herpetiformis (DH) is a serious pruritic bullous skin disease that predominantly affects the extensor surfaces of the elbows, knees, buttocks, back, and scalp. Although the scalp is a predilection site of DH, it is not a familiar localization site of onset of the disease. Here, in this report, a DH with onset only on the scalp is reported.

CASE: 30-year-old man was admitted with itchy hemorrhagic crusted papules on the scalp without any lesions on the other parts of his skin. The patient stated that this rash had appeared three years ago, and he had consulted a physician, received topical corticosteroids and emollients with the probable diagnosis of eczema or folliculitis, which frequently recurred. He had no complaints of diarrhea, bloating, or abdominal pain. Physical examination revealed no abnormality. On histopathological examination of the lesions located on the scalp, subepidermal blistering with massive neutrophilic infiltration in the dermal papillae was revealed. Direct immunofluorescence examination displayed granular immunoglobulin Ig A deposits in the dermal papillae. The patient was started on dapsone and was recommended to follow a gluten-free diet. He is still on follow-up without any lesions.

PP-025

THE EFFECT OF ERYTHROPOETIN AND ERYTHROPOETIN RECEPTOR LEVELS ON OXIDATIVE STRESS IN HUMAN BASAL CELL CARCINOMA

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OBJECTIVE: Oxidative stress significantly impacts multiple cellular pathways that can lead to the initiation and progression of varied disorders throughout the body. So, oxidative status assessment is an initial step in tumor related studies. Erythropoietin controls a variety of signal transduction pathways during oxidative stress. The main function of Erythropoietin (EPO) and its receptor (EPOR) is the stimulation of erythropoiesis. The role of EPO and EPOR on non-hematopoietic normal and cancerous tissues are still poorly understood.

AIM: To the best of our knowledge, this is the first study, we aimed to investigate the levels of EPO and EPOR on oxidative activity of tissue specimens in human basal cell carcinoma (BCC), which is the most common tumor in the world.

MATERIALS-METHODS: Fresh normal and cancerous skin paired tissue was obtained from 33 patients who underwent curative BCC resection in Kahramanmaras, Turkey (Sutcu Imam University hospital). Oxidative stress biomarkers such as superoxide dismutase (SOD) and catalase activities, and the concentration of Malondialdehyde (MDA) in human basal cell carcinoma (BCC) tissue homogenates were measured as spectrophotometric and, also the levels of erythropoietin and erythropoietin receptor were measured by ELISA. Also, BCC tissues were evaluated as histopathologic with light microscope.

RESULTS: While the levels of MDA in cancerous tissue of patients with skin BCC were significantly ($p<0.05$) higher than normal neighboring skin tissue, superoxide dismutase and catalase activities decreased($p<0.05$). Furthermore, a remarkable decrease was found in the erythropoetin level in patients with skin BCC in comparison with the normal neighboring skin tissue. However, we found that erythropoetin receptor levels increased.

CONCLUSION: Results indicated that there is an active oxidative process in BCC lesions. Also, EPO therapy in BCC patiens may require to block tumor cell apoptosis through enhance tumor progression, increase metastatic disease.

PP-026

EVALUATION OF LEPTIN, ADIPONECTIN AND GHRELIN LEVELS IN PATIENT WITH ACNE VULGARIS

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BACKROUND: The researches evaluating adipokines are very few in patients with acne vulgaris. The hypothesis that hyperinsulinemic, high glycemic index diet plays a role in the pathogenesis of acne is still controversial. In this study, we aimed to evaluate adipokines such as leptin (L), adiponectin (A), ghrelin and adiponectin levels and A/L rates that indicate insulin resistance in non-obese patients with severe acne vulgaris.

MATERIAL-METHOD: 30 patients who are non-obese with moderate acne vulgaris, aged 18 to 25 years, and 15 age-sex compatible controls were included in our study. The acne lesions were assessed by using the Global Acne Grading Scale (GAGS). The all participants were evaluated for the parameters that may affect the metabolism of serum leptin, adiponectin, ghrelin levels in blood and the body mass index were calculated. The significance level was determined as P £ 0.05.

RESULT: Of the 30 patients, 17 were women and 13 were men. The mean age was 20.60 years and the mean duration of the disease were 2.8 years. All of patients had moderate acne vulgaris (GAGS 19-30). Of the 15 controls, 11 were women and 4 were men. The mean ages were 21.20 years. There were not a statistically significant difference in leptin, ghrelin, adiponectin levels and A / L ratio between the two groups.

CONCLUSION: Adipokines may have a role in the pathogenesis of acne vulgaris. Leptin, adiponectin, ghrelin and insulin resistance may not participate among the responsible mechanisms in non-obese patients with moderate acne vulgaris.

PP-027

REMOVAL OF GIANT CONGENITAL MELANOCYTIC NEVUS FACILITATED BY EXPANDER PLACEMENT

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INTRODUCTION: Giant congenital melanocytic nevus (GCMN) is usually defined as a melanocytic lesion present at birth that will reach a diameter ≥ 20 cm in adulthood. Its incidence is estimated in <1:20,000 newborns. Despite its rarity, this lesion is important because it has a potential risk for developing malignant melanoma. GCMN usually presents as a brownish lesion with well-defined borders and hypertrichosis. Although GCMN can affect any region of the body its most frequent location is the torso, followed by the limbs and head. Often grows proportionally to the body size as the child matures. As they mature they often develop thickness and become elevated.

CASE REPORT: A twenty-year-old man was referred to the plastic surgery clinic after being seen by the dermatologist. There was a giant melanocytic lesion on his back measuring approximately 30x20 cm in size (Figure 1). Surgical treatment was planned as placement of three expanders and removal of GCMN. Three expanders of 600 mL each were used. They were inserted beneath the adjacent normal skin. (Figure 2) Weekly 50 cc expansion was applied. Three months later, the expanders and the injection ports were removed (Figure 3). The specimen was resected and sent to pathology for identification. A satisfactory result has been obtained with an acceptable functional and aesthetic outcome. (Figure 4) Pathologic examination has been reported as GCMN.

DISCUSSION: Giant congenital melanocytic nevi (GCMN) are disfiguring potentially malignant lesions present at birth. The follow-up of giant congenital nevomelanocytic nevi is important because of their tendency toward melanoma transformation. Estimates vary, but it is generally thought that people with giant congenital melanocytic nevus have a 5 to 10 percent lifetime risk of developing melanoma. The risk of malignant transformation is well documented in lesions involving more than 5% of the body surface area. Most authorities agree to remove these nevi as early as possible. Therapeutic aim is based on 2 main considerations: (1) obtain an acceptable cosmetic result to decrease the psychosocial inconvenience (2) attempt to minimize the risk of malignancy. Unfortunately, these lesions are mostly too large to be removed by classic surgery. Skin expansion is a common surgical procedure to grow extra skin through controlled mechanical overstretch. It creates skin that matches the color, texture, and thickness of the surrounding tissue and must be kept in mind in surgical algorithm while dealing with GCMN. Drawbacks of the use of tissue expanders include infection, hematoma formation, possible flap necrosis and wound dehiscence, expander extrusion and device malfunction. These should be fully discussed with the patient.

CONCLUSION: Despite the risk of these complications reconstruction with tissue expansion has been shown as a very effective treatment option in management of GCMN.

PP-028

PERANAL CONDILOMA ACCUMINATUM CAUSING FECAL İNCONTINENCE

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INTRODUCTION: Condyloma acuminata (CA) caused by Human Papillomavirus (HPV) is the infection in the anogenital region mostly occurring as a sexually transmitted disease. It is most commonly seen in genital, anal, and perianal regions. In HPV transmission homosexuality, bad genital hygiene, chronic genital infections, and polygamy can be considered as risk factors. Patients usually present with cauliflower-like lesions around the anus. Incidence rate in general population is 0.1%. Incubation period of HPV that causes condyloma acuminata is 1–6 months.

CASE: 53-year-old-male patient was applied with the complaint of palpable mass in the perianal region that originated 2 years ago and gradually enlarged, causing discharge with unpleasant odor, recently causing gas-fecal incontinence. There were also lesions on the scrotal area and on penis skin and dorsal root of the penis(Figure1-2). This has led to excessive pain and defecation problems. The patient had no history of any internal disease or medication that suppresses the immune system. Testing for HIV yielded negative results. Local examination revealed a large vegetative lesion in the perianal area(Figure 3). Wide surgical excision of the involved skin by electrokoterization was undertaken in lithotomy position and spinal anesthesia was applied. Excision region was left open for secondary healing.Due to feelings of shame with his condition he did not come to the controls after the surgery so postoperative photographs couldn't be taken. After histopathological examination of the mass, it was reported as condyloma acuminatum

DISCUSSION: Human papilloma virus (HPV) that causes skin warts and papillomas is also a factor for condyloma acuminatum in the anogenital region. One of the risk factors for CA development is an immune-compromised state. Clinically, these warts are characterized by their cauliflower-like appearance, their tendency to become infected and to form fistulas, and their capacity for local invasion. Perianal condyloma may transform into giant condyloma BuschkeLowenstein tumour (BLT) or squamous cell carcinoma if untreated. Early surgical resection in the treatment of condyloma acuminatum prevents the development of BLT. Surgical excision has the highest success rate and the lowest risk of recurrence It is essential to achieve clear surgical margins and wide excision to prevent recurrence It is also necessary to determine histopathologically whether a malignant transformation occurred, or whether the anal sphincter muscles and rectum are invaded with radiological and endoscopic imaging

CONCLUSION: Perianal condiloma that are difficult to control with conservative and / or medical therapy methods, and that surgery is more effective in destruction of the lesions, improvement of quality of life and prevention of possible recurrences.

PP-029

A CASE OF DARIER DISEASE MANIFESTS WITH A SEVERE FACE INVOLVEMENT

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INTRODUCTION: Darier disease is rare genodematosis with autosomal dominant inheritance. It is also known as keratosis follicularis or Darier-White disease and characterized with hyperkeratotic plaques and papules on the seborrheic areas with the involvement of skin, nail and mucosa. The estimated incidence is 4 per million per 10 years. Men and women are equally affected in the disease. The disease usually presents at the end of first decades of life but onset of the disease is reported in some cases even as early as 4 years and as late as 70 years old. The severity of the disease varies in broad spectrum. Involvement areas of the disease are mostly similar to seborrheic dermatitis.

CASE: Herein, we presented a 23 years old male patient diagnosed with Darier-White disease with a severe face involvement.

CONCLUSION: It is worthy of important with clinical presentation and rarity of the disease.

PP-030

LIPOID PROTEINOSIS: A RARE CASE REPORT

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INTRODUCTION: Lipoid Proteinosis also known as hyalinosis cutis et mucosa (Urbach-Wiethe) syndrome is characterized by deposition of hyaline material in skin, oral cavity and the other connective tissues. It is a rare genodermatosis with autosomal recessive inheritance. Till date, it is about 300 cases were reported in the literatures. It is equally effected female and males. Prevalence and incidence is unknown. The disease is classical presented with hoarseness of voice due to laryngeal infiltration in infancy period. The mucocutaneous lesions usually develop in the first years of life gradually. However, timing of their onset is variable. Skin-colored beaded eyelid papules, lip mucosa and frenulum scleroses are the other symptoms of the disease. Rarely epilepsy and air way obstruction can be seen related to central nerves system and respiratory involvements.

CASE: A 22-year-old male patient was admitted to our outpatient clinic with complaints of hoarseness, papules over chin, axillar area. Beaded papules along the eyelid margins (moniliform blepharosis), skin-colored papules and plaques on the chin and axillar area, and thickening of the lingual frenulum were noted in dermatological examination. Deposition of dermal hyaline material was figured out in skin biopsy of our patient. We diagnosed LP to our patient with the lights of these findings.

CONCLUSION: We report the LP case because of it's the disease as one of a rare genodermatosis.
Key Words: Lipoid proteinosis, Urbach-Wiethe disease, genodermatosis

PP-031

COEXISTENCE OF HIDRADENITIS SUPPURATIVA AND STEATOCYSTOMA MULTIPLEX: A CASE REPORT

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INTRODUCTION: Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disorder characterized by inflammatory painful nodules, abscesses and sinus tracts primarily in the axillae and anogenital region. Immunologic or structural abnormalities originating from the hair follicle are thought to play a role in its cause. Steatocystoma multiplex (SM) is a rare disease characterized by multiple cystic lesions originating from sebaceous follicles. It is assumed to be inherited in an autosomal dominant manner, but many nonfamilial cases have also been reported. Although HS and SM are not usually assumed to be associated, there has been two previous case report of their coexistence. In this report the rare association between HS and SM is demonstrated.

CASE: A 20-year-old man presented with recurrent nodules and abscesses in his axillae since the post adolescence period. In addition, he had developed numerous of nodules on the neck. There was no history of similar lesions in the family members. On dermatologic examination, the patient was found to have exhibited numerous inşammatory and şuctuant nodules, comedones, sinuses and scars located in the axillae. The patient also showed asymptomatic, multiple, Şrm, cystic, slightly mobile, nodules on his neck (Fig. 2). A single nodule the patient's neck was removed. On histopathological examination, an epithelial lined cyst was seen consistent with steatocystoma.

CONCLUSION: Co-occurrence of the HS and SM in the same patient is likely to reflect the same follicular anomaly. It is possible that a single underlying defect of follicular proliferation may reason for the coexistence of HS and SM.

PP-032

COMPARATIVE STUDY OF 1,550-NM FRACTIONAL ERBIUM-GLASS LASER (MOSAIC™) AND INTRALESIONAL INJECTION OF TRIAMCINOLONE ACETONIDE IN TREATING NONINFECTIOUS ONYCHODYSTROPHY

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BACKGROUND: Noninfectious nail dystrophy is mostly an idiopathic condition in population without underline disease. It may require intervention because it can affect patient's daily life including cosmetic concerns. But until now, there is no known effective treatment for noninfectious onychodystropy.

OBJECTIVE: We evaluated the effect of non-ablative fractional laser in treating nail dystrophy and compared the results with the intra-lesional injection (ILI) of corticosteroid.

METHODS: Onychodystrophy patients who had negative wet smear results with KOH were enrolled. We applied 1,550-nm fractional erbium-glass laser (Mosaic™: Pulse energy 30mJ, Total density 300spot/cm2) on proximal nail fold of one hand or foot and applied 5mg/ml of triamcinolone acetonide on the other side every 3 weeks for 1 year. We evaluated and compared the effect of each treatment through evaluating clinical improvement assessed using clinical photographs by comparing improvement of nail plate texture and discoloration. We also assessed patient's satisfaction through self-assessment questionnaires.

RESULTS: Among 25 noninfectious onychodystrophy patients, 17 cases (68%) were involving toenails and 8 cases (32%) involving fingernails. Based on the questionnaires, patients had less pain (90%) and felt more effective (78%) in laser group compared to ILI group. In laser group, the response rate was 63%, 62%, and 65% at weeks 6, 9, and 12 respectively; in ILI group response rate was 26%, 37%, and 53% at weeks 6, 9, and 12.

CONCLUSIONS: This study suggests that 1,550-nm fractional erbium-glass laser (Mosaic™) can be an effective treatment option in noninfectious onychodystrophy.

PP-033

EFFICACY OF SYSTEMIC TRANEXAMIC ACID IN SENILE PURPURA

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BACKGROUND: Senile purpura is a common chronic skin condition affecting more than 10 percent of population over the age of 50. Despite it is a benign condition, senile purpura can affect in aspect of social life and self confidence. Until now there is no known effective treatment for this condition other than avoiding physical damage.

OBJECTIVE: To evaluate the efficacy of systemic tranexamic acid in senile purpura.

METHODS: Total 20 patients who had senile purpura on their upper extremities were enrolled in this study. Patients took tranexamic acid 250mg(Transamin²) 3 times a day for 3 weeks and guided to beware of excessive physical activities. We took pictures of their arms at the baseline, after a week and after 3 weeks of treatment. We assessed patient's satisfaction using DLQI and evaluated clinical improvement including taking clinical photographs.

RESULTS: All 20 patients showed no abnormalities in their initial laboratory findings including CBC and coagulation test. On base line assessment, mean number of lesions on the arm was 7, and mean extent was 20 cm2. After 1 week of treatment the pre-existing lesions markedly faded or disappeared in 19 patients and mean extent of lesions decreased to 13 cm2. After 3 weeks of treatment the mean number of lesions decreased to 4 and mean extent was also reduced to 5cm2. 85% of patients were satisfied with the medication according to the questionnaire.

CONCLUSION: Systemic tranexamic acid can be an effective treatment option in patients with senile purpura.

PP-034

THE RELATIONSHIP BETWEEN IgE-MEDIATED HYPERSENSITIVITY AND CONTACT ALLERGY IN ALLERGIC SKIN DISEASE

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BACKGROUND: The relationship between susceptibility of IgE-mediated and cell-mediated hypersensitivity in skin disease have been studied by only few groups. Recent reports suggest that the chronic allergen exposure may induce chronic allergic reactions in the skin by immune profile changes such as shifting to T helper cell type 2.

OBJECTIVE: We analyzed the association between contact allergy and specific IgE responsiveness in allergic dermatitis.

METHODS: It was a cross sectional study among the out patients who visited our clinic between 2011 and 2015. Among the patients with diagnosis of allergic skin disease, 231 patients were tested with TRUE test panel and also tested with serum IgE level. Among them 77 patients also have been tested with MAST. Data analysis was done to find any relationship between them.

RESULTS: 173(74.8%) out of 212 patients had positive patch test results and total IgE level was increased in 82(35.5%) patients out of 173, suggesting that there is no significant correlation between the positive result of patch test and increased total IgE serum level. The patients who had positive patch test results and at least one increased serum level of the MAST component were 40.3%. There was significant positive correlation between positive patch test result and specific serum IgE level.

CONCLUSION: Our study suggests that IgE-mediated hypersensitivities can be related to the contact allergy in allergic skin disease. Large-scale study should be done to find out statistical significance and underline mechanism.

PP-035

AMELANOTIC MALIGNANT MELANOMA ON THE NAPE: A CASE REPORT

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Malignant melanoma (MM) is a cutaneous malignancy originated from melanocytes. Amelanotic malignant melanoma (AMM) is observed in 5% of patients with melanoma and unlikely from the classic MM, the tumor's color is pink-red or light-colored due to lacking melanin pigment, which makes the diagnosis more difficult. Herein we report a 27-year men with nodular AMM that grows in two months.

CASE: A 27 year old man admitted to our dermatology outpatient clinic with a nodule on his nape. He has a papule for a long time but the lesion has grown rapidly for two months. The patient had no symptom. On his dermatological examination 2*2 cm in size purple-lividi nodule on his nape was observed. (picture 1) The lesion was totally excised. On histopathological examination, the lesion was consistent with nodular type MM. Clark level was V and high mitotic activity and vascular invasion were observed. Surgical margins were negative. The patient was referred to plastic surgery department for further evaluation and treatment. MM is the most third frequency skin cancer among all skin cancers. MM presents approximately %1 of deaths due to cancer. The incidence of MM have risen rapidly worldwide. Most important factor for survival is surgical excision of tumor in early stage. AMM has little or no pigment on visuel inspection therefore it can masquerade other benign and malignant skin tumors. This station may lead to delay in diagnosis. In our case the lesion's color was purpuble-lividi and it doesn't have any pigmentation. The asymptomatic nodule was imitating the vascular lesion. The histopathological investigation was pathognomonic for AMM. Amelanotic malignant melanom usually occurs in sun-exposed areas in elderly. Contrary to expectations, our patient was young and on his dermatological examination there was no skin lesion due to the photo damage.

CONCLUSION: MM can manifest many different clinical presentation. Especially AMM can mimick many benign and malignant skin tumors. Early diagnosis is most important factor for survival. Therefore, dermatologists have great responsibility for early diagnosis of MM.

PP-036

MUEHRCKE'S LINES DUE TO DOCETAXEL THERAPY IN A PATIENT WITH BREAST CANCER

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INTRODUCTION: Muehrcke's lines are rarely seen nail disorder. The pathogenesis of Muehrcke's lines is unknown (1). We report the first case of Muehrcke's lines that developed after docetaxel therapy.

CASE REPORT: A 45-year-old woman who underwent surgery for breast cancer (infiltrating ductal carcinoma) was admitted to our clinic because of discoloration of the fingernails. The patient received three cycles of CAF (cyclophosphamide, adriamycin, and fluorouracil), which were completed 2 months earlier. The treatment was continued with three cycles of docetaxel. The changes in the patient's fingernails did not occur during the CAF treatment, but developed after the second course of docetaxel. In all nails, we observed three parallel, horizontal white bands (Fig. 1). The patient was diagnosed with Muehrcke's lines. Laboratory tests were normal except for high lactate dehydrogenase and gamma-glutamyl transferase levels and a low hemoglobin concentration. There was no hypoalbuminemia.

DISCUSSION: Robert Muehrcke described the appearance of paired white transverse bands that ran parallel to the lunulae in the fingernails in 1956 (2). These lines represent an underlying vascular nail bed abnormality and do not move with nail growth. Originally, Muehrcke's lines were described in patients with hypoalbuminemia and disappeared when the serum albumin normalized. Chemotherapeutic agents can cause a variety of nail changes, such as nail pigmentation, transverse leukonychia, onycholysis, brittle nails, dystrophic nails, onychomadesis, and Beau's lines (1). When Muehrcke's lines are drug related, they typically occur approximately 1 month after use of the drug (4). This interval was compatible with our patient's history. The differential diagnosis of Muehrcke's lines should include Beau's lines and especially Mees' lines (5). Although Beau's lines and Mees' lines related to docetaxel have been reported, Muehrcke's lines induced by docetaxel have not been reported (6,7). Our case is the first such report in the English-language literature.

PP-037

A CASE WITH NEVUS COMEDONICUS

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INTRODUCTION AND AIM: Nevus Comedonicus (NC) is a rare organoid nevus derived from epithelial and occurs as a result of developmental defects of pilosebaceous apparatus. Lesions characterized by large comedones forming groups in a linear pattern on the skin are monitored. We aimed to present here a rare case with congenital nevus comedonicus.

CASE: Seventeen-years-old female patient with grouped multiple comedone-like big black stopper of depressions on left scapular area followed the blaschko lines, milium in millimeters, rare pustules and depressed scars admitted to the clinic(Picture 1). When the pustules grow, occasionally, has been occure pain and inflammatory discharge. Except for this condition, lesions are only causes a cosmetic problem for her.It was learnt that these lesions are congenital and they were white until puberty, however, after puberty, black stopper of depressions have became apparent. There was no one in the family who have similar complaints. There was not a similar lesions elsewhere in the body. In addition, central nervous system, skeletal, cardiac and ocular systems were scanned to investigate whether there is Nevus comedonicus Syndrome (NCS) in patient.

RESULTS: The other system examinations except of the lesions described in dermatological examination were normal. To evaluate the central nervous system, brain CT and EEG were taken. Direct X-ray radiography and CT of the vertebral column to evaluate the skeletal system were taken. The results were evaluated by relevant departments. Any abnormality was recorded. In addition, no evidence of ocular involvement of NCS in patients who had been assessed by ophthalmologist. Biopsy did not need to do to confirm the diagnosis. Diagnosis were confirmed in a fast and simple way by dermoscopic findings (Picture 2).

CONCLUSION: Nevus comedonicus is a rare adnexal hamartoma of pilosebaceous unit. Linear lesions contain numerous depressions filled with keratin, sometimes acneiform pustules may be seen. Lesions are available in half of cases at birth and often they are settles on the face, neck, upper arms, chest and abdomen. Linear distribution follow the lines of Blaschko is recorded. NCS is a disease among the well-defined large group of epidermal nevus syndrome. Nevus in affected individuals is related with non-cutaneous abnormalities such as skeletal defects, cerebral anomalies, and cataracts. Our patient did not have any systemic anomaly except unilateral cutaneous comedonal lesions. The diagnosis of NC was confirmed by homogeneous space of the follicular openings in the circular shape filled with keratin plugs as shown in dark brown tone in dermoscopy. Good cosmetic results are reported by surgical excision, extraction, dermabrasion and laser in the treatment of NC. In addition, daily use of topical retinoic acid, tazarotene and tacrolimus can also be active. We intended to emphasize that dermoscopy is a safe, non-invasive and helpful method for diagnosis of nevus comedonicus.

PP-038

ASITRETINE TREATMENT OF A CASE WITH PROGRESSIVE SYMMETRIC ERYTHOROKERATODERMA

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INTRODUCTION AND AIM: Progressive symmetric erythokeratoderma (PSEK) is a rare genodermatosis.

Approximatelly 100 cases were reported in the literature. It is characterized with variable inheritance but mostly automal dominant patern is observed. Symmetrical, stable, erythematous and well demarcated hyperkeratotic plaques are common skin finding for PSEK. Palmoplantar involvement is seen in about 50% of patients. Herein we report a a patient with PSEK was succesfully tearted by asitretine

CASE: A 22-year-old men admitted to our dermatology outpatient clinic with pruritic symmetric hyperkeratotic plaques on the antecubital fossa, elbow, back axilla since birth. (picture 1,2) Pruritus is reduced partially in winter months. The lesions were nonmigratory. There was no family history Palmoplantar involvement was not observed. There was no abnormality of hair, nail or mucosal membranes. Skin punch biopsy was done. On histopathological examination; epidermal hyperplasia, mild papillomatosis, irregular acanthosis, hyperkeratosis and parakeratosis were detected. Based on clinical and histopathological findings the patient was diagnosed as PSEK. 25 mg/day acitretin was started. At the end of the first month, all the lesions healed completely. (picture 3,4)

CONCLUSION: Progressive symmetric erythokeratoderma is characterized by progressive and permanent symetrically erythtematous plaques. Isotretinoin, emollients, keratolytic agents, topical korticosteroids and topical calsipotriol were suggested for treatment of PSEK in literature. We suggested that acitretin is an effective treatment agent without serious side effects.

PP-039

TWO AUTOIMMUNE SKIN DISEASES IN ONE PATIENT: ASSOCIATION BETWEEN ALOPECIA TOTALIS AND PSORIASIS VULGARIS

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INTRODUCTION: Alopecia areata (AA) is a hair-specific, autoimmune T cell mediated disease. It categorized according to extent of the hair loss; AA, partial loss of scalp hair; alopecia totalis (AT), loss of all scalp hair; and alopecia universalis (AU), loss of all scalp and body hair. The significance of T cells in AA has been revealed by several investigations. Psoriasis is also a systemic autoimmune disease characterized by increased cutaneous T lymphocyte activity in the skin. AA and psoriasis are both connected to same possible immunological mechanisms and rarely reported simultaneously. Here we present coexistence of psoriasis and AT in 26 year old male patient.

CASE: A 26-year man admitted to our dermatology out-patient clinic with an 11-year history of non-scarring hair loss on his scalp In addition, he had developed an erythematous plaque on his knee ten year ago. In physical examination there was diffuse loss of all scalp hair (AT) (Figure 1). The patient also showed erythematous, scaly plaque on the knee (Figure 2). There was no abnormality of hair, nail or mucosal membranes. A punch biopsy of the lesion showed histopathologic features of psoriasis.

CONCLUSION: The co-incidence of two autoimmune dermatological diseases in one patient is a rare condition. T cell has an important role in pathogenesis of both of these two diseases. This further emphasize that dermatologists should screen patient with AA or psoriasis for co-incidence of another autoimmune disorder.

PP-040

A DEMONSTRATIVE KOEBNER PHENOMENON SECONDARY TO WEDDING RING IN A PATIENT WITH PSORIASIS VULGARIS

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INTRODUCTION: Koebner phenomenon (KP) was first defined by Henrich Koebner in 1876 on psoriasis disease. Koebner phenomenon which is synonym of isomorphic phenomenon is development of dermatological disease, determinately in stimulation site due to traumatic or non-specific stimulation of the skin. It has been observed that it occurred in different levels in various diseases since it was first defined. KP was classified in four different categories by Boyd and Nelder in 1990 (Table 1). However, the relation of this phenomenon with pathologies like psoriasis, vitiligo and lichen planus is much more substantial.

CASE: 30 years old female patient presented to our hospital's dermatology outpatient clinic with complaints of erythematous and squamous non-itching lesions that started 1 month ago and increased progressively, and reaction caused by her wedding ring. According to her history, this was the first time she ever had such lesions, and they started following an episode of flu-like infection. In her dermatological examination, there were numerous erythematous and squamous plaques especially in the trunk and upper extremities, with diameters ranging from 0.1 to 0.5 cm, showing Auspitz and candle sign. Additionally, there was non-symptomatic erythematous and squamous plaque at her right hand ring finger. Its borders were consistent with the size of patient's wedding ring. Based on the classical diagnostic criteria, the patient was diagnosed with guttate psoriasis vulgaris.

DISCUSSION: Psoriasis vulgaris is an inflammatory papulosquamous and koebner positive disease of the skin. In psoriasis, the reported incidence of KP varies from 11 to 75%. In this disease, true Koebner response exists according to Boyd-Nelder classification. KP in psoriasis disease is important because of its contribution to clinical diagnosis as well as determining the activity and prognosis of the disease. Various stimulating factors have been reported to start the reaction in pathologies that KP exists. These stimulating factors can be categorized in titles like physical and thermal traumas (Surgical incision, friction, bug bites, excoriation, lacerations etc.), dermatoses (Dermatitis, herpes zoster, miliaria, folliculitis, pityriasis rosea etc.), drug reactions (Tuberculin skin test, tattoos, influenza vaccination, positive patch testing, scratch skin test etc.) and therapeutics (pulsed dye laser, immunosuppression, ultraviolet light, withdrawal of methotrexate therapy, high-energy irradiation etc.). KP develops approximately 2-3 weeks after the stimulation. However, it may show up in a wide time interval that ranges between 2 days and 2 years. In this paper, we introduce a case of Koebner phenomenon that was triggered with the friction caused by a wedding ring in a patient diagnosed with psoriasis vulgaris. The case was presented as it is informative and it is clinically interesting.

Table 1 Boyd-Nelder classification of the Koebner phenomenon.

No	Category	Examples	Comments
I	True koebnerization	Psoriasis Lichen planus Vitiligo	Koebnerization associated with pathogenesis, prognosis and treatment.
II	Pseudo-koebnerization	Verrucae Molluscum contagiosum Impetigo	They are due to infectious organisms and represent a seeding of surrounding tissues by trauma.
III	Occasional lesions	Darier's disease Hailey-Hailey disease Lichen sclerosis	Production of lesions following trauma has been well described, occurs with traumatic localization of some frequency, and meet some criteria for the Koebner response.
IV	Poor or questionable trauma-induced processes	Pemphigus vulgaris Eczema Lichen nitidus	The diseases having little substantiation of a koebnerization

PP-041

EVALUATION OF NEUTROPHIL LYMPHOCYTE RATIO AND PLATELET LYMPHOCYTE RATIO IN CHRONIC PLAQUE PSORIASIS

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AIM: The aim of the present study is to evaluate the relationship between disease activity and neutrophil lymphocyte ratio (NLR) and platelet lymphocyte ratio (PLR) in patients with chronic plaque psoriasis.

MATERIAL-METHOD: Clinical and biochemical data was retrieved through retrospective examination of patient and healthy subject medical records. NLR and PLR values were calculated from the hemogram results. This study included 46 patients (25 males, 21 females; 36.58 ± 9.82 years) diagnosed with chronic plaque psoriasis and a control group of 46 healthy volunteers (21 males, 25 females; 34.02±8.41 years).

RESULTS: NLR and PLR were significantly increased in patients with chronic plaque psoriasis (p = 0.000 and p = 0.003, respectively). PASI was positively correlated with NLR, PLR, and serum CRP levels (r = 0.313, p = 0.034; r = 0.394, p = 0.017; r = 0.359, p = 0.014, respectively).

CONCLUSION: NLR and PLR are low-cost tests that can be used to determine the severity of current systemic inflammation in patients with chronic plaque psoriasis.

Table 1

	Psoriasis (n=46)	Control (n=46)	p
Age (year)	36.58 + 9.82	34.02 + 8.41	0.182
Gender (F/M)	21/25	25/21	0.407
BMI	23.04 ± 1.93	22.83 ± 2.06	0.466
Blood-glucose (mg/dL)	87.86 + 6.93	88.89 + 8.09	0.530
Total-Cholesterol (mg/dL)	170.28 + 3.94	178.61 + 26.53	0.243
HDL-Cholesterol (mg/dl)	43.97 ± 9.39	45.29 ± 10.48	0.536
VLDL-Cholesterol (mg/dL)	21.84 ± 7.98	19.47 ± 9.05	0.195
LDL-Cholesterol (mg/dL)	104.54 ± 31.49	113.83 ± 20.82	0.110
CRP (mg/L)	2.41 ± 1.84	0.92 ± 0.55	0.000

Table 1. Demographic Data and Biochemical Results in the Patient and Control Groups

Table 2

	Psoriasis (n=46)	Control (n=46)	p
Leukocyte (10´9/L)	7.52 ± 2.08	6.37 ± 1.47	0.003
Erythrocyte (M/µL)	5.02 ± 0.51	4.87 ± 0.39	0.344
Platelet (K/µL)	296.82 ± 83.19	264.00 ± 55.82	0.029
Hemoglobin (g/dL)	14.51 ± 1.69	14.25 ± 1.65	0.460
MEV (fL)	85.33 ± 4.69	85.80 ± 5.78	0.670
MPV (fL)	9.43 ± 1.13	9.60 ± 1.03	0.456
Neutrophil (10´9/L)	5.03 ± 2.22	3.65 ± 1.08	0.000
Lymphocyte (K/µL)	2.02 ± 0.51	2.21 ± 0.52	0.083
NLR	2.78 ± 1.74	1.75 ± 0.55	0.000
PLR	159.18 ± 64.22	125.01 ± 38.14	0.003

Table 2. Complete blood count data (Leukocytes, Erythrocytes, Platelets, Hemoglobin, MEV, MPV, and distribution ratios of leukocyte subgroups) and NLR, PLR values from the patient and control groups.

PP-042

DO MATERNAL FOOD COLORING ADDITIVES INCREASE OXIDATIVE STRESS IN THE SKIN OF RATS?

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CONTEXT: Glutathione-s-transferase (GST) and cytochrome P450 family 1 subfamily A polypeptide 1 (CYP1A1) metabolize and detoxify carcinogens, drugs, environmental pollutants, and reactive oxygen species (ROS). Changes of GST expression in tissues and gene mutations have been reported in association with many neoplastic skin diseases and dermatoses. Widely used artificial food coloring additives (AFCAs) also reported to effect primarily behavioral and cognitive function, cause neoplastic diseases and several inflammatory skin diseases.

AIMS: We aimed to identify the changes in expression of GSTs, CYP1A1 and vascular endothelial growth factor (VEGF) in rat skin which were maternally exposed AFCAs. Settings and Design: A rat model was designed to evaluate the effects of maternal exposure of AFCAs on skin in rats. “No observable adverse effect levels” of commonly used AFCAs as a mixture were given to female rats before and during gestation. Immunohistochemical expression of GSTs, CYP1A1 and VEGF were evaluated in their offspring.

RESULTS: CYP1A1, GSTP, GSTA, GSTM, GSTT and VEGF were expressed by epidermal keratinocytes, dermal fibroblasts, sebaceous glands, hair follicle and subcutaneous striated muscle in the normal skin. CYP1A1, GSTA and GSTT were expressed at the all microanathomical sites of skin in varying degrees. The expressions of CYP1A1, GSTA, GSTT and VEGF were decreased significantly, while GSTM expression on sebaceous gland and hair follicle was increased.

CONCLUSIONS: Maternal exposure of AFCAs apparently effects expression of the CYP1A1, GSTs and VEGF in the skin. This prominent change of expressions might play role in neoplastic and non-neoplastic skin diseases.

PP-043

AN UNUSUAL CASE FIBROEPITHELIAL POLYP OF THE NIPPLE IN A WOMAN

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Acrochordons or fibroepithelial polyps, are very common skin lesions. Fibroepithelial polyps (FEP) are benign lesions that typically occur in the genital area, oral cavity, urinary tract. They have a spectrum of morphological changes that ranges from bland morphology to rather atypical appearances. they also share morphological features with a number of benign and malignant lesions. A 34-year-old woman presented with a polypoid lesion that surrounding from her right nipple. The patient's history showed that the lesion started developingin her right nipple when she was a child.and the lesion has been growing over time. Biopsies were obtained from the lesion under local anesthesia. Pathology results were consistent with fibroepithelial polyps. This is a report of a rare presentation of Fibroepithelial Polyp of the nipple in a woman

PP-044

CARCINOMA IN SITU IN HYBRID CYST: CASE REPORT

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Follicular hybrid cysts contain two or more components of the epithelial skin adnexa are very rare. The epithelial lining of the hybrid cysts variable might contain epidermal, trichilemmal squamous epithelium or epithelium of skin adnexa. Hybrid cysts can also contain or associate neoplastic changes such as carcinoma in situ, Bowen's disease, squamous cell carcinoma and two case of carcinoma in-situ in a cyst with trichilemmal epithelium was reported previously. A 37-year-old female presented cyst on her scalp The unilocular cystic lesion was lined by markedly atypical squamous cells showed trichilemmal differentiation. Connection with the overlying epidermis was not seen. Lumen of cyst was contained abundant laminated keratinous material and have calcifications. Squamous epithelium was showed marked nuclear and cytologic atypia, pleomorphism, numerous mitotic figures and atypical mitosis. The epithelium of the csyt was also contain ductal structures was lined by cuboidal epithelium C. Immunohistochemical stains for CK7 and epithelial membrane antigen were expressed in the squamous epithelium and glandular epithelium. The glandular epithelium and squamous epithelium were showed luminal staining with CEA and were negative for gross cystic disease fluid protein - 15. p16 was diffusely and strong positive both in squamous and glandular epithelium. Squamous cells showed diffuse nuclear staining with p53 and the Ki-67 index was very high (Figure 2). The cyst that we reported have pilar type squamous epithelium with high grade dysplastic changes and eccrine ductal structures interpreted as hybrid cyst composed of trichilemmal carcinoma in situ, and ductal eccrine component.

PP-045

ACANTHOSIS NIGRICANS IN A YOUNG, OVERWEIGHT GIRL

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INTRODUCTION & OBJECTIVES: Acanthosis nigricans (AN) is a velvety thickening of the epidermis that may signify internal diseases. During childhood, AN is obesity-associated amongst majority of cases, and it is considered an important cutaneous marker of insulin resistance.However, although rarely, a generalized form of AN has been described in childhood. We present a case of a child having generalized idiopathic benign AN.

MATERIAL-METHODS: A 6-year-old girl referred to our clinic for the onset of skin roughness and darkening of the wrists. The mother reported that the skin roughness started a few months after birth, slightly extended to periflexural areas and was associated to a mild pruritus. The girl was born from non-consanguineous parents, with a normal pregnancy and delivery. Psychophysical development was normal. Weight, height and body-mass-index were normal according to age and sex. Skin examination revealed bilateral thickening, darkness, and rough plaques which affected the neck, axillary, inguinal, main folds, navel, upper and lower.Mucosae, palms, soles, genitalia, hair and nails were not involved

RESULTS: Laboratory examinations, including routine blood cell counts, haemoglobin, low density lipoprotein cholesterol, high density lipoprotein, triglycerides, hepatic transaminases, serum protein electrophoresis, thyroid-stimulating hormone, thyroxine, anti-thyroperoxidase antibodies, anti-thyroglobulin antibodies were within the normal range in relation to age and sex.Biopsy specimen obtained from the popliteal region showed papillomatosis, basket weave pattern hyperkeratosis, mild hypergranulosis and acanthosis with focal upward projections of finger-like dermal papillae. The patient was treated for 3 months with topical isotretinoin 0.05% gel being applied once daily. The patient is currently under follow up, the skin lesions have improved significantly with the topical treatment. Childhood AN is classified into eight categories: benign, associated to obesity, syndromic, malignant, acral, unilateral, drug-induced and mixed. The association with obesity seems the most common. Several studies have examined the relationship between AN, obesity and metabolic syndrome. Proliferation of keratinocytes and dermal fibroblasts could be induced by insulin resistance and high levels of insulin binding capacity. However, this mechanism cannot explain all types of AN because hyperinsulinemia is not always present. In malignant AN, the tumor growth factor seems stimulate keratinocyte proliferation.

CONCLUSION: Regular follow-up is important to detect any insulin resistance that can be developed later.

PP-046

MIGRAINE AND COSMETIC ACNE: IS IT RELATED?

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INTRODUCTION: The term 'acne cosmetica' was first used by Kligman and Mills in 1972 to define acneiform lesions that increased with application of certain cosmetic ingredients and are characterized by multiple comedones. Acneiform lesions are eruptions that clinically resemble acne vulgaris but they are etiologically different. They differ from acne vulgaris with their sudden onset, unusual localization (such as forearm and thigh), monomorphic lesions, dispersion on the body and their detection also in all age groups as well as adolescents. Today, acne cosmetic is considered among acneiform eruptions induced externally like pomade acne, occupational acne, chloracne and detergent acne.

CASE: 35-year old male patient applied to our hospital's Dermatology polyclinic with the complaint of localized acne on his forehead region. It was learned that the patient's lesions regressed with various localized acne treatments, but it has been presenting with attacks for one year. In the first anamnesis of the patient, no cosmetic product or contact with occupational comedogenic substance history was received. However, when the story was deepened, it was learned that the patient suffered from migraine attacks very often and to relief his headache he applied massage to the frontotemporal region of his head using vaseline. When dermatological examination of the patient was conducted, many papulopustular lesions and comedones, localized only on the both frontotemporal regions, were observed (Figure 1, 2).

DISCUSSION: Cosmetic acne is a form of acne that is seen in individuals, especially women who use cosmetic products containing comedogenic agents for a long time. Comedogenic substances include lanolin, vaseline, some vegetable oils, butylstearate, lauryl alcohol and oleic acid. Nowadays, comedogenic potential of cosmetics are widely tested. Therefore cosmetic acne is seen more rarely. Local retinoids or local benzoyl peroxides can be used in the treatment of cosmetic acne. However, elimination of etiological factors, as in the case we shared, should be the first step of the treatment approach. In this case report, a cosmetic acne case that has an interesting clinical aspect was shared, and importance of a well conducted dermatologic anamnesis as well as clinical findings in dermatological diseases was emphasized.

PP-047

KOEBNER PHENOMENON AS A COMPLICATION OF SKIN PRICK TEST IN A PATIENT WITH LICHEN PLANUS

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INTRODUCTION: Koebner phenomenon was first defined by Henrich Koebner in 1876 on psoriasis disease. Koebner phenomenon which is synonym of isomorphic phenomenon is development of dermatological disease, determinately in stimulation site due to traumatic or non-specific stimulation of the skin. It has been observed that it occurred in different levels in various diseases since it was first defined. Koebner phenomenon was classified in four different categories by Boyd and Nelder in 1990. However, the relation of this phenomenon with pathologies like psoriasis, vitiligo and lichen planus is much more substantial.

CASE: An 18-year-old woman has been admitted to dermatology policlinic of our hospital due to pruritic lesions that were localized in bilateral antebrachial regions. It was learned via her medical history that she had been complaining about diffuse pruritus particularly in her body that was resistant to anti-histaminic treatment during about last three months. However, the lesions in her arms have occurred approximately 2 weeks after the standard skin prick test that was administered to search pruritus etiology. In her dermatological examination; there were multiple erythematous papules on front side of her body measuring approximately 0,1 cm in diameter and multiple shiny, polygonal and purple papules with Wickham striae measuring 0,1-3 cm on her bilateral ante-brachial region. It was observed that papules on antebrachial regions were generally matching with the site, in which the skin prick test had been administered (Figure 1). Additionally, during the photography of the lesions on her arms, Arabic words, which the patient believed that they would help her treatment, weren't erased.

DISCUSSION: Various stimulating factors have been reported to start the reaction in pathologies that Koebner phenomenon exists. These stimulating factors can be categorized in titles like physical and thermal traumas, dermatoses, drug reactions and therapeutics. As far as we know, there isn't a case with lichen planus diagnosis that developed Koebner phenomenon subsequent to prick test in literature. Koebner phenomenon may emerge because of traumatic stimulation of the skin during skin prick test. Allergic reaction due to administered allergenic substance seems to be a second reason, as well. In our case, clinical appearances of lesions at antebrachial region indicates that the both stimulations played role in Koebner phenomenon development. In conclusion; a clinically interesting case was presented in this study that indicates to the importance of determining skin prick test indications with more attention for diseases in which Koebner phenomenon occurs.

PP-048

HERPES ZOSTER IN CHILDHOOD: A CASE REPORT

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Herpes Zoster is a disease that occurs after the virus is reactivated due to infection of the varicella zoster virus. Although the virus lies dormant in individuals, sometimes reactivates by the factors like immunosuppression, radiation, physical trauma, infection and stress. Herpes zoster usually affects adults of middle age or older, but occasionally involves children. Maternal varicella infection during pregnancy and varicella occurring in the new born display risk factors for childhood herpes zoster. As varicella vaccine is a live attenuated virus, it is a question mark whether herpes zoster may develop as a vaccine recipient. A 2-year-old immunocompetent girl presented with four days history of fluid filled lesions with pain on the left side of chest and back. She had no history of previous chickenpox infection, but had a history of varicella vaccination at the age of 1 year. On examination vesicular eruption on the erythematous ground involving T2-T5 dermatome was seen. This case has been presented because childhood herpes zoster is rare and clinicians should keep in mind that it may result from varicella vaccination.

PP-049

KYRLE DISEASE PRESENTED WITH A GIANT LESION

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Kyrle disease is characterized by the presence of itchy hyperkeratotic papules that is classified in perforating skin diseases. Usually it is presented as red-brown papules and nodules with a central keratotic plug on the legs and arms. These papules may coalesce to form large hyperkeratotic plaques. Kyrle disease is associated with an underlying disorder such as chronic renal insufficiency, diabetes mellitus, hepatic abnormalities or congestive heart failure. A keratotic plug is seen histologically in epidermis and may penetrate papillary dermis. A 58-year-old male presented to dermatology department with complaints of lesions on the right lower leg since one year with severe itching. On examination a few discrete, hyperkeratotic papules on the posterolateral aspect of the right ankle and a large, verrucous hyperkeratotic nodule with crusted keratotic plug more than 1 cm in diameter over the posterolateral aspect of the right foot were seen. Histopathological findings of the biopsy taken from the lesion were consistent with the diagnosis of Kyrle disease. Based on the clinical and histopathological course, the diagnosis of Kyrle disease was made. This case has been reported to highlight different forms of Kyrle disease such as giant variant.

PP-050

THE EFFICACY OF THE THREAD CONTOUR THERAPY FOR CORRECTION OF THE SOFT TISSUE FACE ASYMMETRY

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INTRODUCTION: The use of threads as an anti-aging treatment for lifting, tightening and rejuvenation has been well-known since the 20th century. The method, technique, and results of the threads contour therapy (TCT) evolve as materials improve. We demonstrate the method's clinical efficacy for the face asymmetry correction.

MATERIAL AND METHODS: 12 women aged between 42 and 52, with different types of facial asymmetry of soft tissue underwent the TCT. We used tightening barb Polydioxanine (PDO) threads with the 23Gx90 mm needle, 1-0, 160 mm. Under local and/or loco-regional anesthesia with 1% lidocain, threads were inserted in the subcutaneous layer. Photodocumentation before and after the procedure was completed. We also evaluated the results after 3 and 6 months.

RESULTS: Visible results were noticed immediately after the procedure. The evaluation after six months showed visible changes. No complications have been observed. Among side affects we noticed hematomas (7 patients), granulomas in the site of threads introducing (2 patients) which were transitory. Half of the patients noticed a slight pain the day after the procedure, which persisted for 5 days. All patients were completely satisfied with the result.

DISCUSSION: The most recent achievement in threading has been the introduction of cog threads, which induce higher chronic inflammatory reaction causing a higher rate of fibroblast conversion during the wound healing process. As a result, patients obtain longer lasting and more visible effects after a single treatment. The TCT conducted in earlier stages of sagging allows us to avoid commonly recommended surgical face lifting in order to correct soft tissue asymmetry. In some cases we can improve the asymmetry with less invasive, cost-effective and safer thread contour therapy.

CONCLUSION: The TCT is an effective and minimally invasive method, which can be used for correction of soft tissue face asymmetry.

PP-051

WOUND DEHISSENCE AND KOEBNERIZATION IN A VITILIGO PATIENT AFTER REDUCTION MAMOPLASTY

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INTRODUCTION: Vitiligo is an acquired skin disorder that is characterized by well-defined white patches caused by the disappearance of melanocytes in the epidermis. Vitiligo affects 1% of the world's population. Koebner phenomenon is the development of isomorphic, pathological lesions to traumatized, uninvolved skin of a patient with pre-existing cutaneous disease. Although limited, there have been various cases reporting the occurrence of this phenomenon following plastic surgery procedures.

CASE: A 32 year old woman has applied to our clinic with a complaint of gigantomastia there were hypopigmented patches consistent with vitiligo both on her breast and on her arms(Figure 1) reduction mammoplasty was planned. Two weeks after the operation wound dehissense occurred on the vertical incision line(Figure 2). She has gone under revision surgery.The edges of the wounds were excised and sutured again(Figure 3). Following revision surgery, the patient developed Koebner phenomenon along the incision scars in the inframamarial folds.

DISCUSSION: Vitiligo is an acquired depigmentary skin disorder resulting from autoimmune destruction of melanocytes. The Koebner or isomorphic response refers to the appearance of a dermatosis at sites of trauma. This process was first described by Heinrich Koebner a german dermatogyst in a man with psoriatic plaques in areas of trauma but has also been associated with other cutaneous conditions including vitiligo, eczema and pyoderma gangrenosum For the phenomenon to occur, both the epidermis and the dermis need to be involved in the injury. There also appears to be no anatomical site preference for Koebnerization. The type of trauma leading to Koebner phenomenon can vary from scratching, surgical scars, radiotherapy, burns, irritation from drug use and laser therapy Although case reports of Koebnerization following plastic surgery are limited, the phenomenon has been shown to occur following various types of surgeries including breast reductions and cosmetic procedures Surgeons should be aware of the Koebner phenomenon in patients with vitiligo because it may detract from the outcome, especially in cosmetic procedures. This condition, however, is transient and is not known to affect the long-term aesthetic outcome.

CONCLUSION: It may be concluded that reduction mammoplasty may be considered as relative contraindication in patients with otoimmun cutaneous disease

PP-052

PILOMATRIXOMA: A CASE REPORT

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Pilomatrixoma is a benign appendageal tumor derived from hair matrix cells which is also known as calcifying epithelioma of Malharbe. It usually appears as a solitary, asymptomatic, firm nodule. It is most common on the face and neck, but is occasionally found somewhere else on the body. It is mostly seen in children and young adults up to 20 years of age. The definite diagnosis is made histopathologically. A 19-year-old female was referred to dermatology clinic with a two year history of painless subcutaneous nodule below her right ear. On examination with otorhinolaryngology deparment a firm subcutaneous nodule was seen and palpated over the right angulus mandibula. The computed tomography imaging study demonstrated 8.5x12 mm subcutaneous mass lesion with calcification. Histopathological examination of the excised material showed the presence of basaloid cells associated with phantom cells, with areas of multinucleated giant cells, pigmented macrophages and widespread dystrophic calcification compatible with pilomatrixoma. In this case, we wished to present a patient who underwent excisional biopsy as a result of computed tomography imaging and whose pathological result was reported to be pilomatrixoma. Pilomatrixoma has long been supposed to be an infrequent tumor, but it may be more common than previously realized, so the clinicians must keep in mind the diagnosis of pilomatrixoma for subcutaneous nodules on the head and neck.

PP-053

AMYOPATHIC DERMATOMYOSITIS: A CASE REPORT

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Amyopathic dermatomyositis: A Case Report

INTRODUCTION: Dermatomyositis (DM) is an idiopathic inflammatory myopathy with characteristic cutaneous findings that occur in children and adults. This systemic disorder most frequently affects the skin and muscles but may also affects the joints; the esophagus; the lungs; and, less commonly, the heart. Amyopathic dermatomyositis (dermatomyositis siné myositis) is a rare disorder with cutaneous lesions identical to those of classic dermatomyositis, but with no clinical evidence of myopathy.

CASE: 30 year old male patient. He has been suffering from redness and swelling of the face and dorsum of the hand; in addition symmetrical progressive muscle weakness for a year. He had Gottron papules on the metacarpophalangeal and interphalangeal joints, severe erythema, edema and heliotrope eyelids due to dermatomyositis. Dermatological diagnosis was verified with histopathology. There was no evidence about systemic involvement of disease. ANA, Anti-Jo1 and other laboratory test results including aldolase, creatine kinase, LDH were not in pathological values. There were no pathological findings in EMG test and biopsy examination of quadriceps muscle. We evaluated these findings as amyopathic dermatomyositis. After the medications with azatiophrine (150 mg/day) and prenisolone (1mg/kg/day), all of the dermatological findings resolved.

DISCUSSION: Amyopathic dermatomyositis is characterized presence of typical erythema and DM dermatopathology without myopathy in patients. Our patient was consistent with these findings. Therefore after the beginning of the disease, clinical, histological or radiological myositis occur most of the patients until six years, we decided to follow up the patient for a long time.

PP-054

LINEAR SEBACEOUS HYPERPLASIA ON THE EYELID: A CASE REPORT

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Sebaceous hyperplasia (SH) is a common, benign condition of sebaceous glands that manifests as whitish-yellow, soft, small papules 2-3 mm in diameter with central umbilication. Lesions generally found on the forehead, nose, cheeks and occasionally chest, areola, penis and vulva. Linear, diffuse and familial forms have also been reported. Histologically SH is seen as enlarged, otherwise normal sebaceous gland, often with a large central orifice. Differential diagnosis of SH is basal cell carcinoma, calcinosis cutis, colloid milium, granuloma annulare, lichen nitidus, sebaceous adenoma, and sebaceous carcinoma. A 24-year-old man presented with 3 months history of asymptomatic papules on his eyelid. On dermatologic examination skin-colored, 3 mm sized, soft, umbilicated papules arranged from his right eyebrow to his eyelid. An excisional biopsy was obtained from one papule. Histopathologic examination showed increased number of sebaceous glands and fragments of Demodex have been observed within some of sebaceous glands. Based on clinical and histopathological findings, the patient diagnosed with linear SH on the eyelid. There have been few reported cases of linear SH at the chest, pre and retro auricular, neck and chin areas. To the best of our knowledge this is the first report in the literature of a linear arrangement of SH of eyelid.

PP-055

MERKEL CELL CARCINOMA ARISING FROM POSTOPERATIVE SCAR: AN UNUSUAL PRESENTATION

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Merkel cell carcinoma (MCC) is uncommon and aggressive neuroendocrine cutaneous neoplasm that frequently occurs on sun-exposed areas of elderly people. More than half of Merkel cell carcinomas (MCCs) occur in the head and neck, followed by the extremities, trunk and buttocks. It has a high propensity for local recurrence, regional node and distant metastases. Risk factors include sun damage, immunosuppression, arsenic exposure, statin therapy, PUVA treatment and Merkel cell polyomavirus (MCPV). MCC presents as a solitary, rapidly growing, firm, shiny, asymptomatic, erythematous or violaceous nodule. We present a 54-year-old female who presented with three months history of non-tender lump on her knee. She had an operation for meniscopathy six years ago. Her dermatologic examination revealed well defined, violaceous, dome-shaped, approximately 2 cm in diameter, non-tender nodule on the left knee arising from postoperative scar. A 4 mm punch biopsy was performed from nodule and histopathology revealed dermal infiltration by small round cells, with scant cytoplasm and hyperchromatic nuclei. Tumor cells were strongly positive for CD56 and focally positive for Neuron-specific enolase (NSE). Cytokeratin (CK) 19 and CK 20 exhibit paranuclear staining with dot-like positivity, but negative for human melanoma black 45 (HMB45), S-100 and Chromogranin A. Based on histopathological and immunohistochemical features, a diagnosis of MCC is made. There has been one reported case in the literature of MCC arising on scar. To our knowledge this is the second reported case of MCC arising from a scar tissue.

PP-056

LICHEN STRIATUS WITH ONYCHODYSTROPHY

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Lichen striatus (also known as Blaschko linear acquired inflammatory skin eruption and Linear lichenoid dermatosis) is an uncommon skin disorder of unknown etiology. It is characterized by self-limiting linear inflammatory lichenoid eruption. Although it can appear at any age it is seen primarily in children, most frequently appearing ages 5–15. Although a 2- to 3-fold predominance in women is reported in some studies, both gender are equally affected.

Unilateral eruption along Blaschko's lines on the extremities, trunk or neck as either a continuous or an interrupted band composed of slightly raised erythematous lichenoid papules are main manifestation. Nail involvement and onychodystrophy in lichen striatus is quite rare. We herein present a case of lichen striatus with involvement of the left thumb nail with dystrophic nail changes (Figure 1-2).

Lichen striatus is a clinical diagnosis; further diagnostic workup is not usually required. It should be kept in mind, it is a self-limiting condition that spontaneously regresses 3 to 12 months after onset, and no treatment is required.

PP-057

EVALUATION OF CLINICAL SIGNS AND EARLY AND LATE TRICHOSCOPIC FINDINGS IN PATIENTS WITH TRACTION ALOPECIA

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INTRODUCTION & OBJECTIVES: Traction alopecia denotes an often permanent hair loss resulting from prolonged physical damage to the hair shaft. This can be caused by specific hairstyles and resulting from people's traditions and religious beliefs. In the literature there was no study that describing the stand-alone trichoscopic findings of traction alopecia. The aim of this study was to evaluate the trichoscopic findings of used in the diagnosis of traction alopecia and its relationship with traction duration.

METHODS: 25 patients with tractional alopecia were enrolled in the study. Diagnoses were established clinically and patients were divided to two groups acording to traction duration. Dermatoscopic examination was performed by DermLite II Pro (3Gen, San Juan Capistrano, CA, USA) which is able to interrupt reflected light without the use of immersiongels.

RESULTS: Reduction in hair density, hair diameter diversity, empty follicules, and vellus hairs were observed in all patients. Loss of follicular openings in 19 (76%) patients, yellow dots and broken hairs in 17 (68%) patients, black dots in 12 (48%) patients, hair cast in 7 (28%) patients, circle hair in 5 (20%) patients, arborizing red lines in 3 (12%) patients, comma hairs and coiled hairs in 2 (8%) patients were determined. It was found that the trichoscopic findings of traction alopecia to vary with the time of traction. While during the evaluation of loss of follicular openings, hair cast and black dots it is detected statistically significant difference between early and late trichoscopic finding.

CONCLUSIONS: Traction alopecia is chronic and difficult to treat. Hence, early diagnosis and treatment is necessary. Trichoscopy, being a noninvasive diagnostic technique, can be utilized in this condition as it plays a vital role in the diagnosis of this condition by demonstrating specific trichoscopic patterns. Our study is the first study to identification of early and late trichoscopic findings of traction alopecia.

Table 1

Demographic characteristics	Patients n (%)
Age (year) Mean±SD	32,56±16,97
Educational level Primary school Secondary school High school University	 6 (24%) 9 (36%) 8 (32%) 2 (8%)
Turban-wear duration (year) Mean±SD <10 years ≥ 10 years	16,04±6,17 10 (40%) 15 (60%)
The affected location Frontal region Fronto-parietal region Fronto-temporal region	 10 (40%) 11 (44%) 4 (16%)
Seborrhea	12 (48%)
Dandruff	10 (40%)
Thin hair	13 (52%)
Coarse thick hair	2 (8%)
Paresthesia/hypoestesia	8 (32%)
Itchiness	10 (40%)
Headache	9 (36%)
Folliculitis	5 (20%)
Other skin diseases Rosacea Acne vulgaris	 3 (12%) 1 (4%)

Table I. The demographic characteristics of the patients.

Table 2

Trichoscopic findings	Patients n (%)
Reduction in hair density	25 (100)
Empty follicules	25 (100)
Hair diameter diversity	25 (100)
Vellus hairs	25 (100)
Loss of follicular openings	19 (76)
Yellow dots	17 (68)
Broken hair	17 (68)
Black dots	12 (48)
Perifollicular erythema	12 (48)
Hair cast	7(28)
Circle hair	5 (20)
Arborizing red lines	3 (12)
Comma hairs	2 (8)
Coiled hairs	2 (8)
Corkscrew hairs	1 (4)

Table II. Dermoscopic findings of hair and scalp.

Table 3

Trichoscopic findings	Early Group (< 10 years) n (%)	Late Group (≥ 10 yers) n (%)	p
Reduction in hair density)	10 (100	15 (100)	1.00
Hair diameter diversity	10 (100)	15 (100)	1.00
Empty follicules	10 (100)	15 (100)	1.00
Vellus hairs	10 (100)	15 (100)	1.00
Loss of follicular openings	4 (40)	15 (100)	0.001
Yellow dots	7 (70)	10 (66,66)	0.861
Broken hair	7 (70)	10 (66,66)	0.861
Black dots	9 (90)	3 (20)	0.000
Perifollicular erythema	9 (90)	3 (20)	0.000
Hair cast	7 (70)	0	0.001
Circle hair	4 (40)	2 (13,32)	0.126
Arborizing red lines	2 (20)	1 (6,66)	0.315
Comma hairs	2 (20)	0	0.071
Coiled hairs	2 (20)	0	0.071
Corkscrew hairs	0	1 (6,66)	0.405

Table III. Trichoscopic findings according to duration of traction.

PP-058

NEVOID HYPERKERATOSIS OF THE NIPPLE-AREOLAR COMPLEX: SUCCESSFUL TREATMENT WITH CO2 LASER

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Nevoid hyperkeratosis, which is characterized by hyperpigmented verrucous plaques, was first described by Tauber in 1923. As a rare benign disease, nevoid hyperkeratosis can be encountered in the entire nipple-areolar complex or can spare the areola.

A 25-year-old female patient was admitted to the outpatient clinic with dark brown to black crusting on both nipples. The lesions appeared during puberty and caused no major problems. Dermatological examination revealed brown to black thick verrucous plaques on both nipples. Histopathological examination of a punch biopsy specimen showed significant lamellar hyperkeratosis, papillomatosis, keratin plugs, an increase in melanin pigment in the basal layer of the epidermis, filiform elongation, and fusion of the rete ridges. Based on clinical and histopathological findings, a diagnosis of "nevoid hyperkeratosis of the nipple-areolar complex'' was made. Due to the patient's young age, cosmetic concerns, and the possibility of posttreatment breastfeeding difficulties, CO_2 laser therapy was the preferred treatment method. After preparation of the surgical site and local anesthesia, a CO_2 laser (Lumenis™ Ultrapulse Laser; Lumenis, Yokneam, Israel) with a scanner (Lumenis™ Surgitouch Scanner; Lumenis) attachment was utilized to remove the hyperkeratotic material of the left areola and nipple. The treatment area was vaporized in six passes at a laser energy setting of 11.7 J/cm^2. Local wound care was performed using 2% mupirocin ointment. Slight residual erythema and no recurrent hyperkeratosis were observed over a 3-month observation period. The patient was satisfied with the esthetic outcome of the laser procedure, and no complications were reported.

Although various treatments have been reported in the literature, no definitive therapy is available for nevoid hyperkeratosis of the nipple-areolar complex. CO_2 laser use is not common to treat nevoid hyperkeratosis. Its rapid effect, decreased postoperative bleeding and pain, and the lower risk of complications render CO_2 laser therapy a better option than other modalities. We suggest that such treatment should be used for nevoid hyperkeratosis of the nipple-areolar complex. Although larger-scale studies are needed to verify the effectiveness of this treatment modality, CO_2 laser therapy is a promising choice of treatment for this disease.

PP-059

EFFECTS OF ORAL CURCUMIN SUPPLEMENTATION ON SKIN FINDINGS, INFLAMMATORY MARKERS AND OXIDATIVE STRESS IN BEHÇET DISEASE

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INTRODUCTION&OBJECTIVES: Behçet's disease is a vasculitis with unknown etiology characterized by oral aphthous ulcers, genital ulcers and ocular lesions, as well as vascular, gastrointestinal and neurological symptoms can be accompanied by an inflammatory multisystem. In the sera of Behçet patients cytokines such as TNF-α, IL-8 and IL-1β are increased and factors such as myeloperoxidase and superoxide that secreted by activated neutrophils.Curcumin is an anti-inflammatory,anti-cancer,anti-oxidant, wound healing,antiviral,antifungal and anti-microbial agent. We aimed to investigate the effects of oral curcumin supplementation on cutaneous manifestations,inflammation and oxidative stress markers in Behçet's disease.

MATERIALS&METHODS: 12 patients with Behçet's disease were included in this randomized,double-blind,placebo-controlled study.. The clinical symptoms of index (CMI) were calculated in the beginning for each case and at the end of three-month treatment. Blood was drawn from patients for IL-6,IL8,TNF-α,malondialdehyde (MDA),superoxide dismutase (SOD),total antioxidant activity (TOC) at baseline and at the end of three-month treatment.We treated patients consecutively with 500 mg curcumin extract with 5 mg of piperine 3 times daily after meals for 3 months,placebo in a similar color and appearance,then clinical evaluation and blood sampling repeated.

RESULTS: In the placebo group, there were significiant differencebetween beginning and after treatment levels for TNF-α, MDA and SOD (p=0.043,p=0.043 and p=0.043). In the curcumin group, significant difference was determined between beginning and after treatment levels for IL-6, IL-8, TNF-α (p=0.018, p=0.018, p=0.028). There was significant difference between beginning and after treatment levels for MDA and SOD (p=0.018, p=0.018) but in the TOC values there was no significant difference (p=0.739).There was significant difference between beginning and after treatment levels for CMI (p=0.026). Both groups IL-6, IL-8 percentage change of pre-treatment and post-treatment of values compared and statistically significant difference was found (p = 0.048, p = 0.003). There was no significant difference for TNF-α (p = 0.432). SOD treatment in both groups before and after treatment showed significant difference compared to the percent change (p = 0.003), but no significant difference for MDA (p = 0.073).CMI showed significant difference compared to the percent change in both groups before and after treatment (p=0.343).

CONCLUSIONS: Curcumin treatment was significantly effective on skin manifestations of Behçet's disease patients but when compared with placebo it was not effective.IL-6, IL-8 levels were significantly decreased. Constitutes a significant increase in SOD. Further and large studies require for evaluation of curcumin efficacy on Behçet disease. Curcumin may be be a choise of Behçet's disease therapy or adjuvant therapy.

PP-060

ANGIOMA SERPIGINOSUM: A CASE REPORT

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Angioma serpiginosum, a rare vascular nevoid disorder characterized clinically by minute red macules that cluster together to form a linear or serpiginous pattern or gyrate pattern. A 21-year-old man presented with numerous irregular punctate red macules on the left shoulder. Dermoscopic examination showed multiple small and relatively well-demarcated round to oval red dots and globules and histopathologic findings were compatible with angioma serpiginosum. Angioma serpiginosum is a skin condition that may occur anywhere on the body but most often appears on the buttocks and legs and predominantly affects females. It can be distinguished by dermoscopic and histopathologic examinations. Both the localization on shoulder and the appearance in a male are unusual.

PP-061

EVALUATION OF NEUTROPHIL TO LYMPHOCYTE RATIO IN LICHEN PLANUS PATIENTS

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Lichen planus is a chronic inflammatory disorder characterized by a T-cell-mediated immune response against epithelial cells, with persistent accumulation of T lymphocytes and epithelial cell damage. This study aims to investigate in lichen planus with neutrophil to lymphocyte ratio (NLR). Clinical and biochemical results of the patients and control groups were obtained retrospectively from the patients files. NLR were calculated from the hemogram test. This study was conducted in 25 patients (12 males, 13 females; mean age 43,46 ± 11,28 years) with lichen planus and 30 healthy volunteers as a control group (12 males, 18 females; mean age 47,00 ±11,28 years). NLR were higher in the lichen planus patients (2,92 ± 0,43) than in the control group (1,56 ± 0,41). There were significant differences between increased significantly in lichen planus patients ($p<0,05$). NLR values that can be calculated easily from the cheaper tests may use as a new marker in lichen planus patients to determine the severity of systemic inflammation

PP-062

A MAN WITH NEVOID HYPERKERATOSIS OF THE AREOLA

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Nevoid hyperkeratosis of the nipple and/or areola is an unusual and benign skin disease, which occurs predominantly in females, especially during the second and third decade of life. The lesions are often bilateral. A 55-year-old-man presented with a five year history of asymptomatic discoloration and thickening of both areolas. On examination, there was a diffuse brown-black pigmentation and thickening of the right and left areola. Breast inspection was normal. Other dermatologic examination was not significant. He was not obese at all. A cutaneous biopsy was taken from the left areola, and showed hyperkeratosis, acanthosis, papillomatosis, elongation of rete ridges. Based on the clinical and histological findings, diagnosis of nevoid hyperkeratosis of the areola was made. We reported this case for the rarity of this condition in man and in older age.

PP-063

URTICARIA AS AN AUTOIMMUNE DISEASE ASSOCIATED WITH AUTOIMMUNE POLYGLANDULAR SYNDROMES IN THREE CASES

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INTRODUCTION & OBJECTIVES: Urticaria and vitiligo are common skin diseases encountered often at outpatient clinic of dermatology. Chronic spontaneous urticaria is a disease characterized by erythematous wheals lasting at most 24 hours and persist more than 6 weeks. Some of them, unlike the title, related with subtle autoimmune process not occur spontaneously. Vitiligo is an acquired disorder characterized by circumscribed depigmented macule that result from a progressive loss of functional melanocytes. Many studies suggest that vitiligo might be an autoimmune disease. Vitiligo and chronic autoimmune urticaria have been described in association with other autoimmune diseases and might be the components of autoimmune polyglandular syndromes (APS) that a group of autoimmune disorders characterized by endocrine tissue destruction.

MATERIALS & METHODS: APS are classified into four main types based on the clinical presentations. APS type 2 is characterized by presence of Addison's disease and autoimmune thyroiditis. APS type 3 is characterized by presence of autoimmune thyroiditis associated to other autoimmune diseases (excluding Addison's disease). The most frequently reported dermatologic disorder is vitiligo among the associated autoimmune disease.

RESULTS: Here we report three patients diagnosed as APS type 2, type 3C and type 3B+C respectively, according to the newest classification. All three patients have vitiligo, autoimmune thyroiditis and, to the best of our knowledge, one of the rarest component of the literature cases chronic autoimmune urticaria.

CONCLUSIONS: We stress the importance of a thorough assessment for autoimmune diseases in selected urticaria and vitiligo patients.

PP-064

GALLI-GALLI DISEASE: SUCCESSFUL TREATMENT WITH ACITRETIN

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INTRODUCTION: Galli-Galli disease (GGD) is a very rare variant of the genodermatosis Dowling-Degos disease (DDD) with the histologic finding of focal acantholysis. It was originally reported by Bardach, Gebhart and Luger in 1982, who described the disease in two brothers

CASE: Here we report a 56-year-old man with a 15-year history of a generalized, pruritic, hyperkeratotic papular eruption as well as reticulated pigmentary changes in his back, neck and extremities. He had a sister with similar brownish macules which apperared in middle age. A skin biopsy showed digitiform epithelial down-growths of the rete ridges with hyperpigmentation confined to the tips of the rete ridges and focal acantholysis was seen. This histopathological and clinical findings led to a diagnosis of Galli-Galli disease. Treatment with acitretin provided a rapid improvement of the hyperkeratotic papules and pruritus significantly ameliorated.

DISCUSSION: Galli-Galli disease is a benign but very pruritic genodermatosis. It is a very rare acantholytic variant of Dowling-Degos disease (DDD). As with DDD it is believed to be linked to mutations in the KRT 5 gene. Clinically it is characterized by reticulated hyperpigmentation predominantly affecting the flexures along with pruritic, scaly, hyperkeratotic erythematous papules, similar to the DDD. Histopathologic examination of the eruption reveals characteristic digitiform elongation of the rete ridges seen in DDD along with focal acantholysis.

On conclusion, Galli-Galli disease is an acantholytic variant of Dowling-Degos disease and it should be included in the clinical differantial diagnosis of reticulate hyperpigmentation and the histologic differantial diagnosis of focal acantholysis with or without dyskeratosis.

PP-065

POSTVACCINATION BULLOUS PEMPHIGOID IN CHILDHOOD:REPORT OF A NEW CASE

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INTRODUCTION: Bullous pemphigoid (BP) is an acquired bullous disorder that predominantly affects the elderly. It is rare in children but when it occurs, there is considerable clinical and histologic overlap with other acquired or congenital blistering disorders. Although the cause of childhood BP is unknown, drug intake and vaccination have been incriminated. A total of 13 patients with BP (10 adults and 3 infants) have been described to be related to various vaccines.

OBJECTIVE: We report a case of childhood BP in whom the lesions developed after vaccination

MATERIAL-METHODS: A 4-month-old male infant who presented with erythema and bullae of the palms and soles that then became widespread.Nikolsk's sign was negative. There were two erosions on the buccal mucosa. Lesions were appeared two weeks after diphtheria tetanus pertussis vaccine. He rubbed frequently testifying the character of pruritic lesions

RESULTS: A subepidermal blister was seen on microscopic examination whereas immunofluorescence demonstrated linear IgG and C3 deposition at the basement membrane zone. Oral Betamethasone therapy was initiated at a dose of 1 mg/ kg per day. Rapid improvement with resolution of bullae was observed without any recurrence after corticosteroids treatment.

CONCLUSION: Childhood bullous pemphigoid is a rare disease. The diagnosis depends on the combinations of clinical history, histological findings, and immunofluorescence. We suggest that vaccination may be the triggering factor of BP by stimulating the immune system with an unexplained mechanism.

PP-066

EFFECTS OF ISOTRETINOIN TREATMENT ON OXIDATIVE DAMAGE IN RATS

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Introduction&OBJECTIVES: The pathogenesis of acne vulgaris is multifactorial and it is common dermatological disease. Isotretinoin is the only agent that affects all of the creation mechanisms of acne. There isn't any research investigating the relationship oxidative stres and side effect of isotretinoin on liver, muscle and blood.For this reason we aimed to evaluate the oxidative damage on rats liver, muscle, blood with therapeutic dose of isotretinoin in different times.

MATERIAL-METHODS: In study 30 pieces two-month Wistar albino rats were used and groups were divided into 4 groups randomly. Dose of 7,5 mg/kg İsotretinoin (equivalent to human low-dose) was given through gavage. At the end of the study blood, liver, and skeletal muscle samples were received from the under anesthesia animals. In this samples we observed oxidative stress and antioxidant defense markers that are malondialdehyde, protein carbonyl, 8-hydroxy deoxy guanosine, superoxide dismutase, glutathione peroxidase, glutathione and nitric oxide levels. AST, ALT, creatine kinase levels were surveyed in blood samples.

RESULTS: There was significant difference between levels of ALT isotretinoin 3 months rats and control group (p=0,031). MDA levels is revealed high values in the liver in 1 month, 2 months, 3 months group than the control group. Assessment of DNA and PC in the blood, there was no significant difference between control group and 1 and 3 month treatment group. There was significant difference between groups of 2. Months and 3 months with control group for GSH values. There was significant difference between SOD control group and 1. month, 2 months, 3 months treatment groups. There was significant difference between NO control group and 1. Month treatment group.(p=0,044) İn liver tissues there were significant difference between control group and 2 month ($p = 0.002$), and 3 months ($p = 0.001$) for PC.In muscle tissue there was significant difference between control group and 3 month ($p = 0.002$) for GPX.

CONCLUSION: As a result of this study the low doses of isotretinoin that is equivalent to humans lower treatment dose ALT and oxidative stress markers DNA, PC, GSH values are significantly different at thirth month. Oxidative stres could be identified in the blood with these parameters.As to SOD and NO markers are different in the blood varies from 1 month. For determining of the early change, in our opinions consulted to this two parameters.In the liver tissue MDA changed from the first month. For PC there was significant difference in first and third month. This change was thought cause of the cumulative dose. For the muscle tissue revealed GPX value significantly different at 3 months and this change was thought cause of the cumulative dose.

PP-067

ALEXITHYMIA AND BEHÇET'S DISEASE

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INTRODUCTION & OBJECTIVES: There is limited information about the relationship between Behçet's disease (BD) and alexithymia.The aim of this study was to establish whether alexithymia is present in patients with BD comparing them with a control group.

MATERIAL-METHODS: Fifty consecutive outpatients diagnosed with BD according to the criteria of the International Study Group for Behçet's Disease and 50 healty controls were enrolled to the study. Patients and healty controls were evaluated using Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and Turkish version of Toronto Alexithymia Scale (TAS-20).

RESULTS: TAS-20 scores are classified according to whether the absence of alexithymia, intermediate alexithymia and alexithymia. Patients with BD compared with controls and found significant difference in TAS classifications ($p = 0.019$). According to this classification, Odds Ratio (OR) values are examined; the risk of being together BD and alexithymia was 6 times more than patients who had no alexithymia (OR = 6139) and this value was meaningful (95% CI = 1,657-23.913).

CONCLUSION: We found that Behçet's disease strongly associated with alexithymia. These findings indicate the need for the early recognition and management of psychiatric symptoms in patients with BD. These patients must take appropriate psychotherapeutic interventions.

PP-068

GRANULOMATOUS ROSACEA-A CASE REPORT

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Granulomatous rosacea; is a rare variant of rosacea which presents with multiple papules and nodules on the malar and perioral area. 49 year old man attended with pruritic,elevated lesions on his left cheek and over his left eyebrow which had been present for a few months. On dermatological examination a 2.7 cm plaque on his left cheek and 1.3 cm plaque over his left eyebrow was noted.Plaques was yellowish, hard with palpation and had mild desquamation. A biopsy was taken and hystopathologically diagnosed as granulomatous rosacea. There have been different treatment modalities such as topical metronidazole, pimecrolimus, systemic tetracycline, minocycline, doxicycline, isotretinoin, dapsone and thalidomide. As our patient did not respond the topical metronidazole, pimecrolimus, permethrin and systemic tetracycline, Treatment changed to isotretinoin 20 mg per day. After 2 months lesions were completely resolved. We present this case because of its rarity and succeed treatment with systemic isotretinoin.

PP-069

POROKERATOSIS MIBELLI- A CASE REPORT

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Porokeratosis of Mibelli is a rare disorder of hereditary keratinization. Clinically, central atrophy surrounded by a ring around the annular hyperkeratotic plaques is characterized. There are five different types in the group of porokeratosis:disseminated superficial actinic porokeratosis, punctate porokeratosis, porokeratosis palmaris et plantaris disseminata, linear porokeratosis and porokeratosis of Mibelli. A 40 year old man presented with pruritic scrotal plaques for 19 years. Lesions did not respond the use of multıple topical antifungal therapy. Dermatological examination showed minimal elevated annuler plaques surrounded by rim formation with central atropy. A biopsy was taken and hystopathologically diagnosed as porokeratosis. Our patient did not respond the topical pimecrolimus, adapalene treatment.Therefore treatment changed to isotretinoin 10 mg per day. After one month lesions were regressed.We present this case because of its rarity and succeed treatment with systemic isotretinoin.

PP-070

A YELLOWISH PLAQUE ON THE CHEEK OF AN INFANT: NEVUS SEBACEOUS OF JADASSOHN

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INTRODUCTION: Nevus sebaceous (NS) is a hamartoma of the skin and adnexa. It is often referred to as an organoid nevus. At birth, nevus sebaceous typically presents as a solitary, well-circumscribed, smooth to velvety, yellow to orange, round or oval, minimally raised plaque. Lesions on the scalp are typically hairless. NS may be complicated by the development of benign and malignant nevoid tumors in the original nevus. Neoplasms ocur mostly in the fourth decade of life in approximately 10 to 30% of cases. Here we present a case of nevus sebaceous of Jadassohn which is located on a cheek of an infant.

CASE: A 1-month-old male presented with a soft, yellowish-colored plaque on his right cheek. The mother's pregnancy was uneventful, and Apgar scores at delivery were in normal ranges. Dermatological examination revealed yellow to orange minimally raised 4x2 cm lineer plaque located on the right cheek. The lesion was present since birth and no changes had been observed since then. Further physical examination did not reveal any neurological, ophthalmological, cardiologic, musculoskeletal and cutaneous abnormalities. There was no family history of similar skin lesions. And laboratory tests were all in normal ranges.

DISCUSSION: Nevus sebaceous was first described by Josef Jadassohn. And it occurs in approximately 0.3% of all newborn infants. Both sexes are equally affected. Although the lesions mostly locate at the scalp and face, trunk and extremities may also be affected.Characteristically, the lesion grows proportionally with the size of the patient until puberty, at or just before puberty. Syndromes associated with nevus sebaceous include SCALP syndrome and linear sebaceous nevus syndrome (Schimmelpenningsyndrome). Although NS is usually an isolated finding, it may also be a compenent of associated syndromes. Excision of the lesion may be considered at any age for cosmetic reasons. Because of the potential of malignant transformation, some authors recommend complete excision of the lesion but due to low incidence of malignant transformation in childhood, prophylactic excision before the puberty may not be preferred.

PP-071

PENILE LICHEN PLANUS SUCCESSFULLY TREATED WITH TOPICAL PIMECROLIMUS

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Lichen planus is a T-cell mediated chronic mucocutaneous disorder of unknown etiology. Occasionally, genital area involvement may be the sole manifestation of the disease. The first-line treatment is topical corticosteroids, but some cases may not respond to these agents. A 50-year-old male patient presenting with gray-white reticular lesions on the penis was given a clinical diagnosis of lichen planus and the patient showed clearance of the lesions at the end of treatment with pimecrolimus %1 cream. Topical pimecrolimus may be a useful second-line therapeutic option for genital lichen planus unresponsive to topical corticosteroids and it may induce sustained remissions.

PP-072

PIGMENTED CUTANEOUS METASTASIS OF BREAST CARCINOMA ON THE TRUNK: A RARE PRESENTATION

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INTRODUCTION: Cutaneous metastases rarely develop in patients with cancer and these conditions are very important for prognosis and treatment. Carcinoma of the breast is the most common cause of cutaneous metastases in women, which may present a large spectrum clinical and histopathological. Pigmented cutaneous metastases of breast carcinoma, which clinically mimic malignant melanoma has been defined infrequently in the literature and these metastases are usually placed on the chest and abdominal wall close to the mastectomy scar.

CASE: We report a case of 56 years old female with invasive ductal carcinoma who developed pigmented papules and plaques over the post mastectomy scar five years after the operation which was clinically and dermoscopically mimicking malignant melanoma but diagnosed as carcinoma metastasis after histopathological examination.

DISCUSSION: Cutaneous metastatic breast carcinoma mimicking malignant melanoma is a rare condition. Melanocyte colonization of breast carcinoma cells may exist in these tumors that break the epidermal dermal interface, which resulted in clinical pigmentation of the tumor. It must be differentiated from malignant melanoma with histopathology and immunohistochemistry studies.

We should be aware that pigmented metastasis from breast cancer simulate to malignant melanoma clinically and dermoscopically.

PP-073

RELAPSING POLYCHONDRITIS MISDIAGNOSED AND TREATED AS A "SOFT TISSUE INFECTION"

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INTRODUCTION: Relapsing Polychondritis (RPC) is a rare immune-mediated condition, which targets particularly the cartilaginous tissue throughout the body. RPC frequently attacks the ears, nose, eyes, joints and respiratory tract, but heart, kidneys may also be affected. Therefore, RPC has a wide spectrum of clinical manifestations, which range from an occasional auricular inflammation, rhinorrhea to aortic and/or mitral valvular diseases or life-threatening tracheobronchomalacia. RPC may also coexist with other diseases, such as systemic vasculitides or myelodysplastic syndrome. As of today, there are no known clinical or laboratory clues to predict the diesase's outcome.

CASE REPORT: A 41-year old female presented with an earache. She had a past medical history of recurrent ear infections. At the time of admission, she was noted to have a red, painful, edematous swelling on her left auricula, which spared her ear lobe. 10 weeks prior to presentation, she developed transient cough and about seven weeks later, an acute, painful, swelling on her left ear. She was evaluated by an otolaryngologist and diagnosed with "swimmer's ear" and started on antibiotic therapy. After two weeks, there was no relief in her symptoms, despite the treatment with ciprofloxacillin. She also reported that her initial complaints about her ears had started 3 years ago. At that time, her right ear was affected and her symptoms were similiar to the current ones. She had been treated with amoxicillin + clavulanic acid combination. Over the time, she started to have intermittent episodes of cough and rhinorrhea, intermittent painful redness in the eyes, recurrent swellings on her right ear, which were diagnosed as "otitis externa". and pain in the knees and ankles. She was also diagnosed with arthritis and was prescribed nonsteroid antiinflammatory drugs. Initial laboratory evaluation revealed a sedimentation rate of 67 mm/hr (0 - 20 mm/hr), a C-reactive protein rate of 48,75 mg/L (0,15 - 5 mg/L), a mean corpuscular volume of 77,8 fL (78,0 - 105,0). Anti nuclear antibodies, rheumatoid factor, creatinine, blood urea nitrogen, liver enzymes were unremarkable. Based on her history and clinical examination (recurrent auricular inflammation on both ears, nonerosive arthritis, recurrent ocular inflammation), her preliminary diagnosis was "recurrent polychondritis". She was consulted to department of physical therapy and rehabilitation and rheumatology and started on (methylprednisolone 40 mg/d). After one week, her auricular inflammation was significantly regressed.

DISCUSSION: There is no specific test for relapsing polychondritis. The initial diagnostic criteria for RPC - The McAdams criteria- only include clinical findings, which sometimes may not be profound and hard to recognize. Proposed criteria include histologic confirmation, response to steroids. This case highlights a prolonged diagnostic phase of a RPC patient. Familiarity with RPC may enable early intervention.

PP-074

FACIAL HYPERPIGMENTATION DUE TO HYDROXYCHLOROQUINE

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INTRODUCTION: Antimalarial agents, including chloroquine and hydroxychloroquine, have been used for the treatment of various rheumatoid diseases and skin disease through their anti-inflammatory and immunemodulating properties. Cutaneous adverse effects such as exacerbation of psoriasis, pruritus and hyperpigmentation have been reported with antimalarial drugs.

CASE: A 63-year-man had a 2-year history of asymptomatic bluish-gray hyperpigmentation on his face. He was diagnosed with systemic lupus erythematosus 3 years prior and treated with hydroxychloroquine 200 mg Ğ day for 3 years. Physical examination showed bluish-gray macules and patches on his forehead, cheek, neck (Figure1). The routine laboratory data, including the peripheral blood cells, liver function tests, renal function tests, erythrocyte sedimentation rate and C-reactive protein, were all within normal limits. We take a biopsy of the lesion on the forehead. Because clinical and pathological correlation strongly favored the diagnosis of hydroxychloroquine-induced hyperpigmentation.

DISCUSSION: Hyperpigmentation of skin, mucosa, and nails can be observed in patients treated with antimalarials, including hydroxychloroquine. The lesions of hydroxychloroquin-induced hyperpigmentation are typically blue-grey macules that enlarge and become confluent over the affected body parts. The head, neck, trunk, upper extremities, and lower extremities are each reportedly involved in roughly one-half of the cases. This Hyperpigmentation patches can be improved by decreasing the dose or by discontinuing the treatment.

PP-075

THE CLINICAL APPEARENCE AND TREATMENT OUTCOMES OF TWO PATIENTS WITH CUTANEOUS POLYARTHRITIS NODOSA

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Cutaneous polyarthritis nodosa (cPAN) is a chronic, recurrent, and benign lesions affecting small and medium sized arteries without systemic involvement. Clinically, subcutaneous nodules, digital gangrenes, livedo reticularis and subcutaneous ulcerations are seen. In these case reports, we present two female patients, aged 38 and 21, with cPAN particularly resistant to prednisolone and methotrexate therapy

PP-076

COMEDONAL DARIER'S DISEASE THAT IS RESISTANT TO SYSTEMIC RETINOID CURE: A CASE REPORT

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Darier's disease,is a genodermatos is characterized by hyperkeratotic papules, affects the hair follicles, often holds the seborrheic areas like body and scalp.Comedonal Darier's disease is a rare subtype of the Darier disease. Comedones and lesions like epidermoid cystac company clinically. There are few case reports about comedonal Darier. In this case, were present a 59 years old male patient with a comedonal Darier's disease who is non responsive to treatment of systemic retinoids since it is a rare clinical variant.

PP-077

CUTANEOUS LARVA MIGRANS, CASE REPORT

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Cutaneous larva migrans (CLM) is an erythematous serpiginous cutaneous eruption caused by migration of animal hookworm larvae into the skin. Although the disease may be seen wherever in the world, it is commonly seen in tropical climates. In this report, we present a case of CLM in a 63-year-old man who referred to our clinic with a four cm sized, erythematous, itchy plaque on his abdomen. The lesion was growing. Biochemical analysis and complete blood count were fully normal. Eosinophil ratio was 40% at peripheral blood smear. Chest X-ray and thorax CT were normal. We diagnosed the patient as CLM and he was fully treated with 400 mg/day albendazole for nine days. This case was interesting in that both the body and geographic localisation of it was atypical.

PP-078

A CASE OF ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS (AGEP) WHICH DEVELOPED ON THE ALLERGIC CONTACT DERMATITIS

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Acute generalized exanthematous pustulosis (AGEP) is a rare inflammatory dermatosis characterized by widespread nonfollicular sterile pustules that occur on erythematous skin. It's most commonly caused by the use of drugs such as antimicrobial agents. A 60-year-old woman presented with a generalized erythema and a pruritic pustular eruption. At the first visit the patient had numerous erythematous macules and papules coalescing into plaques on the back, trunk, and extremities and a few pustules on her lower extremities. The symptoms progressed and she developed a pustular rash affecting his thighs, arms and back accompanied by an intense, burning itch. The patient had high fever and the laboratory results showed leukocytosis and an increased C-reactive protein level. A skin biopsy showed spongiform intraepidermal pustules, edema of the papillary dermis, a perivascular infiltrate with neutrophils, and some eosinophils. Her cutaneous symptoms showed improvement with eventual resolution and desquamation after the systemic corticosteroid treatment. AGEP is usually a drug-related reaction, with antibiotics most commonly implicated. It is typically a self-limited condition that resolves spontaneously with cessation of the offending agent. The differential diagnoses include pustular psoriasis, pustular eruption from infections such as bacterial folliculitis, candida infection and allergic contact dermatitis. AGEP should be included in the differential diagnosis of a patient with a sudden-onset widespread pustular eruption and detection of the causative drug should be strived for.

PP-079

SORAFENIB-ASSOCIATED HAND–FOOT SYNDROME

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INTRODUCTION: The multikinase inhibitor sorafenib is approved for the treatment of metastatic renal cell carcinoma and hepatocellular carcinoma. The most frequent side effects include dermatologic side effects which according to the product information for sorafenib (Nexavar®, 10/2011) may occur in more than 10 % of the patients. The most common cutaneous side effects of sorafenib include maculopapular exanthems, hand-foot syndrome, facial erythema, xerosis and alopecia. Subungual splinter hemorrhages, follicular-cystic skin lesions and epithelial tumors have occasionally been observed.

CASE: A 70 years old male patient. According to his history, he had been suffering from chronic hepatitis B infection for 13 years and hepatocellular carcinoma for a year. Last one year, he was medicated with sorafenib tablets 400 mg (2x200mg) per day. In second month of therapy, he complained thickening and darkening of dorsum of the hands and the feet. He had no subjective symptom. On physical examination, hyperkeratosis and warty protrusions were noted on palms and dorsum of hands and feet. According to histopathologic examination, epidermal hyperplasia, papillomatosis, hyperkeratosis are identified. We treated the patient with topical moisturizers containing urea %10, topical salicylic acid %10 and topical calcipotriene+betamethasone combination cream. After the treatment, his lesions regressed.

DISCUSSION: There are almost 50 cases suffering from this dermathologic side effect of sorafenib in literature. This case is reported to take attention dermatologic this side effect of sorafenib.

PP-080

Various Simultaneous Nail Changes due to Valproic Acid Use

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There are only a few case reports about nail changes due to valproic acid in the literature despite its widespread use. We present a 50-year-old man who had onycholysis, roughness of the nail surface, and brownish-yellow discoloration of both fingernails and toenails, which remarkably ameliorated upon cessation of valproic acid.

PP-081

PEMPHIGUS VEGETANS MISTAKEN AS DIABETIC FOOT INFECION IN A PATIENT WITH A DIAGNOSIS OF PEMPHIGUS VULGARIS

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INTRODUCTION: Pemphigus vulgaris (P Vul) is an autoimmune blistering disease, which has Ig G autoantibodies against intercellular adhesion proteins desmogelin (Dsg) 1 and 3, leading to acantolysis and formation of blisters. Pemphigus vegetans (P Veg) a rare variant of PV, constitutes up to %1-2 of all pemphigus cases. P Veg is characterized by vegetating plaques which predominates in flexural areas. Here we want to present a case; whose lesions had transformed from P Vul to P Veg.

CASE: A 74 year- old female patient with a history of P Vul, presented with a foul smelling, exudating ulcer located on the plantar site of her right foot. She had P Vul for about 30 years and was using oral metilprednisolone 4mg 1x1 and mycofenolic acid 500mg 1x1. Her medical history revealed presence of deep vein thrombosis and diabetes mellitus. On dermatological examination; she had few papules on buccal mucosa and tounge and on the right deep buccal mucosa there was a remnant of bulla. The ulceration started from the dorsal side of the right foot and dispersed laterally to the fourth metatarsophalangeal joint with pustules and yellowish- greenish crusts. On the plantar region ulcer began from the interdigital area and also included interdigital area. Its diameter reached up to 7x6 cm with lots of pustules which coalesced into purulant bullas (Fig 1). The whole plantar lesion had a yellowish-greenish thick crust. Culture swabs from the lesions revealed Pseudomonas aeruginosa and treatment with ciprofloxacin and aminoglycoside was started. After 2 weeks of treatment, wound swab culture repeated and no pathological organisms detected. Although she had no clinical improvement; she had new lesions that resembled P Vul on the fourth week of hospitalization. New skin biopsy taken from patient with Pemphigus vulgaris, deep fungal infection as preliminary diagnosis, direct immunfolerant (DIF) specimen was taken from perilesional skin and desmoglein (Dsg) 1 and 3 studied by ELİSA. Histopathologic findings were favorable to P Veg and DIF and ELİSA studies were favorable to P Vul. Due to patient's comonrbidities; instead of updosing steroid we started intravenous immunoglobulin G (IVIG) treatment 0,4 gr/kg/day for five days in a month.

DISCUSSION: P Veg is a rare variant of P Vul which has two clinical subtypes: Neumann P Veg was considered when the disease starts with extensive blisters that erode and secondary heal in a vegetating way. Hallopeau P Veg was considered when the disease begins with grouped and annular pustules on the basis of which papillomatous growth appear later. Here above a case of P Veg presented as an ulcerated lesion on foot was described. In patients with a history of PV, in the presence of atypically located pustular, foul smelling, eroded or ulcerated lesions, the possibility of P Veg should be kept in mind.

PP-082

Localized Scleroderma: A 5 Years Single Center Experience

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BACKGROUND: Morphea, also referred to as localized scleroderma, is a rare fibrosing skin disorder of undetermined cause. In this study, we report our single center experience with morfea.

METHODS: The study included 53 patients who were diagnosed with morphea by histopathology in our department between 2010 and 2015. Study data were collected retrospectively from the records of morphea patients.

RESULTS: The study included 53 patients (38 women, 15 men), and median age at onset was 39,0 (range 8-85) years. Thirty (56.6%) patients had circumscribed morphea, 16 (28, 3%) had generalized morphea, and 7 (13.2%) had linear morphea. One patient had mixed variant morphea (generalized, pansclerotic and linear morphea). ANA positivity was detected in 12 (22.6%) patients, but analysis for an association between the presence of ANA and morphea types, patients' characteristics did not reveal any significant associations. We did not observe any extracutaneous manifestations in patients during follow up period. There were 2 of 53 patients who had concomitant autoimmune disorder included vitiligo, spondyloarthritis. Thirty (56.6%) patiens received only topical treatments. The patients with clinical improvement who were treated with systemic therapy received methotrexate (26.4%), colchicine (9.4%), mycophenolate mofetil (5.7%) and prednisolone (1.9%).

CONCLUSION: Our results related to the demographic data of patients and morfea types were consistent with the literature. On the other hand we observed that methotrexate was mostly used as an effective treatment option on generalized morphea.

PP-083

DERMATOFIBROSARCOMA PROTUBERANS WITH DERMOSCOPIC FINDINGS:A CASE REPORT

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Dermatofibrosarcoma protuberans (DFSP) is an uncommon locally aggressive cutaneous soft tissue sarcoma. In its earliest stage, dermatofibrosarcoma protuberans (DFSP) most commonly presents as an asymptomatic, indurated plaque that slowly enlarges over months to years. The most common location for a DFSP is on the trunk and proximal extremities, generally on the chest and shoulders. Dermatofibrosarcoma protuberans (DFSP) should be suspected in any patient with a history of a firm, slow-growing cutaneous nodule. Findings on dermoscopy (epiluminescence microscopy) can help to suspect DFSP, but definitive diagnosis requires a core needle or incisional biopsy. Complete surgical resection is the optimal treatment for localized DFSP. The two options are wide local excision and Mohs micrographic surgery.

A 48-year-old female presented to our clinic with indurated plaque which had an irregular depression (2.5 cm in length, 1.0 cm in width) with an brown macular lesion on the right side of the back inferior of scapula, which had been present for 3 years.A 4 mm punch biopsy was taken and in histopathological examination while epidermis appeared normal subcutaneous tissue showed the presence of a non-capsulated tumor composed of fusiform cells. Immunohistochemical studies revealed positive staining for cluster of differentiation (CD)34. The dermoscopic features include structureless pinkish-yellow areas with locally shiny white streaks, pink background coloration and structureless hypo- or depigmented areas. The diagnosis of DFSP was based on clinic, histopathologic and dermascopic findings. The patient then underwent an extended resection of the tumor, the resected tumor was further examined histopathologically, and no tumor involvement was detected at the surgical margins. Following surgery, the patient achieved good results, with no relapse during the 4-month clinical follow-up period. Wè want to present this case because of its rarity and atypical clinical and dermoscopical presentation.

PP-084

DERMATOFIBROSARCOMA PROTUBERANS OF THE ABDOMEN: A CASE PRESENTATION

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INTRODUCTION: Dermatofibrosarcoma protuberans (DFSP) is a rare, slowly growing, locally aggressive soft tissue tumor that originates in the dermal fibroblasts. It is predominantly arises on the trunk in 50–60% of patients, followed by the extremities in 20–30%, and the head and neck in 10–15%. Despite its favors young to middle-aged adults, cases of present at birth or with an onset during childhood have also been reported. Clinically, DFSP presents as an asymptomatic, slowly growing, firm nodular skin lesion that can manifest as an indurated plaque. We report here a 45-year-old woman with DFSP on the abdomen. We report a 50-year-old man who presented with a 3-year history of

CASE: A 45-year-old woman presented with a 5-year history of an asymptomatic, slowly enlarging nodular plaque located on the abdomen (Figure 1). A punch biopsy specimen had been performed and the histopathological diagnosis was DFSP. After the diagnosis of DFSP, our patient was referred to the plastic surgery department for complete wide removal of the lesion.

DISCUSSION: The clinical differential diagnosis includes keloid, dermatofibroma (benign Şbrous histiocytoma), morphea and pleomorphic sarcoma were considered in the differential diagnosis of DFSP. Complete wide local excision, including Mohs micrographic surgery, is the conventionally treatment for DFSP. The early plaque of DFSP might be misdiagnosed as a benign tumor and deficiently excised. Due to some similarities with benign lesions, DFSP should be considered in patients with have long painless mass in the trunk and patients with DFSP should be observed closely for recurrence and metastasis.

PP-085

Flurbiprofen induced bullous fixed drug eruption

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Fixed drug eruption is a unique type of cutaneous drug reaction that characteristically recurs in the same locations upon re-exposure to the culprit drug. The characteristic presentation is a pruritic or burning, sharply circumscribed, round-to-oval patch with violaceous or dusky erythema. The lesion appears within days to weeks of initiating a culprit drug and resolves after withdrawal of the medication. Lesions often recur at the same sites within hours of drug rechallenge and usually heal with residual hyperpigmentation. This eruption has a predilection for the face, sacral skin, genitalia, and acral locations. Bullous, ulcerative, or hemorrhagic components may develop occasionally. Less common variants are urticarial, erythematous, eczematous, or linear fixed drug eruption. Rarely, it may present as periorbital or generalized hypermelanosis. The most common causative agents of fixed drug eruption are antibiotics, in particular sulfonamides (trimethoprim/sulfamethoxazole) and tetracycline. Others include penicillins, cephalosporins, clindamycin, antifungal agents, antimalarials, dapsone, fluoroquinolones, nonsteroidal anti-inflammatory drugs (e.g., acetaminophen, acetylsalicylic acid, ibuprofen, indomethacin, naproxen, phenylbutazone), and sedatives (e.g., anticonvulsants, benzodiazepines, barbiturates, opiates). Similar chemical structures may cause cross-sensitivity among drugs. Drug rechallenge is the preferred method for confirming the causative drug. Although ibuprofen is a well-known cause of fixed drug eruption, flurbiprofen associated fixed drug eruption is rarely reported. Here, we present a case of 28-year-old man with flurbiprofen induced fixed drug eruption represented with a bulla at glans penis.

PP-086

INTERPRETATION OF BIOCHEMICAL TESTS BY USING REFERENCE CHANGE VALUE (RCV) IN THE MONITORIZATION OF ISOTRETINOIN SIDE EFFECTS

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The aim of this study was to model the use of Reference Change Values (RCVs) for the follow-up of four parameters of patients using oral isotretinoin which is gaining widespread popularity for monitoring the side effects of the treatment.

There were 102 patients, receiving 30 mg/day oral isotretinoin for 24 weeks for the diagnosis of acne vulgaris. When repetitive measurements of the patients were interpreted with RCVs, after comparing the first and second doses based on RCVs: TC, TG, AST and ALT results increased in 12%, 20%, 14% and 12% of the patients respectively. When the first dose was compared with the last dose, the increases were as 20%, 29%, 22% and 18% respectively interpreted as significant changes based on laboratory medicine. We consider using to show that a more sensitive follow-up is possible in the monitorization of adverse effects by using RCVs method.

PP-087

A CASE REPORT OF ALOPECIA AREATA AND VERRUCA VULGARIS ON SCALP TREATED WITH DIPHENYLCYCLOPROPENON

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Alopecia areata is an auto-immune skin disease which is usually characterized by patchy hair loss in effeced regions.Diagnosis usually based on clinical findings and treatment options include topical, intralesional, systemic corticosteroids and topical immunotherapy with some agents like Diphencyclypropenone.

Verruca vulgaris is an infectious disease caused by human papilloma virus which is usually characterized by well marginated hyperkeratotic papules or plaques. There are several treatment modalities like physical and chemical destruction and topical immunotherapy.

A 23 year old male patient presented to our outpatient clinic with multifocal noncicatrial alopecic plaques on scalp and multiple periungual verrucous papules on bilateral hands. high potent corticosteroid cream and minoxidil lotion 5% were offere for his scalp lesions and topical 5 flourouracil lotion was initiated for his verrucous lesions. In first month visit we detected contamination of viral warts on alopecic plaques of his scalp and all the previous therapeutics were stopped. We initiated topical diphenylcyclopropenone sensitizition weekly. After fourth application of diphenylcyclopropenone we observed that all of hyperkeratotic papules disappeared. Diphencyprone treatment was continued and with further applications hair growth as vellus type was observed.

Diphenylcyclopropenone is relatively beneficial treatment option for both diseases although it is not a first line therapy most times. There are case reports and series about this treatment for both of these diseases. In our case unusually these two diseases occurred on same lesion and we successfully treated both of them with diphenylcyclopropenone.

PP-088

Lichen Sclerosis arising on a burn scar: a rare occurence

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Introduction: Lichen sclerosus (LS) is an inflammatory, mucocutaneous disorder of genital and extragenital skin which has a chronic course. It has been reported with several post-traumatic conditions such as vasccination, sunburn, surgery scar, radiotherapy and burn scar. Here we report a case of LS which has developed on an old burn scar.

CASE REPORT: An eleven-years-old girl presented with a complaint of pruritic plaque which has appeared on an old burn scar. There is a 2 cm-diameter thermal burn scar since she was 4 months old. A persistant patchy lesion came out on the burn scar and started to enlarge to the periphery. During last year, another patch appeared at the lateral malleol of the right lower extremity which was similar to the older lesion. Patient was treated with topical corticosteroids with no benefit. Dermatological examination revealed a pale erythematous plaque lesion, with 1*4cm-diameter at upper half of anterolateral tibial region of left lower extremity. Just next to this lesion, a white atrophic, firm patch which has numerous follicular plugs takes places all around the lesion. This patcy lesion seperated from normal skin with 1cm halo like erythematous border (Figure 1). There is also plaque lesion 5 cm above of lateral malleolus of right calf which 4*5cm in diameter. It had a yellow to brown and shiny white sclerotic regions and numerous follicular plugs on it (Figure 2). Histopathological examinatin revelaed epidermal atrophy, focal vacuolar changes at the basal layer. Subepidermal edema and homogenization of collagen is prominent. Deep dermis and subcutis observed normal.

DISCUSSION: Lichen sclerosus is a progressive inflammatory dermatoses of the skin which typically present as porcelain white plaques at anogenital region of postmenauposal women. It can be seen at any age and sex. Pruritus is the leading symptom of disease. While the anogenital involvement is the most frequent and typical clinical presentation of the disease, extragenital lichen sclerosus lesions can also be seen in some cases. It is a disease of unknown aetiology but autoimmunity, genetic, hormonal and infectious factors are accused. It can be triggered by trauma in genetically predisposed patients. Untreated lesions can end up as persistant anatomical changes at involved skin. Long lasting lesions can give rise to squamous cell carcinoma. Topical immunomodulators, UVA1, calcipotriol, systemic retinoids, photodynamic treatment and surgical treatment is appear to be major treatment options for the disease.

PP-089

Emerging Psoriasis As a Wolf's Isotopic Response After Eczema Herpeticum

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INTRODUCTION: Eczema Herpeticum is a rare and potentially fatal viral infection caused mainly by reactivation of herpes simplex virus. It concomitantly occurs with pre-existing skin conditions, mostly atopic dermatitis, so it is predominately found in children. We present an intriguing case that a patient who had no previous psoriasis history and as the Wolf's isotopic response emerging psoriatic skin lesions followed by preceding eczema herpeticum.

CASE: 12 years old boy was admitted to our clinic with complaints of itchy cutaneous eruptions on his neck, trunk, thighs and his face. Ten days before of his application, a few vesicles emerged his back and pectoral area. In a private clinic, it was said that might be an allergic reaction and was given a topical ointment, antihistaminic tablet medication which could not be exactly remembered by the patient and his parents. The patient said that he had used this drugs for 3 days. While he was using this drugs, lesions had been worsened and expanded to his neck and thighs. Some lesions became crusted over time. The lesions were mostly at the flexural areas. Family's history, patient's history, itching and typical distribution of lesions shows that he had had atopic dermatitis before. For this reason the patient who came to our clinic, was hospitalized as eczema herpeticum. In our institution;complete blood count, urinanalysis, blood chemistry were performed and all resulted in a normal range. A punch biopsiy with 3mm diameter was performed as presumed diagnosis was eczema herpeticum. Valacyclovir 500 mg.tb. 2x1 p.o, ampicillin-sulbactam 500 mg.flacon 4x1 intravenous and topical combined antibotic/corticosteroid ointment therapy were started. Our diagnosis was verified by the histopathology examination. The lesions of the patient started to resolve patially three days later. But when we controlled the patient after two weeks, we noted erythematous scaly papules at the each place of vesicles and crusts. A punch biopsiy with 3mm diameter was performed as presumed diagnosis was psoriasis. Our diagnosis was verified by the histopathology examination. We evaluated the patient as psoriasis as a Wolf's isotopic response. Because he had not got psoriasis before. We started to treat the patient with calcipotriene+betamethasone combination ointment.

CONCLUSION: We present an intriguing case that a patient who had no previous psoriasis history and as the Wolf's isotopic response emerging psoriatic skin lesions followed by preceding eczema herpeticum. We noted that he was the first case in literatüre as emerging psoriasis as a Wolf's isotopic response after eczema herpeticum.

PP-090

ISOTRETINOIN USE FOR ACNE VULGARIS IS ASSOCIATED WITH INCREASED SERUM URIC ACID LEVELS

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BACKGROUND: A few previous case reports related vitamin A and retinoid use with elevated serum uric acid (SUA) levels. Recently, a population based study showed an independent positive correlation of serum retinol with SUA levels. Despite increasing importance of SUA in a number of disease states, no study has examined the association between retinoids and SUA.

AIM: We aimed to evaluate the effect of pharmacologic dose isotretinoin on serum uric acid level.

METHODS: This was a cohort study in which 51 consecutive adult patients with severe acne vulgaris who were prescribed oral isotretinoin treatment (0.5 mg/kg) were included. Dermatologic examination was performed and SUA levels were measured at study inclusion for each participant, and then repeated at the first and second months of therapy. Patients were also evaluated with respect to potential adverse effects of isotretinoin at each visit.

RESULTS: Compared with baseline levels, SUA levels gradually increased at the first and second month of isotretinoin treatment. Serum uric acid levels at first month and second month were significantly higher than baseline SUA levels (p: 0.001, 0.007, respectively). SUA levels at second month were higher than SUA levels at first month, but the difference did not reach statistical significance.

CONCLUSIONS: This study is the first to show that pharmacologic dose oral isotretinoin treatment significantly increased serum uric acid levels. Since hyperuricemia is associated with renal disease, hypertension, atherosclerosis and metabolic syndrome as well as gout, it is important for the dermatologist to be aware of this potential adverse effect of isotretinoin particularly in vulnerable patients.

Table 1

	Baseline	First month	Second month
SUA (mg/dL)	3.892 ± 1.114	4.141 ± 1.129	4.143 ± 1.143
eGRF (ml/min/1.73 m2)	122.66±8.42	122.05±9.45	123.07±8.71

Mean serum uric acid and eGFR levels (mean+SD) of the patients at baseline, first, and second months.

PP-091

SKIN METASTASES AS A SIGN OF BAD PROGNOSIS IN LUNG CANCER

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Although cutaneous metastases of lung cancer are rare, it may be the first sign of lung cancer. Skin metastases associated with primary lung cancer suggest a poor prognosis and some poor prognostic indicators include multiple cutaneous metastases, nonresectable or small cell primary tumors, or other distant metastases. The appearance of multiple skin metastases with other internal metastases shorten the survival time. If cutaneous metastases are suspected the prognosis is extremely unfavorable and the use of appropriate tests like histology from a skin biopsy should always be pursued. After the diagnosis of a cutaneous metastasis the mean survival is usually about 5-6 months, but some patients may survive for longer than one year. Here, we present a 70-year-old man who had multiple skin metastases with history of small cell lung cancer and brain metastases. Skin metastases confirmed by histopathological evaluation and unfortunately the patient was died three months later.

PP-092

COEXISTENCE OF LICHEN SCLEROSIS AND MUCOSAL MELANOSIS

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Lichen sclerosus (LS) is a benign, chronic, progressive dermatologic condition characterized by marked inflammation, epithelial thinning, and distinctive dermal changes accompanied by symptoms of pruritus and pain. LS usually occurs in the anogenital region (85 to 98 percent of cases), but can develop on any skin surface. The etiology of lichen sclerosus (LS) is unknown but may be associated with autoimmune diseases such as alopecia areata, vitiligo, thyroid disorders, pernicious anemia, and diabetes mellitus. Verrucous carcinoma and basal cell carcinoma has ben reported with lichen sclerosis but this relationship has not been established. Whether there is a relationship between LS and melanoma is unclear.

Herein we want to present a 58-year-old female patient with white,atrophic papules and plaque on the labia majora and around the clitoris for one years and multiple hyperpigmented lentiginous macular lesion on the labia majora and interlabial folds for 6 months. Histopathological examination of white plaque revealed irregular acanthosis, exhibiting homogenization of collagen with a band of lymphocytes below this region in the upper dermis and the histopathologic examination of the hyperpigmented macule revealed epidermal hyperplasia, basal layer pigmentation with some degree of pigment incontinence, but without a substantial increase in melanocytes and vascular proliferation on the dermis. dermatoscopical examination of the pigmented area revealed regular symmetrical brown lines. She was diagnosed as lichen sclerosis and a accompanying mukoza melanosis and topical high grade corticosteroid therapy was administrated.

To our knowledge this coexistence of lichen sclerosis and mucosal melanosis has not been reported in the literature before.We think the inflammation in lichen sclerosis etiology may induce melanin production in melanocytes.

PP-093

RAMSEY HUNT SYNDROME WITH ENCEPHALITIS AND MULTIPLE CRANIAL NEUROPATHIES

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Ramsey Hunt syndrome is a disease characterized by acute peripheric facial paralysis, vesicular eruptions on the auricular skin and severe ear pain caused by reactivation of latent Varicella zoster virus in the geniculate ganglion. Respectively 7, 8, 9, 5, 10, and 6 cranial nerves and the servical nerves could be involved. In this syndrome, 7. cranial nerve involvement constitutes 3-12% of all facial paralysis patients. Diagnosis depends on determining the ear pain, vesiculer rush around the earlap, and facial nerve paralysis. Due to skin lesions on the head and neck region and neurological symptoms, Ramsay Hunt syndrome was suspected. Early treatment may effect prognosis. Factors like diabetes and elderly age group can influence the improvement period negatively. We reported a 73 year old individual with right facial paralysis, severe sensorineural hearing loss, disturbances of taste, painfull ipsilateral herpetic vesicules on the right ear, complaint of imbalance suggesting that the involvement of the vestibulocochlear nerve,and complaint of severe headache and ipsilateral upper and lower extremity weakness suggesting that encephalitis. He has been diagnosed with Ramsey Hunt syndrome. The case has been discussed for the purpose of determining prognosis because encephalitis and polycranial neuropathies involvement is rare in Ramsey Hunt syndrome.

PP-094

A MUST BE REMEMBERED DIAGNOSIS IN CONGENITAL ICHTIOSIS: CHANARIN DORFMAN SYNDROME

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Chanarin Dorfman syndrome (CDS) is a very rare neutral lipid metabolism disorder with multisystem involvement. Demonstration of lipid vacuoles in neutrophils from peripheral blood smear in a patient with icthiyotic erythroderma leads to a correct diagnosis. Clinical features are variable and include nonbullous ichthyosiform erythroderma, liver steatosis, hepatosplenomegaly, cataracts, ataxia, bilateral sensorineural hearing loss, skeletal and cardiomyopathy, growth and mental retardation. There is no effective treatment of CDS, but a low-fat diet is reported to decrease skin and liver findings. A 38-year-old man presented with scaly skin since birth(fig 1). He had ectropion(fig 2) and sensorineural hearing loss. He had asymptomatic elevated aminotransferase levels. Abdominal ultrasound revealed liver cirrhosis. Lipid droplets (jordans anomaly) were seen on peripheral blood smear as vacuoles in granulocytes and monocytes(fig 3). A diagnosis of Chanarin Dorman Syndrome was made and the patient was started on a low fat diet. We present this case to stress that syndromic ichtiosis must be kept in mind and peripheral blood smear and abdominal ultrasound studies should be carried out in selected cases.

PP-095

ULERYTHEMA OPHRYOGENES IN A PEDIATRIC CASE

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OBJECTIVES: Ulerythema ophryogenes (keratosis pilaris atrophicans faciei) is a rare cutaneous hereditary disorder. It is characterized by hair follicle keratinization involving follicular inflammation and subsequent atrophy. We present a case of a patient with Ulerythema ophryogenes.

CASE: A 4-years-old boy presented to our dermatology clinic with milimetric swelling of the hair follicles on the sparse eyebrows and cheeks. In history, it was found that parents recognized few millimetric swellings and erythema on the cheeks began to be manifest at birth. After seven months they extended eyebrow hair and forehead.

RESULTS: Dermatologic examination revealed asymptomatic small hyperkeratotic follicular papules distributed symmetrically on the masseteric regions and eyebrows, as well as on his forehead (Figure 1,2). The patient's body, hands and soles of his feet, nails and teeth were not affected. Systemic examination was normal. There were no association with congenital anomalies. His parents did not allow skin punch biopsy. Clinical history and patient examination led the diagnosis of Ulerythema ophryogenes.

CONCLUSIONS: Ulerythema ophryogenes, a rare dermatologic disorder characterized by inflammatory keratotic facial papules that may result in scars, atrophy, and alopecia, can occur in association with congenital anomalies (Noonan syndrome, de Lange syndrome, Rubinstein-Taybi syndrome, cardio-facio-cutaneous syndrome). The underlying etiology of this disease remains unclear. It is frequently described in association with other conditions that ichthyosis vulgaris and atopic dermatitis. In differential diagnosis, ıt is distinct from Erythromelanosis Follicularis Faciei et Colli. The disease is an unusual condition characterized by the triad of hyperpigmentation, follicular plugging and erythema of face and neck. There is not standard treatment of this disease. Mild keratolytics, such as lactic acid 5%, urea 5%, or salicylic acid 2-5% and low-potency corticosteroids may also be applied for short periods. Topical retinoid therapy may be trying. The risk-benefit correlation does not support the use of systemic retinoids for the treatment of ulerythema ophryogenes. We aimed to emphasize that Ulerythema ophryogenes should be kept in mind when assessing facial papules.''

PP-096

DERMAL MELANOCYTOSIS: A RARE ACQUIRED PIGMENTATION DISORDER

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INTRODUCTION: Dermal melanocytosis includes a wide variety of congenital and acquired, histologically indistinguishable entities characterized by an intradermal proliferation of melanocytes. It is histologically characterized by the presence of dermal melanocytes, with or without presence of dermal melanophages. Mongolian spot, nevus of Ito, nevus of Ota, nevus of Hori, and blue nevus are most common and represent distinct types of dermal melanocytosis. Other clinical patterns of acquired dermal melanocytosis have also been described. Herein, we report a unique case of acquired dermal melanocytosis affecting the middle back of a 42-year-old Hispanic woman.

CASE REPORT: We are reporting an otherwise healthy, 42-years-old woman consult to out patient clinic with complaint of dark coloured discoloration of skin at the middle back with a 12 year long history. Dermatologic examination revailed that there is a 16cm-diameter grey-dark blue, non-palpable, asymptomatic patch at the middline of upper back. There was no associated hypertrichosis. She also denied using any medications or metals that could couse of skin pigmentation. There was no family history of similar skin problems. On hystopathologic examination there are multiple spindle-shaped melanocytes in the dermis and subcutis.

DISCUSSION: Dermal melanocytosis is a benign phenomenon which consists of a diverse group of congenital and acquired lesions. It is often necessary to use clinical correlation in order to appropriately diagnose such lesions because the histopathology shows similar dendritic, dermal melanocytes for all dermal melanocytosis. An exception is the common blue nevus, which has a unique histologic appearance. It is usually noted in people with darkly pigmented skin. Multiple entities with dermal melanocytosis are described, including Mongolian spot, nevus of Ota, nevus of Ito, nevus of Hori, and acquired dermal melanocytosis. The causes of ADM are likely multifactorial and at the present time it is difficult to precisely determine its etiology.

PP-097

LEIOMYOMA OF THE NIPPLE: A RARE DIAGNOSIS TO REMEMBER

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INTRODUCTION: Leiomyoma is a benign smooth muscle neoplasm. It commonly occurs in organs such as uterus, however, can also arise in esophagus and small bowel. According to review of the literature, only about 50 cases have been reported until date. We report the two case with leiomyoma arising from unilateral nipple which presented with persistent solitary mass without any symptom.

CASE REPORT: Case 1: 79-years-old woman presented with long lasting solitary deep blue pigmented bodular lesion on her nipple. Lesion is not painfull and there isnt any other potential related disease of patient. On dermatologic examination there is 4 mm slightly elevated from skin surface but mostly deeply located, dark blue- black, asymptomatic nodule settled central line on nipple (Figure 1). Nodule was excised and histopathological examination revealed a well defined, uncapsulated tumor located at the level reticular dermis and subcutaneous tissue sample stained SMA+, CD34-, S100- and Kİ67 %2 proliferative index. Case 2: 28-years-old woman refered to out patient clinic with complain of 5 years history nipple solitary lesion. There isnt any significans in her personal and family history. On dermatologic examination there is a 2cm diameter prothrude noduler lesion on niple with cauliflower like surface (Figure 2). It was asyptomatic. We performed a punch biopsy for the diagnosis which revealed a leiomyoma.

DISCUSSION: Cutaneous leiomyomas are benign smooth muscle tumors and are rare. They usually occur in genitourinary and gastrointestinal tracts. According to review of the literature, only about 50 cases have been reported until date. They can be solitary and rarely multiple. They are reported predominantly in middle aged females, with an approximate sex ratio (female:male) of 3:1. Nipple leiomyomas tend to be smaller than 2 cm in diameter and must be clinically differentiated from angiolipomas, glomus tumors, eccrine spiradenomas, neurofi bromas, nevi, lipomas, Paget's disease, and breast carcinoma. Histopathological examination and immunohistochemistry are necessary to establish the diagnosis and to differentiate it from benign and malignant lesions. Complete excision of the tumor with histologically confi rmed tumor free margin is the recommended treatment as it has high risk of recurrence.

PP-098

PREAURICULAR EAR PIT, MORE THAN SKIN-DEEP

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Preauricular ear pit, also known as preauricular sinus, congenital auricular fistula, congenital preauricular fistula or ear pit. It is a common congenital malformation characterized by a pit, nodule, dent or dimple located periphery of the external ear. This congenital anomaly usually appears on one side, but may be present on both sides in 25 to 50% of cases. Preauricular sinuses and cysts result from developmental defects of the first and second pharyngeal arches. This and other congenital ear malformations are sometimes associated with renal anomalies, hear impairment and in rare cases associated with branchio-oto-renal syndrome. Most preauricular sinuses are asymptomatic, not attract attention and remain untreated unless they become infected. Once diagnosis is made, further investigations should be performed if Preauricular cysts developed, they must be treated with surgery. Here we report an uninfected and incidentally noticed preauricular ear pit in a 7-year-old girl. In further investigations we could not find any systemic anomalies. It should be remembered that, skin around the ears may have important clues for congenital anomalies.

PP-099

EVALUATION OF EFFECT OF ISOTRETINOIN ON OVARIAN RESERVE IN PATIENTS WITH ACNE VULGARIS

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BACKGROUND-AIM: Isotretinoin is known to be the most effective treatment of severe and persistent acne. With a long history in acne treatment and numerous potential side effects, it is surprising that very few prospective studies have investigated its effect on ovarian reserve. Therefore, we aimed to evaluate the impact of oral isotretinoin on ovarian reserve based on hormonal parameters, ovarian volume (OV), and antral follicle count (AFC) in women of reproductive age with acne.

MATERIAL-METHOD: Between 2012-2013, retrospectively, 15 female patient with acne who treated with systemic ISO and the visiting outpatient dermatology clinic were included in the study. The patients with severe acne vulgaris were evaluated that Polycystic ovary syndrome were included in the study. Patients with PCOS diagnosis before treatment were excluded. SPSS program was recorded with 20, $p < 0.05$ was considered statistically significant.

RESULTS: The mean age of the patients was 22:00 ± 3:48. Disease duration was 2.65 ± 6:23. Patients 0.5mg / kg doses were using. According to before treatment, number of follicles and ovary size of the patients it was found to be significantly increased.

CONCLUSION: ISO therapy does not significantly affect ovarian function and it does not put pressure on gonadotropins. These effects may be dose dependent. Contrary to 0.5 mg / kg doses of the 3rd month of treatment may cause an increase in the number of follicle and ovarian size. In this regard, more comprehensive studies are needed.

PP-100

Evaluation of effect of isotretinoin on respiratory function

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BACKGROUND: Isotretinoin (ISO) is an effective treatment option in patients with moderate-severe acne vulgaris. Because of the presence of retinoid receptors in many organs in the body, there is need to study the effects and side effects for this drug. Although its efficacy on emphysema was studied previously, there are limited numbers of study. We aimed to investigate the effect of ISO treatment on pulmonary function test (PFT) and smoking status of patients under ISO treatment.

METHODS: We included 30 patients who were diagnosed as moderate-severe acne vulgaris and planned to treat ISO. Informed consent was obtained from all participants. PFT was performed prior to the treatment and at the end of the 3rd months of treatment. Smoking status was asked to all patients. PFT (Spirolab, SDI Diagnostics, Easton, MA, USA) was applied according to the guidelines in physiology department. FEV1, FVC, FEF25–75, PEF, FEV1/FVC and MVV values were obtained. Test results and compliance to the test technique and past medical history of all patients were evaluated by two pulmonologists.

RESULTS: 18 of 30 patients were female. Mean age was 20.87±3.50 years-old. 16 (53%) patients were current smoker. Mean cigarette consumption was 2.5±1.26 pack-year. FVC and FEF25-75 values were significantly improved after treatment. FEV1/FVC value was decreased significantly. Other values were also improved but not significant level.

CONCLUSIONS: In conclusion, ISO treatment increases PFT results especially FVC and FEF25-75 values. We think that this favorable effect of ISO may be due to the antioxidant effect of vitamin A on pulmonary function tests.

PP-101

GENERALIZED PRESENTATION OF LICHEN PLANUS PIGMENTOSUS

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INTRODUCTION: Lichen planus pigmentosus (LPP) is a rare variant of lichen planus (LP). It, usually, manifests as mottled or reticulated hyperpigmented, dark brown macules in sun-exposed areas and flexural folds. Dermal melanophages and pigment incontinence are the two constant features seen in histopathology.We report a generalized presentation of this rare disease

CASE: A 31-year-old woman presented with asymptomatic brown macules and patches of 5 years' duration located in the trunk,forarms and thighs. The lesions initially began as a few small, asymptomatic macules clustered in the trunk, approximately 5 years prior to presentation. Over the last 2 years, the lesions increased in number and spread to affect the antecubital and popliteal fossae. She denied any preceding erythema, pruritus, or vesicles before the appearance of hyperpigmentation. There was no previous history of medication use or trauma and no family history of pigmentary disorders.Skin biopsy from a representative lesion showed basal layer degeneration, pigment incontinence, melanophages, patchy infiltrate, perivascular inflammation which are consistent with LPP

DISCUSSION: LPP, an uncommon variant of LP, is a disease of third or fourth decade and is characterized by insidious onset of dark brown macules in sun-exposed areas and flexural folds with or without slight pruritus. The pathogenesis of LPP remains elusive. It may have diffuse, reticular, blotchy, linear or perifollicular distribution. The main histopathological features of LPP include atrophy of the epidermis, vacuolar degeneration of the basal cell layer and scarce dermal perivascular or lichenoid infiltrate. The presence of dermal melanophages and pigment incontinence are the two constant features seen in histopathology.The differential diagnosis includes ashy dermatosis and pigmented contact dermatitis. Multiple drugs have been used however no effective treatment is available

CONCLUSION: We have described a rare case of generalized LPP in female patient with diagnosis based on clinical and histologic findings.

PP-102

INVESTIGATION OF POLYMORPHISMS ASSOCIATED WITH DISEASE IN PATIENTS WITH ANDROGENETIC ALOPESI

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BACKGROUND: Androgenetic alopecia, is a non-cicatricial type of alopecia, appears to be caused by a combination of genetic predisposition and ciculating androgen hormones. AGA is the commonest type of baldness in men. The pathogenesis of AGA is the transition of terminal hairs into vellus hairs, folicular miniaturisation, by the effect of androgens. Although it has been known for many years that the strong genetic predisposition is the major factor for AGA, the real risc factors are not clear. In this study, it was investigated that the association between disease and HDAC9 gene rs756853 and LOC100270679 rs1160312 polymorphisms, in patients with AGA and healthy subjects.

METHODS: In this study, the association between AGA and HDAC9 gene rs756853 and LOC100270679 rs1160312 polymorphisms, were investigated among 98 patients and 93 healty controls who applied to Afyon Kocatepe University, Faculty of Medicine, Department of Dermatology. Genotyping was performed by real time PCR.

RESULTS: Distribution of rs756853 genotype frequencies in the AGA group were; 29 patient (29.6%) for AA, 48 patient (49.0%) for AG and 21 patient (21.4%) for GG. Distribution of rs756853 genotype frequencies in control group were; 25 sample (26.9%) for AA, 48 sample (51.6%) for AG and 20 sample (21.5%) for GG. A and G allele frequencies in AGA patients were; 106 patient(54.1%) and 90 patient (45.9%) respectively. A and G allele frequencies in controls 98 sample (52.6%) and 88 sample (47.3%),respectively. The other polymorphism; Distribution of rs1160312 genotype frequencies in the AGA group were; 25 patient (25.5%) for AA, 53 patient (54.1%) for AG and 20 patient (20.4%) for GG. Distribution of rs1160312 genotype frequencies in control group were; 15 sample (16.1%) for AA, 43 sample (46.2%) for AG and 35 sample (37.6%) for GG. There was significant assosiation between AGA patients and controls in terms of genotype frequencies of LOC100270679 rs1160312 polymorphism. The GG genotype frequences is higher in control group. A and G allele frequencies in controls; 73 sample (39.2%) and 113 sample (60.7%), respectively. A and G allele frequencies in AGA patients were 103 patients (52.5%) and 93 patients(47.4%), respectively. The assosiation between AGA and A allel is 1.296 times higher than G allel.

CONCLUSION: One of the two polymorphisms related to disease, LOC100270679 rs1160312 was found that associated with AGA, in Turkish population. For detection of genetic etiology of AGA, controlled randomized studies in wide population series are needed.

PP-103

ACRODERMATITIS ENTEROPATHICA

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Acrodermatitis enteropathica (AE) is an uncommon hereditary disorder affecting zinc metabolism that is characterized by a triad of alopecia, diarrhea and acral and periorificial dermatitis.

We reported two cases who were diagnosed by clinical and laboratory findings as acrodermatitis enteropathica. Their skin findings were resembling different disease such as seboreic dermatitis and periorificial erosive dermatitis. The clinical diagnosis is confirmed by a low plasma zinc level.

Treatment with oral zinc in a dose of 3-5 mg/kg/day in children results in rapid improvement of skin lesions within 1-2 weeks. These cases emphasizes the fact that when a patient presents with the characteristic periorificial and acral rash acrodermatitis enteropathica should be suspected and treated appropriately

PP-104

A DIFFERENT CLINICAL TYPE OF DEMODICOSIS WITH MILIARIA PUSTULOSA LIKE TINY PUSTULES

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Human demodicosis is a skin disease caused by Demodex (D) mites; it can mimic several inflammatory diseases such as folliculitis, pityriasis folliculorum, blepharitis, perioral dermatitis. D is a spindle-shaped transparent mite. D folliculorum is usually found in the follicular infundibulum, whereas D brevis is found in sebaceous ducts and meibomian glands. The increased number of D brevis in follicles usually causes pustular lesions. A 64 years old female was referred with pustular lesions to our clinic. While she had been face redness for a long time, pustules developed within 2 weeks. On dermatological examination she had tiny fragile follicular and nonfollicular pustules on the erythematous area over the cheeks and forehead. Microscopic examination of the contents of the pustules in mineral oil showed large numbers of D. brevis and its eggs. She responded to topically permetrine and oral metronidazole therapy. Demodex folliculitis (DF) is relatively unknown cause of folliculitis. DF is divided in 3 groups as papular/pustular, nodular/cystic and abscess-like lesions. Our patient had both follicular and nonfollicular pustules resembling miliaria pustulosa which may can not be evaluated in the above mentioned classification. So demodicosis should be considered in the differential diagnosis of in such cases. Standardized skin surface biopsy, cellophane-tape preparations, oil or KOH preparations of follicular pustules content, skin scrapings, and picked eyelash specimens can be used for diagnosis of demodicosis. D folliculorum can easily be shown with these methods but because the D. brevis inhabits the deep parts of the skin, it is rarely seen with these preperations. However, as seen in our case, if D brevis increases in number in the lesion content, it can be shown easily with these methods. As a result, demodicosis should be considered in the differential diagnosis of miliarya pustulosa like lesions located on the face, and direct microscopic examination should be tried to show the etiologic agent D brevis. However it can be seen when increased of number and to reach on follicular orifice. Why the large numbers of D brevis reach the surface, it is unclear.

PP-105

RAPID DIAGNOSIS WITH TZANCK SMEAR IN A CHILD WITH SOLITARY MASTOCYTOMA

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Mastocytoma is a rare, benign lesion that results from hyperplasia of mast cells in papillary dermis in the first weeks of life and tends to disappear during childhood. Cytology with Tzanck smear for diagnostic aim is rarely used in dermatology; these may allow right and rapid diagnoses in most of dermatological diseases. Especially biopsy may be anxious and traumatic in children. A 6 months old male child presented with an approximately 4x5 cm sized asymptomatic brown colored nodular lesion on the dorsal aspect of the left shoulder. There was no history of wheals, pruritus, scratching and systemic symptoms such as abdominal pain, diarrhea, and irritability. Darier sign was positive. Microscopic examination of the Tzanck smear stained with Giemsa stain showed mast cells. The diagnosis of cutaneous mastocytoma was made. Tzanck smear with stained 1% methylene blue solution was used cytological diagnosis from Ruocco et al. Cytodiagnosis of mastocytosis with Tzanck smear is very suitable for rapid diagnosis especially in children thus avoiding the need for biopsy.

PP-106

LINGUAL LICHENOID LESION ASSOCIATED WITH GLYCOGEN STORAGE DISEASE TYPE III

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Glycogen storage disease type III is an autosomal recessive metabolic disorder and inborn error of metabolism characterized by a deficiency of glycogen debranching enzymes which is affecting 1/100000 every live birth.Clinical presentation is classified into four groups including GSD IIIa, which clinically includes muscle and liver involvement, GSD IIIb, which clinically has liver involvement but no muscle involvement, GSD IIIc, and GSD IIId, which are rarer phenotypes with altered penetrance. GSD IIIa, the most common form of GSD III, primarily affects the liver, cardiac muscle, and skeletal muscle.Treatment may involve a high-protein diet, to facilitate gluconeogenesis.

A twenty-eight-year-old male presented to our outpatient clinic with a two weeks history of white asymptomatic lesions on his tongue. He was diagnosed with glycogen storage disease type 3 when he was six months old, and he has no other systemic disease, drug use or smoking history. A 4 mm punch biopsy was performed, and vacuolization of muscle cells and positive PAS staining was seen histologically. Topical high potent corticosteroids and dietary recommendations were offered him.

We want to present this case because of its rare clinical presentation and lingual muscle involvement of glycogen storage disease.

PP-107

A CASE REPORT OF BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM (BPDCN)

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Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a rare and aggressive haematological malignancy derived from precursor plasmacytoid dendritic cells, predominantly affecting the elderly, with a high frequency of cutaneous and bone marrow involvement, leukaemic dissemination and a poor prognosis

An 82-year-old male presented to our outpatient clinic with a 1-month history of multiple erythematous nodular lesions on his trunk. He has hypertension and hear loss for ten years in his medical history. Three different 4 mm punch biopsies were performed from the nodular lesions on the trunk and lower extremities with differential diagnosis of cutaneous lymphoma and cutaneous metastasis. Histopathological examination revealed moderate-large atypical lymphocytes widespread in dermis spreading to subcutaneous fat tissue. Immunohistochemical staining showed LCA(+), CD4(+), CD56(+), CD2(-),CD3(-), CD20(-), CD8(-), CD5(-), CD34(-), CD117(-), CD30 (-) lymphocytes.Ki 67 proliferation index was 20%. He was diagnosed as Blastic plasmacytoid dendritic cell neoplasm with his clinicopathological examinations.Data from a routine blood tests, he had increased blood urea 68mg/dl (18-55) and prostate specific antigen 12.149 ng/mL (0-4) and bilateral axillary and inguinal lymphadenopathy. Positron emission tomography revealed hypermetabolic nodular lesions on right paramedian region, right femoral and crural region.He was referred to Internal Medicine Oncology department for further therapy modalities and modified CHOP chemotherapy was administered. During the chemotherapy rapid regression but also, rapid recurrence was detected, after 3th dose of CHOP chemotherapy ICE chemotherapy was initiated but he died because of febrile neutropenia during 3th application of ICE chemotherapy.

Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is very rare haematologic malignancy with the very poor prognosis of a median survival time of 12–14 months as seen in our case. Due to personal reasons such as age, the patient could not receive allogeneic hematopoietic stem cell transplantation and instead received CHOP chemotherapy. We want to present this case to remind this rare malignancy in differential diagnosis of cutaneous neoplasms and lymphomas.

PP-108

"PULSE-DYE LASER AND RADIOFREQUENCY TREATMENT OF LYMPHANGIOMA CIRCUMSCRIPTUM"

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Lymphangioma is a hamartomatous formation comprised of dilated lymph channels surrounded with lymphatic endothelium. It is considered a malformation, not a neoplasia. The most common type usually develops at birth and in childhood, but rarely in adulthood. While lymphangioma circumscriptum commonly involves proximal parts of the extremity, trunk, abdomen, axilla and oral mucosa, penis, vulva and scrotum are involved less frequently. It may cause psychosexual and cosmetic problems in the patients by leading to swelling, bleeding, pain, xeroderma, eczema and tendency to infection. Differential diagnosis includes herpes zoster, molluscum contagiosum, genital verruca, leiomyoma, cellular angiofibroma, angiofibroblastoma and agressive angiofibroma. Herein, we reported that pulse dye laser and ablation of radiofrequency were taken good improvement case of lymphangioma circumscriptum located on leg.

PP-109

IGNORED AN ENTITY:SUBLINGUAL VARICES

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Although Sublingual varices are mostly usual entity, this clinical picture is ignored and not consider. Is this clinical finding important or not?

Their prevalence increases with age, with surveys indicating that they are present in up to 60% of elderly patients, in both sexes, and in different population groups.

Haemoptysis has once been reported due to bleeding from varices at the base of the tongue, associated with portal hypertension, but a textbook and Medline search for spontaneous haemorrhage from sublingual varices does not show any similar reported cases to that described. The advice given that sublingual varices can cause subtle and potentially dangerous bleeding is based on negligible evidence. It would be unfortunate if the case depicted induced a growth of unnecessary cauterisation of sublingual varices and misled clinicians from searching for the true cause of a patient's haemoptysis. In 2015, Hedström, L. Et al. Reported that an association was found between sublingual varices and hypertension. Examining the lateral borders of the tongue is easily done, causes no harm and could be a valuable method for the dental profession to take active part in preventive healthcare.

Sublingual varices may easily visible area and advanced age patient's tongue examination must consider especially of hyertension condition.

PP-110

SYMMETRICAL DRUG RELATED INTERTRIGINOUS AND FLEXURAL EXANTHEMA DUE TO MACROLIDE: A RARE VARIANT "PAPULAR FORM OF SDRIFE"

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Symmetrical drug related intertriginous and flexural exanthema (SDRIFE) is a disease identified recently and especially describes a distinctive erythematous rash which occurs in skin folds after systemic exposure to a food or drug. The substance may be taken orally, given by injection, or absorbed by some other route resulting in a general exposure of the body, It is also called baboon syndrome when the predominantly affected area is the buttocks, as was the case in the first patients to be described with the reaction. The clinical picture of SDRIFE is of a well-defined redness of the buttocks, natal cleft and / or upper inner thighs resembling the red bottom of baboons. The redness often forms a V-shape. The neck, armpits and other skin folds may be involved, usually symmetrically but sometimes only on one side. The affected person is not unwell and the rash is not accompanied by any other symptoms. 47 old-age a man was admitted intensive prurituc eruption nearly beginning 10 days ago. In dermatological examination, we obtained red, prurituc papulas and erythema located bilateral axilla, antecubidal folds, umblicus, buttocks and upper inner thighs. The patient used an antibiotic "chlaritromycine- macrolide group" due to upper airway infection 2 weeks ago. The eruption was occured third day of beginning 3.drug usage day. Clinical and histopathological datas were compatible of SDRİFE.

We reported that SDRIFE due to macrolides usage is rare occur and papular forms of SDRIFE was 2. case in literature.

PP-111

A BOY PRESENTED WITH CONDYLOMA ACUMINATA WITH NO HISTORY OF SEXUAL CONTACT OR ABUSE

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Condyloma acuminata is a viral infection caused by human papillomavirus and generally observed in anogenital region of sexually active young adults. In the pediatric population, the transmission ways of anogenital warts are perinatal vertical, indirect transmission, autoinoculation and sexual transmission. A 7-year-old boy presented with an asymptomatic wart in the scrotal region which is present for two years. He had neither any accompanying illness nor history of sexual abuse. In the genital examination there was a soft, filiform, pedunculated, solitary, linear lesion on the right side of the scrotum, 1 cm away from the midline. There were no other pathologic findings in the dermatological examination. His parents who could have a contact with the patient were also examined and a skin wart was discovered on the hand of his mother. Excision biopsy was performed under local anesthesia. Histopathologic results were compatible with verru. We presented this case since condyloma acuminata is rare in the genitalia of children with no history of sexual contact or abuse and also this case highlights the importance of the examination of people who have a direct contact with the patient.

PP-112

YELLOW-ORANGE HAIR DISCOLORATION AFTER USING %5 TOPICAL MINOXIDIL IN ALOPECIA AREATA

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Alopecia areata (AA) is a non-cicatrizant hair loss. Multipl treatment modality is present in AA. Minoxidil lotion is a effective drug for AA treatment and are used for a long time. Hair discoloration caused by % 5 topical Minoxidil is known but very rare in literature.

Herein we reported yellow-orange hair discoloration after using % 5 topical Minoxidil in AA for two months.

PP-113

HIDROACANTHOMA SIMPLEX

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INTRODUCTION&OBJECTIVES: Hidroacanthoma simplex (HS) is a rare, benign cutaneous adnexal neoplasm which was originally described by Smith and Coburn in 1956. HS, also named intraepidermal poroma, is a benign intraepidermal tumor thought to originate from the acrosyringial portion of the eccrine duct. Clinically, the lesion generally appears as a sharply demarcated, brownish flat or verrucous plaque, resembling seborrheic keratosis, Bowen's disease, basal cell carcinoma or squamous cell carcinoma. The tumor often occurs on lower extremities and trunk of elderly people, but the chest, arm and face may be affected. The clinical presentation is not distinctive and an accurate diagnosis can only be made by histopathological examination. Histologically, HS is characterized by intraepidermal nests of basaloid and pale-staining cells within an acanthotic epidermis. Malignant transformation of HS is extremely rare but has been reported in the literature for longstanding tumors.

MATERIALS&METHODS: A case report of HS is presented.

RESULTS: A 79-year-old man presented with a 10-year history of a gradually growing cutaneous lesion on his right buttock. The lesion was asmptomatic without any associated itching or pain. However, the patient had been scratching it and causing expansion of the lesion. He had no personal history of disease and family history of any diseases. Dermatological examination revealed a 9x7 cm, well-circumscribed, irregularly brownish colored verrucous plaque which wasn't firmly attached to the underlying tissues. There was no palpable lymphadenopathy, and the results of other physical and laboratory examinations were unremarkable. Histopathological findings revealed well-circumscribed, intraepidermal nests of uniform, poligonal, basaloid cells and a few small ductal structures. There were no tumor cells showing pleomorphism or mitosis. The neoplasm was confined to the epidermis, and the underlying superficial dermis showed moderate inflammatory infiltrate, mostly composed of lymphocytes arranged in a perivascular fashion. Immunohistochemistry studies showed posivite reaction of basaloid nests for AE1/AE3, CD5/6, p53, p63, PAS, dPAS and negative reaction for CEA. The patient was diagnosed as hidroacanthoma simplex. Although total excision of the lesion was recommended, the patient refused the surgery. The patient has been carefully examined periodically.

CONCLUSIONS: An example of HS showing the characteristic features of HS clinically and histopathologically was presented. Dermatologists must pay careful attention to HS because its clinical presentation is not distinctive resembling seborrheic keratosis, Bowen's disease, basal cell carcinoma or squamous cell carcinoma. Last but not the least, it has potential for malignant transformation.

PP-114

UNILATERAL LATEROTHORACIC EXANTHEM:A CASE REPORT

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INTRODUCTION & OBJECTIVES: Unilateral laterothoracic exanthem (ULE), also known as asymmetric periflexural exanthem, typically affects children between one and five years of age in the winter and spring, although adults have also been affected. The etiology of ULE of childhood is unknown. The patient's history (e.g., age at presentation), lack of efficacy of broad-spectrum antibiotic treatment, serologic findings, and the tendency for presentation during spring and winter raise the possibility of a viral etiology. There is no specific medical treatment but low-potency topical steroid and antihistamines may alleviate pruritus. The disease is self-limited and spontaneously resolves within a few weeks.

MATERIALS & METHODS: A case report of ULE was presented.

RESULTS: Seven-year-old Turkish boy had a pruritic rash which occured following the resolution of a viral upper respiratory tract infection during the spring. The eruption first developed in the lower part of his left limb and then spread up to the upper part of the body. The patient had no other history of disease and drug usage. His family history and physical examination was unremarkable. Dermatological examination revealed dozens of pinpoint erythematous papules, some of these papules were accompanied by fine scaling on a background of poorly demarcated eczematous plaques. There were so many papules some of which were coalesced on the left limb and spread all the left side. Routine laboratory examinations including complete blood count, urinalysis, biochemical profile, VDRL, HIV and hepatitis serologies were all within normal limits.The presumptive diagnosis was ULE. The eruption was treated with moisturizers and oral setirizin which partially relieved his itching. Four weeks later, the exanthem had resolved.

CONCLUSIONS: Unilateral laterothoracic exanthem, typically affects children and most of the time it occurs due to an underlying viral infection so when a pediatric patient is presented with unilateral rash on one part of body especially on the thorax, upper respiratory tract infections should be questioned to confirm diagnosis.

PP-115

A CASE REPORT OF FIXED DRUG ERUPTION INVOLVING OF THE SCALP AND AXILLARY REGIONS

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INTRODUCTION & OBJECTIVES: Fixed drug eruption (FDE) is a distinctive type of cutaneous drug reaction that characteristically recurs in the same locations upon reexposure to the offending drug. It is responsible for about 10% of all adverse drug reactions. Exact etiology of the disease is unknown. Common drugs causing FDE are fluconazole, ciprofloxacin, doxycycline, clarithromycin, phenytoin, non-steroidal anti inflammatory drugs (NSAIDs) etc. NSAIDs, in particular nimesulide and piroxicam, are the most frequent culpritagents, followed by antibiotics and anticonvulsants.

MATERIALS & METHODS: A case report of FDE involving of the scalp and axillary regions induced by metamizole sodium was presented.

RESULTS: 38 year-old male patient presented with pruritic, brown-violaceous rashes in the axillary region which occured two weeks ago and scalp which occured with haircut 4 days ago after using metamizole sodium. He had no other drug usage history except for metamizole in the last one month. Family history and physical examination was unremarkable. Dermatological examination revealed three grayish-purple plaques ranging from 1-4 cm in diameter on the occipital region of the scalp. There were grayish halo in the periphery of the lesions and they are seperated from the surrounding healthy tissue with sharp demarcations. Also, a brown- violaceous patch, 2,5 cm in diameter was observed on the right axillary region of the patient. Routine laboratory examinations including complete blood count, urinanalysis, biochemical profile, VDRL, HIV and hepatitis serologies were all within normal limits. Histopathological examination of the punch biopsy specimen obtained from the axillary region showed orthokeratotic hyperkeratosis, mild atrophy, mild spongiosis in epidermis. There was mild inflamatory infiltrate mostly composed of lymphocytes in the superficial vascular plexus with sparse melanophages and eosinophils in dermis. The patient was diagnosed as FDE with these clinical and histopathological features. Topical clobetasole propionate for the scalp lesions and mometasone furoate for the axillary lesions were prescibed. The lesions improved significantly in 2 weeks.

CONCLUSIONS: FDE is a common cutaneous adverse drug reaction. It can be easily diagnosed due to its characteristic clinical features and lesion morphology. Although NSAIDs are known to be one of the most common cause of fixed drug eruption, scalp involvement is rarely reported. With this case presentation, it is intended to increase awareness about the disease thus preventing future recurrences.

PP-116

CUTANEOUS METASTASIS DUE TO BREAST CANCER

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INTRODUCTION&OBJECTIVES: Cutaneous metastases due to internal malignancies are quite rare. Breast and lung cancers are one of the most common causes of cutaneous metastases among all these malignancies. The incidence of cutaneous metastases due to breast cancer is 27,9% and they frequently ocur in the chest wall. We report a 66 year-old lady with advanced primary ductal carcinoma of left breast who presented with extensive cutaneous metastases on the chest wall in absence of distant metastasis four months after modified radical mastectomy.

MATERIALS&METHODS: A case report of cutaneous metastasis is presented.

RESULTS: Sixty-six-year-old female patient presented with a redness and swelling in the region of modified radical mastectomy in the last 1 month. She had had breast-conserving surgery 5 years ago and also she had modified radical mastectomy of the left breast 6 months ago. Besides from diabetes mellitus diagnosis, family history and physical examination was unremarkable. Dermatological examination revealed multiple erythematous-violaceous papules and plaques some of which tend to coalesce and are umbilicated in the region of modified radical mastectomy scar on the left breast. Routine laboratory examinations including complete blood count, urinalysis, biochemical profile, VDRL, HIV and hepatitis serologies were all within normal limits. Histopathological examination revealed that superficial dermis and deep dermis was infiltrated by irregularly organized cells. Infiltrating cells were atypical epithelial cells which had ambiguous cytoplasmic border and irregular hyperchromatic nuclei showing some mitosis. Immunhistochemical examination showed strongly positive cytoplasmic staining with Pan CK and CK7. Some tumor cells showed weak nuclear staining ER and the staining with PR, Cerb-B2, GCDFP-15 was negative. Ki-67 proliferation index of the tumor cells was %20. With these clinical and histopathological findings the patient was diagnosed as cutaneous metastasis of the breast cancer and referred to medical oncology.

CONCLUSION: Cutaneous metastasis must be considered in the differential diagnosis when a patient is presented with papules and nodules in the region of surgery due to breast cancer and a biopsy specimen should be obtained for a definitive diagnosis.

PP-117

COMPARISION OF THE EFFECTIVENESS OF ND YAG LASER AND CRYOTHERAPY IN THE TREATMENT OF VENOUS LAKES

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Backgraund and Objective
Venous lakes (VL) are dark-blue papules caused by the dilatations of veins which are compressable with pressure.These benign lesions frequently seen in elderly population on sun-exposed areas, like lips and ears. The lesions are asymptomatic but usually causes cosmetic problem. The aim of the study is to compare the efficiency of Nd: YAG laser and cryotherapy in the treatment of VL.

Patients and Methods
The study was carried out on 40 patients with VL sized 1-10 mm, located on lips. 20 patients were treated with 1064 nm Long Pulse Nd: YAG laser and 20 were treated with cryotherapy. All of the patients clinically evaluated after one month of period.

Results
Following the treatment complete healing was detected in %96.3 of the patients treated with 1064 nm Long Pulse Nd: YAG laser, while the healing rate was % 76.3 in cryotherapy group. In the Nd: YAG laser treated group the VAS score for the pain and the incrustation after treatment was lower than the cryotherapy group. There was no difference in the groups in terms of edema and hemorrhage.

CONCLUSION:
1064 nm Long Pulse Nd: YAG laser therapy and cryotherapy are both effective treatment modalities for the VL treatment. But Nd: YAG laser therapy seems more confortable and successful method than cryotherapy.

PP-118

LAUGIER-HUNZIKER SYNDROME: CASE REPORT

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Laugier-Hunziker syndrome is an acquired mucocutaneous pigmentary disorder. Benign hyperpigmentation of lips and buccal mucosa and longitudinal melanonychia are common features of this disorder. The etiology is unknown and no underlying systemic abnormalities is reported. The diagnosis is made by exclusion of other diseases that are associated with mucocutaneous hyperpigmentation; Peutz Jeghers, Addison disease, Albright syndrome, liken planus, etc.

A 38 year-old woman presented with hyperpigmentation at tongue, buccal mucosa, nails and genital area. She was investigated for all the diseases associated with compatible hyperpigmentation (Peutz Jeghers, Addison disease, Albright syndrome, liken plants, etc.). After the negative results, we diagnosed the patient as a Laugier-Hunziker syndrome.

Laugier-Hunziker syndrome is a rare exclusion disorder and it should be considered in differantial diagnosis of hyperpigmentary diseases.

PP-119

POROKERATOSIS MIBELLI, WHICH OCCUR AFTER BURNING

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Porokeratosis mibelli is a disorder with going abnormal epidermal keratinization. Clinically its charactertistic features are annuler plaques, irregular periferal keratotic ridge and atrophic center. Sometimes it can be hypopigmentation or hyperpigmentation in the center. A 24 year old woman patient whose hand have burned with oil drop 3 years ago. And now she has a big porokeratosis mibelli lesion on the hand with clear central hypopigmented area. We treated her with topical corticosteroids and topical keratolytics. The findings were discussed with respect to literature.

PP-120

RESEARCHING BLOOD GROUPS OF PATIENTS WHO HAVE ALOPESIA: A PRELIMINARY STUDY

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Alopesia is a common disease. It is not fully known etiology of alopesia but it is thought stress, hormonal disturbance, genetic factors can be more responsible than other reasons. We researched the effects of blood groups on the alopesia patient; can it be the another responsible factor? In this retrospectively study, we looked for AB0 blood groups and Rh factor of alopesia patient who are treated in dermatology department of Mersin University Hospital between January 2006 and January 2016. The findings were discussed with respect to literature.

PP-121

A RARE ETIOLOGY OF NONTRAUMATIC RECURRENT LEG ULCERS: PROLIDASE DEFICIENCY

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Prolidase deficiency is an autosomal recessive disorder. It has many clinical manifestations such as mental retardation, chronic skin ulcers, recurring infections, splenomegaly and characteristic facial appearence. We present a case of prolidase deficiency, a 42 years old woman who have many bilateral chronic leg ulcers,which firstly occured when she was 6 years old. She also have other clinical components of prolidase deficiency. Laboratory analysis revealed an elevated erythrocyte sedimantation rate, hypergammaglobulinemia, and iron deficiency anemia. A large amount of hydroxyproline was detected after hydrolysis of a 24-h urine specimen (99 mg/day).

PP-122

AN UNUSUAL PRESENTATION OF PROLIFERATING TRICHILEMMAL TUMOR ARISING IN PSORIATIC PLAQUE

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Proliferating trichilemmal tumor (PTT) is a rare, mostly benign neoplasm differantiating towards the follicular outer root sheath epithelium. PTT is usually found on the scalp of elderly women as a long standing subcutaneous cystic nodule that has been slowly enlarging to a larger noduler mass. Etiopathogenesis is unclear but it is believed that PTT originates from a preexisting trichilemmal cyst (TC) as a complication of a trauma and inflammation. Both PTT and TC show trichilemmal keratinization as a histological marker. But PTT additionally shows extensive epithelial proliferation, variable cytologic atypia and mitotic activity. Recent reports have described a small number of malignant proliferating trichilemmal tumors.

Herein, we report an unusual case of benign proliferating trichilemmal tumor arising in psoriatic plaque on the knee of a 63-year-old man. Clinically, we consider squamous cell carcinoma and the lesion was totally excised. Based on the histological features, the tumor was diagnosed as PTT. Our case highlights the importance of recognizing this unusual tumor at an uncommon location.

PP-123

EVALUATION OF PATIENTS WITH RECURRENT APHTHOUS STOMATITIS: A RETROSPECTIVE STUDY

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BACKGROUND: The aim of this study is to determine the factors in the etiology of recurrent aphthous stomatitis (RAS) and to evaulate the patients in the terms of RAS associated systemic disorders especially Behçet's disease.

METHODS: In this study patients with RAS who were followed up in Bartın State Hospital dermatology clinic between July 2013- April 2015, were evaulated retrospectively. The demographic characteristics of the patients, dermatological findings and laboratory datas were recorded. All patients were questioned about the factors involved in the etiology of RAS.They were also evaluated for the presence of systemic diseases associated with RAS.

RESULTS: The total number of patients included in our study was 123, 86 of 123(69.9%) were female and 37 of 123 (30.1%) were male.13 patients(%10,6) were children. The mean age of patients was 34.5 ± 14.7. Minor aphthous type (%68,3) was the most frequent clinical type. Family history was positive in 65 (%52,8) patients. The triggering factors in the etiology of RAS were determined as followings; stress (54.5%), trauma (40.2%), gingivitis (29.3%), food (9.8%), medicines (5.7%), menstruation in female patients (3.3%) and throat infections (2.4%). Serum iron levels were low in 9,8%,ferritin levels were low in 25,2% of patients, vitamin B12 levels were low 13,8% of patients and anemia was detected in 26,8% of patients. Folate levels were normal in all patients. While %48 patients had one pathology at least in researched parameters, nutritional deficiencies were found in %39 patients. When we compare pediatric and adult patients with RAS, we found no significant differences between two groups except attack frequency (p=0,017) and throat infection history (p=0,029).Pathergy test was positive in 21 (%17,1) patients. 14 (%11,4) patients were diagnosed as Behçet's disease. When we compare Behçet diagnosed RAS patients and the other RAS patients, pathergy test positiveness (p<0,001) and ferritin levels(p=0,020) were significantly different between two groups.

CONCLUSION: In our study patients with RAS were evaulated not for only triggering factors in the etiology and hematinic deficiencies, they were also evaluated for systemic disorders that may accompany. 14 (%11,4) of RAS patients were diagnosed as Behçet's disease. This ratio may increase if the follow up time extended. Therefore it is not enough to evaluate just the etiological factors and haematinic disorders in RAS patients. These patients should be followed up for a long time in terms of systemic disorders which accompanies RAS especially for Behçet's disease.

PP-124

ERUPTIVE XANTHOMAS AS A CUTANEOUS MANIFESTATION OF HYPERLIPIDEMIA AND TYPE 2 DIABETES MELLITUS

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Eruptive xanthomas are the most common type of the xanthomas and appear as crops of discrete yellowish papules that may have erythematous bases. Eruptive xanthomas are associated with hypertriglyceridemia that occur with hyperlipidemia syndromes or with diabetes mellitus, hypothyroidism, obesity, pancreatitis, nephrotic syndrome, cholestatic liver disease or retinoid or estrogen therapy.

A 46-year-old man presented with multiple, red-yellow papules that had been appearing over the course of 2 months on the trunk and extensor surfaces of the upper extremities, thighs, and buttocks. Clinical and laboratory investigations revealed hyperlipidemia and diabetes mellitus Type 2a.

Treatment involves dietary restrictions and medications to control the hyperlipidemia. In many cases, treating the underlying disorder will reduce or resolve the xanthomas.

PP-125

DIAPER DERMATITIS CANDIDIASIS MIMICKING IRRITANT CONTACT DERMATITIS

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Diaper dermatitis is an irritating and inflammatory acute dermatitis in the gluteal area, perineum, groin and, occasionally, part of the genitalia resulting from the occlusion and irritation caused by diapers. The three most common types of diaper dermatitis are chafing dermatitis, irritant contact dermatitis and diaper candidiasis. Most cases are associated with the yeast colonisation of Candida or diaper dermatitis candidiasis.

A 2-year-old girl was presented with erythematous, scaly, plaque on the left side of the lumbosacral region for the two weeks. Direct examination with KOH 10% of a swab taken from the lesion confirmed the presence of pseudohyphae. Skin lesion improved within a few weeks of starting topical ketoconazole cream.

We report an unusual case of diaper dermatitis candidiasis with localized lumbosacral region skin involvement.

PP-126

"URTICARIAL VASCULITIS MIMICKING IMMUN TROMBOCYTOPENIC PURPURA CUTANEOUS SIGNS"

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Urticarial vasculitis is another clinical variant of vascülitis; the cutaneous lesions comprise ürticerial wheals and angioedema, often with some associated purpura. Immun trombocytopenic purpura(ITP) is one of the reason of purpura. A 26 year old woman with a history of Immun trombocytopenic purpura presented with a 4 day history of purpura, fever, palmoplantar angıoedema, myalgia and arthralgia. She was treated in hematology clinic with intravenous steroid for ITP but purpuric lesions graudaly increased and urticarial lesions added. Urticarial vasculitis was diagnosed clinically. Urticarial vasculitis was associated with ürinary infection by examinations. After urinary infection treatment, lesions regressed. In conclusions, ürticarial vasculitis must be differantion diagnosed of purpura. We want to emphasize ITP can be associated with urticarial vasculitis in this article.

PP-127

"AN UNUSUAL LOCALIZATION OF SYRINGOCYSTADENOMA PAPILLIFERUM"

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Syringocystadenoma papilliferum is a proliferating skin tumor with apocrine differentiation in most of the cases and occasionally with eccrine differentiation. The majority are seen on the face and scalp of young adults, often increasing in size at puberty. An 7-year-old boy presented with an elevated, vegetated pinkish papullonoduler lesions located in the scrotum. Steatocystoma multiplex and lymphangioma circumscriptum were suspected on clinical examination. Excisional biopsy demonstrated the histological picture of syringocystadenoma papilliferum (SCAP). This case describes the atypical location of this rare disease and adds to the differential diagnosis of lesions on the scrotum.

PP-128

SEVERE TOXICITY WITH LOW DOSE METHOTREXATE: WHAT ARE THE RISK FACTORS?

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Methotrexate (MTX) is an antimetabolite which competitively inhibits dihydrofolic acid reductase; inhibits purine and thymidylic acid synthesis, which in turn interferes with DNA synthesis, repair, and cellular replication. MTX is a good treatment option in the treatment of neoplastics, romatological and dermatological diseases. However, rarely, may causes side effects such as agranulocytosis and bone marrow suppression, mucosal tissue inflammation and necrotic changes, liver cell necrosis and hepatic cirrhosis, pulmonary fibrosis and severe renal disfunction.

Herein, we reported a 67-year-old female patient with a history of psoriasis for 15 years and 15 mg/sc/week MTX usage for 8 years, manifesting as pancytopenia, mucositis and ulcers on psoriatic plaques. We discussed the factors such as age, renal disfunction, low albumin levels, infections, proton pump inhibitors and nonsteroidal anti-inflammatory drugs usage, that facilitate the low-dose methotrexate toxicity.

PP-129

PUPPP DEVELOPED IN A POSTPARTUM PATIENT WITH CHRONIC SPONTANEOUS URTICARIA

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INTRODUCTION: During pregnancy hormonal and metabolic changes cause skin manifestations that can be classified into 3 categories: dermatoses that began before pregnancy, physiological changes during pregnancy and dermatosis specific for pregnancy. The most common pregnancy specific dermatosis is pruritic urticarial papules and plaques of pregnancy (PUPPP). Skin lesions usually begin as erythematous papules on the abdomen within the striae gravidarum, sparing periumbilical areas, then rapidly spread to the buttocks, breasts and extremities.Developing of PUPPP in postpartum period is very rare. Here we present a case with chronic spontaneous urticaria who developed PUPPP in postpartum period.

CASE: A 26 year-old female patient attempted to our outpatient policlinic with erythematous, oedematous and pruritic papules and plaques that located on extremities and abdomen. Lesions were characteristic for urticaria. She had new urticarial papules and plaques nearly everyday for 2 months. Her laboratory tests were normal and from her history no other diseases was obtained. Diagnosis was chronic spontaneous urticaria (CSU) and anti-histamine(AH) treatment was started. After fourth visit she was pregnant to her fist child and antihistamine treatment was stopped. During her pregnancy she had no urticarial lesions. Two weeks later from delivery, she attempted to our policlinic with intensely pruritic and erythematous papules and plaques that has started in postpartum 5 days. She had preterm delivery at 36th week of gestation and her prenatal course was uneventful and she denied taking any medicine during this period.In her dermatological examination; erythematous, oedematous papules and plaques resembling urticarial plaques involving the abdominal striae with periumbilical sparing (Figure 1). Similar lesions were noted on the strias' of lateral lumbar and inguinal region (Figure 2). Small urticarial papules were observed on bilateral extensor surfaces of the thigh. Face, palms, and soles were uninvolved.

CONCLUSION: Pruritic urticarial papules and plaques of pregnancy can be classified into 3 types, depending on the type of lesion: Urticarial papules and plaques (type I); nonurticarial erythema, papules, or vesicles (type II) and a combination of the two forms (type III) (1). Most commonly seen in the third trimester but it can also be seen in the postpartum period and majority of cases of PUPPP are diagnosed in women who are nulliparous or primigravida.In the literature there is no case reports of patients who had CSU before pregnancy, asymptomatic during pregnancy and aggrevates as PUPPP after delivery in postpartum period. Immunogenic mechanism may play the main role in the pathogenesis of PUPPP and CSU patients can also be more susceptible to develop PUPPP in the last trimester of pregnancy or in postpartum period. In vice versa patients that have PUPPP can be more susiceptable to develop urticaria in time.

PP-130

CUTANEOUS TUBERCULOSIS AS METASTATIC TUBERCULOUS ABSCESS

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Metastatic tuberculous abscess or tuberculous gumma is rare and unusual presentation of cutaneous tuberculosis resulting from hematogenous spread from a non-cutaneous tuberculous focus. Herein, we reported a 60-year-old male patient, presented with a 4-year history of a painless swelling located on the anterior thoracic wall. It was covered with yellow crust and had a purulent discharge on palpation. PPD was anergic. Both PCR and culture of the biopsy sample was positive for M. tuberculosis and diagnosed with metastatic tuberculous abscess. Abdominal MR showed a mass (35X25 mm) on right surrenal gland, causing adrenal insufficiency,found compatible with tuberculosis by the endocrinologist. He was consulted to a gastroenterologist and was considered as intestinal tuberculosis instead of Crohn's disease. The patient was started on four antituberculosis drugs (isoniazid, rifampin, pyrazinamide, and ethambutol). Although metastatic tuberculous abscess is uncommon, it should be kept in mind in the differential diagnosis of skin lesions and patients diagnosed with metastatic tuberculous abscess should be evaluated for underlying source of tuberculosis.

PP-131

BLOOD GROUPS OF PATIENTS WITH RECURRENT APHTHOUS STOMATITIS: A PRELIMINARY STUDY

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Recurrent aphthous stomatitis is a common oral mucosal disease with unclear etiopathogenesis. It is characterized by painful and recurrent ulcerations of mucosal tissues and its treatment is generally symptomatic. In this study blood groups of patients who had recurrent aphthous stomatitis and treated in dermatology department of Mersin University between January 2006 and January 2016 were reviewed retrospectively as ABO blood groups and Rh factor. The findings were discussed with respect to literature.

PP-132

EXPERIENCE OF INTRAVENOUS IMMUNOGLOBULIN THERAPY IN DERMATOLOGY DEPARTMENT OF MERSIN UNIVERSITY

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Intravenous immunoglobulin (IVIG) is a purified blood product preparation and it is derived from the plasma of large numbers of healthy donors. IVIG has been used in a number of diseases also it has been used in various dermatological diseases. By this time IVIG has been given to 33 patiens with various dermatological diseases such as connective tissue diseases, blistering diseases and various inflammatory diseases in dermatology department of Mersin University. Two of patient's treatment was interrupted because of side effects. Sixteen patients were still being treated with IVIG in dermatology department of Mersin University. Almost in most of the patients a significant improvement was observed. The findings were discussed with respect to literature.

PP-133

BLOOD GROUPS OF PATIENTS WITH CHRONIC IDIOPATHIC URTICARIA: A PRELIMINARY STUDY

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Chronic idiopathic urticaria is an autoimmune skin disease characterized by spontaneously recurring hives and/or angioedema for 6 weeks or longer. Second generation H1-antihistamines are first-line treatment in patients with chronic idiopathic urticaria. In this study blood groups of patients who had chronic idiopathic urticaria and treated in dermatology department of Mersin University between January 2006 and January 2016 were reviewed retrospectively as ABO blood groups and Rh factor. The findings were discussed with respect to literature.

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ANNULAR SARCOIDOSIS ON THE FACE: A CASE REPORT

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INTRODUCTION: Sarcoidosis is a multisystemic granulomatous disease which frequently involves lungs with unknown origin, and characterized by hyperactivity of cellular immune system. Skin lesions develop in 25-35% of the patients with systemic sarcoidosis which are the first, and single manifestations of the disease.Lesions of cutaneous sarcoidosis are divided in 2 groups as specific lesions histopathologically manifesting typical sarcoid granulomas or nonspecific lesions demonstrating inflammatory signs.Papular and maculopapular lesions are the most frequently seen manifestations. In this paper, a case of sarcoidosis with annular lesions on face is presented because of its rarely seen clinical presentation.

MATERIALS-METHODS: A 30-year-old male patient presented to our outpatient clinics with complaints of annular skin rashes on his face, which did not regress with previously administered topical therapies. His lesions emerged 3 years ago for which he consulted to other medical centers. His personal, and family history was unremarkable. On dermatological examination two erythematous, annular lesions localized on the forehead

RESULT: Histopathological examination of the biopsy material disclosed granulomas containing giant cells localized superficially within the dermis. The lesions were devoid of lymphocytes (naked granuloma) and concomitant necrosis. On laboratory analysis, CRP, serum calcium levels, calcium concentration in 24-hour urine, and angiotensin converting enzyme levels were within normal limits While purified protein derivative test (PPD) result was evaluated as anergic (0 mm). Hydroxychloroquine (Plaquenil) was initiated for the patient and he is currently under follow up, the skin lesions have improved significantly

CONCLUSION: The annular sarcoid lesion on the face is a rare pattern of skin sarcoidosis, and its diagnosis requires histologic examination in order to exclude the other granulomatous skin diseases. Instrumental investigations are always required to investigate any other organ systems and, particularly in the annular forms, possible cardiac involvement, as the treatment and overall prognosis of cutaneous sarcoidosis are primarily dependent on the degree of systemic involvement

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CUTANEOUS ULCERATION AND PURPURA: A SIGN OF METHOTREXATE TOXICITY

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Methotrexate (MTX) is an antimetabolite drug and widely used for the management of systemic inflammatory diseases such as rheumatoid arthritis and psoriasis±arthritis. MTX inhibits DNA synthesis by competition with dihydrofolate reductase. Adverse cutaneous reactions to MTX are usually dose-related and well-known signs of MTX toxicity include bone marrow suppression, oral and gastrointestinal ulceration.

We describe a patient who administered 15 mg daily of MTX for 10 days and presented with cutaneous ulceration on the groin, and widespread purpura on the back and mouth erosions. In addition, she had systemic symptoms such as abdominal pain, fatigue, fever, dizziness. The skin ulcer resolved on discontinuation of MTX.

Low dose (10-25 mg/week) MTX is widely used for the management of systemic inflammatory diseases and is considered to be relatively safe but MTX toxicity can be life threatening, mainly due to myelosuppression. We report a patient with rheumatoid arthritis who developed cutaneous ulceration and purpura, as a sign of MTX toxicity.

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AN UNUSUAL LOCALISATION OF LICHEN AMYLOIDOSIS IN A PATIENT WITH RHEUMATOID ARTHRITIS

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Approximately 10% of cutaneous amyloidoses is lichen amyloidosis. It presents with pruritic, red-brown hyperkeratotic papules, most commonly located on the pretibial surfaces. It is not associated with systemic amyloidosis but may occasionally be associated with other systemic conditions. Herein, we reported a 50-year-old female patient, who applied to our clinic because of occasionally itchy, skin colored papules located on the ear and diagnosed with lichen amyloidosis. It was learned from the patient's medical history that she had a rheumatoid arthritis disease. We presented this case becouse of its unusual localisation and unusual association with rheumatoid arthritis

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ECTHYMA CONTAGIOSUM: A CASE REPORT

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Ecthyma contagiosum (orf), is an exanthemous disease caused by a parapox virus. Orf of the hand is considered as an uncommon viral infection which is usually acquired through contact with infected animals or animal products. It is usually a benign locally self-limiting condition that usually regresses in 6–8 weeks without specific treatment. However, it may be accompanied by local symptoms including pain, pruritus, lymphangitis and adenitis, or less frequently by systemic symptoms such as fever or malaise. Here we report an lymphangitis associated with Orf disease and review the literature.

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DISSEMINATED KAPOSI'S SARCOMA IN HIV-NEGATIVE PATIENTS: TWO CASES

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INTRODUCTION: Kaposi's sarcoma (KS) is a tumor derived from the endothelial cell lineage caused by Kaposi sarcoma associated virus (KSHV), also known as human herpes virus 8 (HHV-8). Four subtypes of KS have been described: classical KS, African endemic KS, immunosuppression-associated KS and AIDS-associated KS. Classical KS usually occurs in elderly men from the Mediterranean region. It is a chronic, slowly progressing disorder, usually confined to the skin, which only rarely affects other organs.

MATERIAL-METHODS:

Case 1: A 70-year-old male who presented extensive violaceous plaques comprising both feet and hands, as well as smaller lesions located on the lower and upper extremities and the torso. Several violaceous firm papules and nodules of various diameters were scattered on the surface of the plaques. The functionality of the hands was severely impaired and the patient had walking difficulties. The patient asserts that the lesions had first occurred two years prior to the presentation on the lower extremities and rapidly enlarged.

Case 2: A 55-year-old male presented disseminated purple firm plaques and nodules locates on the extremities. On the chin there was a tumefaction of 3cm in diameter.

RESULT: in both cases The HIV testing turned out negative. Laboratory findings were within normal range. A biopsy was taken from nodule showed in the derm a malignant tumorous proliferation constituted of fusiform cells. The patients was treated with chemotherapy (Bleomycine) Rapid improvement was observed. For the first case the oedema rapidly reduced, the patient regaining the functionality of his hands and feet.

CONCLUSION: The classical form of Kaposi's sarcoma is usually a chronic, indolent disorder, slowly progressing over a period of several years or decades. The particularity of these cases is the rapid progression in an otherwise healthy patients

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EOSINOPHILIC FASCIITIS:TWO CASES

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INTRODUCTION: Eosinophilic fasciitis (EF), also called Shulman's syndrome or fasciitis-panniculitis syndrome, is an uncommon scleroderma-like disorder of unknown etiology, characterized by induration and thickening of skin and soft tissue, usually associated with peripheral eosinophilia.

We report two cases of this rare condition

Cases: We presented two cases of females (age:40 and 55) who presented to our clinic with symptoms of diffuse swelling of subcutaneous tissue, with a rapidly progressive motility impairment started from fingers. Clinical examination showed induration and thickening of skin and soft tissue with stiffness and tenderness of involved areas. There was no significant without significant past medical history eosinophilia and hypergammaglobulinemia.The inflammatory infiltrates consisting of lymphocytes, plasma cells and eosinophils were yielded in fascia.

The two patients were treated with oral prednisolone

DISCUSSION: The diagnosis of EF is often based on the association of characteristic skin or subcutaneous abnormalities and a thickened fascia with an inflammatory infiltration, mostly composed of lymphocytes and eosinophils. A peripheral eosinophilia is frequently present, but is not mandatory for the EF diagnosis. The diagnosis might be helped by a muscle magnetic resonance imaging which typically may evidence an increased signal intensity within the fascia and marked fascia enhancement after gadolinium administration at the acute phase of the disease Due to the scarcity of the EF disease, there is no consensual therapeutic strategy. However, oral corticosteroids remain the mainstay treatment and may be associated to an immunosuppressive drug such as methotrexate in patients with morphea-like lesions or an unsatisfactory response to corticosteroids alone.

CONCLUSION: EF is a rare connective tissue disorder characterized by symmetrical sclerodermatous skin changes primarily affecting the extremities and histologically, by thickening of the fascia with chronic inflammatory infiltrate containing eosinophils. Nevertheless the treatment of EF continues to present considerable challenges.

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ATYPICALLY LOCATED A CASE OF GARLIC INDUCED TO IRRITANT CONTACT DERMATITIS

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Garlic (Allium sativum), is a member of the Alliceae family. It has used especially for the treatment of asthma, dermatological and rheumatological diseases since ancient times. because of many known effects for example antimicrobial, antiarthritic, inducing hair re-growth, antithrombotic, hypolipidemic, hypoglycemic and antitumor activity. There are publications about the therapeutic use of garlic in the literature but we come across to many dermatologic side effects like allergic and irritant contact dermatitis, generalized urticaria, angioedema, pemphigus, anaphylaxis and photoallergy that occur after the use of paramedical. The allergenic components of garlic have been recognized as diallyl disulfide, allylpropyl sulfide and alicin. Diallyl disulfide is thought to be the primary allergen and patch test including this allergen was administered to patients suspected to have garlic allergy by some researchers. And alicin also may be an irritant component in garlic. 67-year-old male patient applied to our clinic because of redness, swelling and blistering on the sacral region after administration of garlic occlusion due to pain in the legs. In this writing, we want to draw attention to the side effect of irritant contact dermatitis of garlic which is widely used by patients for treatment. And also should not be forgotten that we can see the patients who have lesion with atypical localization as our patient

PP-141

DARIER'S DISEASE IN MOTHER, SISTER AND DAUGHTER: A CASE REPORT

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Darier's disease is an autosomal disorder inherited with complete penetrance which is characterized by acantholysis and hyperkeratotic plaques clinically.

A 65-year-old female admitted to our outpatient clinic with alomg time history of crusted red papules on her face, neck and trunk.She told us they had begun at face first then they appeared on neck and trunk. She had used some topical treatments but she didn't achieve enough benefit. On examination there are too many 1-10mm shaped, flat-topped, yellowish crusted erythematous papules and plaques and there are squmatated erythematous plaques with undefined borders which localized on face, neck and upper trunk with seborrehic distribution. Lesions tended to be grouped.On control visit she came along with her sister and daughter. They told they have also had these compleints for years. On examination we suppoted same lesions on them. A 4 mm punch biopsy was performed and they were diagnosed as Darier's disease. Topical emollients with urea and systemic acitretin were administeed.With this treatment lesions number and severity started to be diminished and they disappeared.

Herein we want to remind Darier's disease as a rare skin disorder with autosomal dominant inheritence.

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ALLERGIC CONTACT DERMATITIS AND EXTENSIVE SCALP ANGIOEDEMA CAUSED BY BRAZILIAN KERATIN HAIR TREATMENT

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''**INTRODUCTION & OBJECTIVES:** Brazilian keratin treatments (BKT) are widely available products that are used by women around the world to straighten hair. Although widely used, there have been practically no reports of adverse side effects. We intended to present a case of allergic contact dermatitis with extensive scalp and palpebral angioedema following Brazilian keratin hair treatment.

CASE: A 37-year-old female presented with extensive angioedema to the head with neck involvement one day following BKT on her scalp to straighten hair. Findings on patient presentation included edema of the soft tissues of the head and face, eyelids involvement, acute inflammatory changes from chemical-induced irritation, mild scalp erythema, and yellowish fluid drainage from inflamed and fissured edematous scalp (Figure 1,2). There was no family history of angioedema no previous history of allergies or medication.

RESULTS: Acute treatments used for control of the reaction included intravenous steroids and antihistamines during hospitalization followed by oral steroids and antihistamines for maintenance during outpatient treatment of the resolving condition. Complete healing takes about 2 weeks, and there is no scarring.

CONCLUSIONS: Brazilian keratin treatment and similar straightening products applied by salon professionals involve formaldehyde or its derivatives and are being marketed as safe. Formaldehyde is a well-known contact sensitizer. However, formaldehyde releasers are widely used preservatives in cosmetics. All releasers (with the exception of 2-bromo-2-nitropropane-1,3-diol, for which adequate data are lacking) can, in the right circumstances of concentration and product composition, release >200 p.p.m. formaldehyde, which may result in allergic contact dermatitis. Unacceptably high concentrations of formaldehyde have been reported in such products. What concentration of formaldehyde is safe for sensitive patients remains unknown. Levels of 200-300 p.p.m. free formaldehyde in cosmetic products have been shown to induce dermatitis from short-term use on normal skin. Thus, it is intended to emphasize that, formaldehyde concentrations in BKT products may exceed recommended levels and should come to mind that they can cause allergic contact dermatitis and angioedema.''

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A CASE OF RETICULAR ERYTHEMATOUS MUCINOSIS MIMICKING ALLERGIC CONTACT DERMATITIS

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INTRODUCTION: Reticular erythematous mucinosis (REM) syndrome is a dermatosis commonly occurring with reticular, macular lesions or erythematous papules and plaques on the chest and back, symmetrically. Histological profile features perivascular round cell infiltrates and alcian blue positive mucoid substances between fine collagen fibers. The etiology of REM syndrome is unknown but various theories are discussed such as increased photosensitivity, viral causes, or an immune disorder.

CASE: A 65 year old male presented with pruritic, erythematous plaques on his neck, chest, trunk and bilateral dorsum of the hand, worsened by sun exposure. He was suspected of contact dermatitis. Patch test was applied to the patient and has positive response to carba mix. He was diagnosed as allergic contact dermatitis with patch test. At the same time a biopsy was performed. Histopatological findings were consistent with REM. He didn't respond to topical steroid treatment. After the diagnosis of REM confirmed by biopsy, systemic hydroxychloroquine treatment was given and within 3 months clinical improvement was seen.

CONCLUSION: To the best of our knowledge there is not any report in the literature about association of REM and allergic contact dermatitis. Because we thought that allergic contact dermatitis might cause the REM, we want to present our patient to highlight the etiology of REM.

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A CASE REPORT OF NODULOCYSTIC BASAL CELL CARCINOMA MIMICKING KAPOSI SARCOMA

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INTRODUCTION&OBJECTIVES: Basal cell carcinoma (BCC) is the most common cancer. It begins in the basal cells, the deepest part of the skin's outermost layer. One out of two people will have a BCC growth before age 65. Most cases of BCC occur on the face, consistent with the causative role of UV radiation. The rest of the cases arises on the trunk and extremities and only rarely is BCC encountered on non-hair-bearing sites such as the genital mucosa. Many clinical morphologies of BCC exist such as nodular, cystic, morpheaform, infiltrative, micronodular, superficial, pigmented, rodent ulcer, fibroepithelioma of Pinkus, etc. Histopathological examination reveals the presence of aggregations of basaloid keratinocytes that are surrounded by stromal tissue and typically demonstrate a connection to the epidermis. Basaloid cells resemble the basal keratinocytes of normal epidermis and are characterized by intensely basophilic, large, relatively uniform nuclei, and scant cytoplasm. Although it rarely results in death or metastatic disease, BCC can cause significant morbidity due to destructive local spread.

MATERIALS&METHODS: A case report of BCC is presented.

CASE: A 46-year-old woman presented with a 2-year history of a gradually growing cutaneous lesion on her left leg. The lesion wasn't associated with any pain but was bleeding with minor trauma. She had no personal history of disease, family history and physical examination were unremarkable. Dermatological examination revealed a dome-shaped, shiny erythematous cystic nodule, 1,5 cm in diameter. There were small arborizing telangiectasias and eroded region on the nodule. Routine laboratory examinations including complete blood count, biochemical profile, VDRL, HIV and hepatitis serologies were all within normal limits. The lesion was totally excised with preliminary diagnosis of Kaposi Sarcoma, clear cell acanthoma and BCC. Histopathological examination revealed large nests of basaloid cells in the dermis accompanied by peritumoral retraction from the stroma and peripheral palisading. The surgical margins were negative. With these clinical and histopathological findings patient was diagnosed as nodulocystic BCC.

CONCLUSIONS: Herein, we present a case of nodulocystic BCC resemling Kaposi Sarcoma clinically. Clinical diagnosis is dependent on the clinician being aware of the many forms BCC may take. Since these clinical types may also have different biologic behavior, histologic classification of the type of BCC may also influence the form of therapy chosen.

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METABOLIC SYNDROME AND URIC ACID IN PATIENTS WITH PSORIASIS

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BACKGROUND: Psoriasis patients have increased risk of obesity, metabolic syndrome and cardiovascular disease. Uric acid is a metabolic marker associated with metabolic syndrome and cardiovascular diseases. Levels of it increase in psoriasis as well. The aim of this study was to investigate the role of uric acid in metabolic syndrome in patients with psoriasis.

METHODS: Chronic plaque psoriasis patients presented to the dermatology outpatient clinics in a training and research hospital and age and gender matched healthy individuals were included in the study. Waist circumference, height and weight measurements of both groups were recorded, and body mass index was calculated. Serum uric acid, urea, creatinine, c-reactive protein (C-RP), fasting blood glucose, high-density lipoprotein (HDL) cholesterol, total cholesterol, triglyceride and insulin levels were determined. Metabolic syndrome and insulin resistance status were evaluated. The findings were compared statistically.

RESULTS: Seventy patients with chronic plaque psoriasis (37 females, 33 males) and 60 healthy individuals (31 females, 29 males) were included in the study. Metabolic syndrome prevalence and uric acid levels were found to be higher in the psoriasis group than in control group (p: 0.003, p: 0.008, respectively). Serum uric acid levels and PASI scores were higher in psoriasis patients with metabolic syndrome than the ones without metabolic syndrome when psoriasis patients were evaluated separately (p:0.041, and p: 0.024, respectively). A positive correlation was observed between abdominal circumference and serum uric acid levels in psoriasis patients (p:0.003, r: 0.350).

CONCLUSIONS: The results of this study show that uric acid levels are elevated in psoriasis patients with metabolic syndrome. The prevalence of metabolic syndrome was also significantly higher. Hence, patients should be kept under surveillance in terms of development of uric acid related disorders.

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A CASE OF PERIANAL AND PERINEAL PYODERMA GANGRENOSUM

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Pyoderma gangrenosum (PG) is a rare inflammatory neutrophilic skin disease of uncertain etiology. It is characterized by necrotizing ulcers most commonly located on the lower extremities. But they may occur anywhere on the skin including mucous membranes. There have been rare cases of PG reported with a perianal area involvement. When the disease affects only the perianal area, without any other body part involvement, the diagnosis can be challenging.

We present a 35-years-old male patient with perianal and subscrotal painful ulcers of 3-years history. He has been investigated in different institutions without a certain diagnosis. The case was diagnosed as PG by clinical and histopathologic findings. Other possible causes of perianal ulceration were excluded. Although PG is often associated with autoimmunity, chronic inflammatory or neoplastic diseases, no underlying diseases were diagnosed in this case. The patient was treated with systemic corticosteroids with an excellent response.

This case highlights the importance of the consideration of PG in the differential diagnosis of perianal and perineal ulcerations to be able to improve the life quality of the patient.

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METABOLIC SYNDROME AND INSULIN RESISTANCE IN PATIENTS WITH SEBORRHEIC DERMATITIS

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BACKGROUND: Seborrheic dermatitis (SD) is a common inflammatory skin disorder characterized by recurrent erythematous-scale plaques like psoriasis. There are scarce data regarding SD and components of metabolic syndrome.

OBJECTIVE: We aimed to investigate prevalence of metabolic syndrome and its components as well as insulin resistance in patients with seborrheic dermatitis

METHODS: Sixty six patients with seborrheic dermatitis and 52 healthy controls were enrolled in the study. Subjects' height, weight, waist circumference, smoking status and comorbidities were recorded. Blood pressure, fasting blood glucose, triglyceride, total, HDL and cholesterol, and insulin levels of the subjects were measured. Disease severity of seborrheic dermatitis was assessed via seborrheic dermatitis area and severity index (SASI) score. Body mass index (BMI), and Homeostatic Model Assessment-Insulin Resistance (HOMA-IR) were calculated. The presence of metabolic syndrome was evaluated.

RESULTS: BMI, waist circumference, glucose, HOMA-IR, and C-RP were significantly higher in SD group than those of controls. Prevalence of hypertension and type II diabetes was significantly higher in SD group than those in controls. Duration of SD was significantly higher in SD with metabolic syndrome than those of SD without metabolic syndrome (p:0.007). However, there were no significant differences in age and SASI score between seborrheic dermatitis patients with and without.

CONCLUSIONS: SD patients may have increased risk of metabolic syndrome development.. Further studies with more patients are needed to clarify this association. Seborrheic dermatitis (SD) patients have higher inflammation and insulin resistance compared with controls

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ASSOCIATION OF VITILIGO WITH BECKER'S MELANOSIS

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INTRODUCTION: Becker's nevus or Becker's melanosis, is a benign cutaneous hamartoma characterized by irregular hyperpigmented patch located usually unilaterally over the shoulder, upper chest, or back. Vitiligo is a skin disease characterized by the macular depigmented patches.

CASE: A 20-year-old male patient presented with widespread depigmented vitiligo plaques on his body. At the same time he had Becker's melanosis on his right shoulder and back. Vitiligo plaques were located both inside and adjacent to Becker's melanosis. (Figure 1)

CONCLUSION: We found it appropriate to present our case because the interesting coexistence of vitiligo and Becker's melanosis has rarely been reported so far.

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A CASE WITH DIFFUSE NORMOLIPEMIC PLANE XANTHOMA

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INTRODUCTION & OBJECTIVES: Diffuse normolipemic plane xanthoma (DNPX) is a rare xanthoma variant characterized by xanthelasma, diffuse plane xanthomas on the neck, upper trunk and extremities and normal plasma lipid levels. It is a rare and non-inherited form of xanthomatosis. Here, we aimed to presenting a case with rare DNPX.

CASE: A 67-year-old woman presented to dermatology clinic with a complaint of a yellow eruption on her face, neck and chest continued for 2 years. In the physical examination, there was a Symmetric, well-demarcated, yellow-orange, flat to slightly elevated plaques at periorbital, cheeks, neck and upper trunk. Except for the skin lesions the physical examination was normal. A diagnostic punch biopsy was performed to the lesion.

RESULTS: In the histopathological examination showed an Large foamy histiocytes in the upper dermis. Touton giant cells were also noted. The lesion was reported as xanthoma. Based on the clinical and histopathologic findings, a diagnosis of diffuse plane xanthoma was made. Routine investigations including complete hemogram and urinalysis were normal. Lipid profile was within normal limits. Serum bilirubin was normal and serum protein electrophoresis showed a normal pattern.

CONCLUSIONS: Xanthomas are a common presentation of disorders of lipid metabolism, usually associated with abnormalities of cholesterol metabolism. Diffuse normolipemic plane xanthoma (DNPX) was first described by Altman and Winkelmann in 1962. It is a rare and non-inherited form of xanthomatosis. Clinically, the dermatosis is characterized by the presence of symmetric yellowish-orange plaques that favor the neck, upper trunk, flexural folds and periorbital region. Some normolipemic xanthomatosis are found to be associated with either a systemic disease or malignancy. DNPX has been associated with hematologic disorders, particularly multiple myeloma and monoclonal gammopathy; however, leukemia, lymphoma and Castleman's disease have also been associated with the condition. Our case showed diffuse plane xanthoma, but without any lipid disorder, associated systemic disease, or malignancy. DNPX is a rare disease of the skin. We aimed to present atypical course of DNPX case.

PP-150

A CASE OF INFANTILE PITYRIASIS VERSICOLOR

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INTRODUCTION & OBJECTIVES: Pityriasis versicolor(PV) is a common superficial cutaneous fungal infection characterized by pityriasiform desquamation and hypopigmented or hyperpigmented macules formation. Pityriasis versicolor affects the trunk, neck, and/or arms, and is uncommon on other parts of the body. A fine, dustlike scale covers the many small round or oval lesions. The color of each lesion varies from almost white to reddish brown or fawn colored. Related to predisposing factors include genetic predisposition; warm, humid environments; immunosuppression; malnutrition; application of oily preparations; oral contraceptive and corticosteroid usage.[It is caused by mycelial growth of fungi of Malassezia furfur. Pityriasis versicolor is usually asymptomatic, but in some people it is mildly itchy. It often affects children, adolescents and older adults, when the sebaceous glands are more active. We want to present this male baby with PV case due to its rarity infantile time period.

MATERIALS & METHODS: A eight-month- male baby was brought by parents with numerous small hypopigmented lesions in back and in front of chest for 1 month. Dermatological examination were noted flaky macular hypopigmented lesions on the chest, back and right eyelid. The male baby doesn't have another disease. Past and family history was unremarkable.

RESULTS: Wood lamp examination yellow-green fluorescence was revealed in the affected areas. Microscopy using potassium hydroxide (KOH) to remove scraping material hyphae and yeast cells that resemble spaghetti and meatballs were observed.

CONCLUSIONS: Topical antifungal treatment was started with the diagnosis of pityriasis versicolor. As a result, PV lesions located on the trunk and face should be kept in mind in differential diagnosis of disorders of hypopigmentation because of its rarity.

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GIANT RECURRENT PYOGENIC GRANULOMA ON THE FINGER, FOREARM AND GROIN WITH A CAULIFLOWER APPEARANCE: A CASE REPORT

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INTRODUCTION & OBJECTIVES: Pyogenic granuloma (PG) or lobular capillary hemangioma is a benign vascular tumor of the skin or mucous membranes characterized by rapid growth and friable surface. Lesions are usually small and solitary, but multiple satellite lesions and gigantic size have also been reported. PG bleeds profusely after minor trauma and may become ulcerated. It occurs at any age, although it is seen more often in children and young adults. PG may be drug-induced(retinoids, cetuximab, imatinib, capecitabine, etoposide, 5-fluorouracil, cyclosporine, docetaxel, granulocyte colony-stimulating factor etc.) and trauma. We report a 79-year-old female patient who had recurrent and common lesions with gigantic pyogenic granuloma case due to its rarity.

MATERIALS & METHODS: A 79-year-old female presented with a large vegetative mass in the left finger, forearm and groin. In medical history she had hypertension, diabetes mellitus, guot disease and operated colon cancer and squamous cancer on the scalp. She was used various medical treatments (for example capesitabine, oxaliplatin, 5- Fluorouracil, granulocyte colony stimulating factor(GM-CSF) for colon cancer prior to the development of the pyogenic granuloma. There was a history of operation incision at this site 6 months previously. However, a larger and more protruding lesion has recurred in and around the incision scar within a few weeks. On examination, an erythematous polypoid vascular lesion was noted below the left index finger, forearm and groin area, respectively, which measured 2.5 cm-3 cm, 4cm-2cm, 12cm-2 cm.(Picture 1,2,3) There was no lymphadenopathy. Swabs for bacteriology revealed no pathogenic organisms.

RESULTS: Microscopic examination of the mass showed numerous capillaries arranged in lobules separated by fibrous connective tissue. The specimen was covered by stratified squamous keratinized epithelium but had large areas of ulceration and necrosis with dense acute and chronic inflammatory infiltrate.

CONCLUSIONS: Our case of giant pyogenic granuloma is interesting because of its same clinical presentation and in different localization, recurrence following surgical excision.

PP-152

BIOPHYSICAL PROPERTIES OF SKIN IN PREGNANCY: A CONTROLLED STUDY

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INTRODUCIION & OBJECTIVES: It is well-known that there are some physiologic changes in the skin during pregnancy. Our aim was to compare the biophysical changes in the skin of pregnant women with healthy non pregnant women's skin.

MATERIALS & METHODS: In our study, a total 60 pregnant women in third trimester and 20 age-matched healthy volunteer as a control group were included. Humidity of skin, erythema, melanin and sebum content of skin were measured with noninvasive cutometer and compared with with the use of IBM's SPSS software. (SPSS version 16.0 for Windows)

RESULTS: Mean age(year) of pregnant women was 26.53 ±3.955 and 25.10±4.506 in control group. Mean gestational age was 31.88±3.390 weeks. These results were comparable in both groups(p>0.05). Mean weight in pregnant women and control group were 82.65±14.77 kg and 55±7.13 kg, respectively. The average weigth gain during pregnancy was 10.97±4.80 kg. Fetal gender were as follow: 25 (41.6%) female, 35 (58.3%) male. Striae gravidarum was diagnosed 20(33.3%) women of total 60 pregnant women. The mean melanin level was 133.07±44.30, mean stratum corneum hydration was 33.41±8.39, erythema was 238.37±60.33 and the mean sebum was also 168.52±44.07. The mean melanin level, mean stratum corneum hydration was, erythema and the mean sebum were 103.75±21.85, 36.64±5.93, 211.85±30.87 and 162.30±66.45 in control group, respectively. There were statistically significant differences in terms of the mean melanin level(p=0.002) and erythema(p=0.026).

CONCLUSIONS: As we know, this is the first study comparing humidity of skin, erythema, melanin and sebum content of skin in pregnant women. The melanin content of skin and erythema increased in pregnant women compared with healthy volunteer. There is need a larger study to evaluate our results.

Table 1. Demographic data of pregnant women and control group

Parameters	Pregnant women	Control group
Age(yr)	26.53 ±3.955	25,10±4,506
Weight(kg)	82.65±14.77	55±7.13
Gestational age(wk)	31,88±3,390	-
Weigth gain(kg)	10,97±4,80	-
Waist circumference(cm)	86,37±8,310	-

Table 2. Comparison of biophysical skin parameters in the pregnant women and control group

Parameters	Pregnant women	Control group	P value
Melanin index	133,07±44,30	103,75±21,85	0,002
Erythema index	238,37±60,33	211,85±30,87	0,026
Skin hydration index	33,41±8,39	36,64±5,93	0,055
Sebum index	168,52±44,07	162,30±66,45	0,881

PP-153

A CASE OF BARDET-BIEDL SYNDROME ACCOMPANIED BY RESISTANT PLAQUE PSORIASIS

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INTRODUCTION: Bardet-Biedl Syndrome (BBS) is a rare autosomal ressesively inherited genetic disease that occurs with obesity, retinal dystrophy, polydactyly, learning disability, hypogonadism and renal anomalies primarily.

Although non-specific cutaneous findings which are related with accompanying endocrine anomalies can be seen in BBS, a few treatment-resistant psoriasis cases have been reported.

In this article, a patient diagnosed with BBS and had treatment-resistant plaque psoriasis was presented and this rare coexistence was discussed in light of recent literature.

CASE: A nine year-old girl who was diagnosed with BBS, applied to our department due to multiple erythematous squamous, sharply circumscribed, infiltrated plaques in whole body especially common in legs and arms. She was diagnosed with psoriasis vulgaris after skin biopsy examination. Nail involvement and joint complaints were not present in the patient. Psoriasis area and severity index (PASI) value was calculated as 12 and narrow-band UVB phototherapy was applied for three times in a week with topical corticosteroids.

Although the patient received 36 times narrow-band UVB therapy, total clinical recovery was not seen even though the thickness of plaques decrased. The case which was resistant to the treatments was advised for follow-up.

DISCUSSION: The first case with BBS accompanied by resistant plaque psoriasis is reported by Margolin in 2003. It is reported that thirty years old male patient has psoriasis which is very resistant to treatment. Other case with BBS that draws attention in English literature which is reported by Torchia in 2011 is an 18 years old female patient. It is observed that psoriasis exists in this patient which can not be controlled with potent topical steroids. Our patient was 9 years old female who can not be controlled with topical treatments and phototheraphy.

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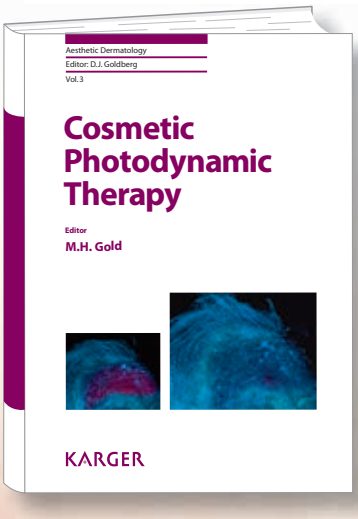

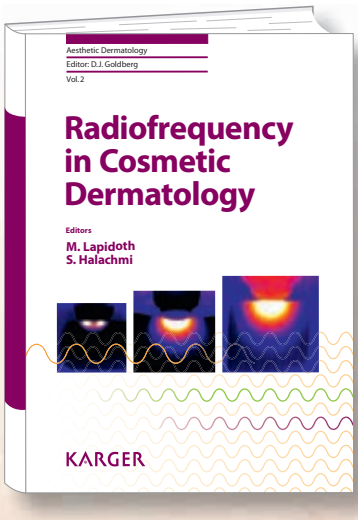

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