INDERCOs

Mersin Dermatology and Cosmetology Association
MDCA
2014

2nd International Dermatology and Cosmetology Congress

15-18 March, 2017

Hilton Istanbul Bosphorus Hotel
Istanbul, Turkey

PROGRAM & ABSTRACTS

www.indercos.org

Dear Colleagues,

It is a great pleasure to host you in Istanbul, Turkey for INDERCOS 2017.

The main topics of the 2nd INDERCOS Congress will be "Questions in Dermato-Cosmetology" and "What's New?" . Through plenaries and parallel workshop sessions, we aim to share insights and experiences and discuss how advances in dermato-cosmetology management are affecting diagnosis and treatment in clinical practice. In order to success this, we have very distinctive international speakers with extensive experience and a range of expertise across dermatology and cosmetology.

We hope you will be together with us in this fascinating, high quality scientifically educational congress and we look forward to your precious participation and feedback.

We hope to welcome you again during our next congress 14-17 March, 2018.

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Co-President

Prof. Serhat İnalöz
Co-President

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15 March 2017, Wednesday

09:00 - 19:00 Cosmetology Courses (***Moderators:*** *Zafer Kurumlu, Nilgün Solak Tekin)*

Course 1	**Botulinum Toxins, Advanced Guide**	*Zehra Aşiran Serdar, Erdinç Terzi*
Course 2	**Dermal Fillers for Lips and Nasolabial Folds**	*Ömür Tekeli*
Course 3	**Dermal Fillers for Tear Trough and Malar Region**	*Mustafa Bayram, Nezih Karaca*
Course 4	**Fractional Laser Treatments Advanced Guide**	*Zekai Kutlubay, Ercan Arca*
Course 5	**PLA Sutures for Face Lift**	*Şükran Sarıgül, Abdullah Yıldız*
Course 6	**PDO Sutures for Face Lift**	*Gaye Sarıkan, Recep Dursun*
Course 7	**PRP Treatments - Mesotherapy Treatments, Advanced Guide**	*Sadiye Kuş, Öykü Maraşlıoğlu Çelen*
Course 8	**Plasma Energy and Needle Shaping**	*Deniz Koral*

15 March 2017, Wednesday

GA²LEN Masterclass Course

08:30 - 08:35	Welcome and introduction to the Masterclass *Prof. Torsten Zuberbier*	*All GA²LEN Faculty*
08:35 - 08:50	GA²LEN Knowledge Test - Part 1	
08:50 - 09:10	The Burden Of Urticaria - The Real Life Impact	*Torsten Zuberbier*
09:10 - 09:30	The Definition, Classification And Spectrum Of Urticaria	*Emek Kocatürk Göncü*
09:30 - 09:40	Questions and Answers	*Emek Kocatürk Göncü*
09:40 - 10:00	Difficult To Treat Urticaria Patients, Practical Tips And Tricks For Urticaria Management	*Torsten Zuberbier*
10:00 - 11:15	**Workshop**	
	Part 1: How To Diagnose Chronic Urticaria: Provocation Tests, Temptest, Protocols And Documentation	*Torsten Zuberbier*
	Part 2: How Can I Improve The Management Of Chronic Urticaria? Instruments To Determine/Monitor Disease Activity (Activity Scores), Quality Of Life, And Control of Disease	*Dr. Emek Kocatürk Göncü*
11:15 - 11:45	**Coffee Break**	
11:45 - 12:15	Diagnosing And Treatment For Urticaria Vasculitis	*Torsten Zuberbier*
12:15 - 12:25	Questions and Answers	*Torsten Zuberbier*
12:25 - 12:40	GA²LEN Knowledge Test - Part 2	*All GA²LEN Faculty*
12:40 - 13:40	Lunch Served At The Hilton Main Restaurant	
13:40 - 14:10	Test results and rationale of the GA²LEN Knowledge Test. Summary and goodbye	*All GA²LEN Faculty*
14:10 - 14:30	Collection of GA²LEN Certificates	

16 March 2017, Thursday — Hall 1

09:00 - 09:30	Welcome Speeches	*Serhat İnalöz, Ümit Türsen, Sanem Bilgin Erkurt*
09:30 - 10:45	***Vasculitis*** *Chairs: Leon Kircik, Erkan Alpsoy*	
09:30 - 09:50	Biologics for Collagen Vascular Diseases	*Leon Kircik*
09:50 - 10:15	Behçet's Disease: Updated Review	*Erkan Alpsoy*
10:15 - 10:30	Kawasaki Disease	*Burak Tekin*
10:30 - 10:45	Discussion	
10:45 - 11:30	**Coffee Break**	
11:30 - 12:45	**Treatments in Immunodermatology** *Chairs: Torsten Zuberbier, Tamer İrfan Kaya*	
11:30 - 11:45	What's New in Anti - IgE Treatments?	*Torsten Zuberbier*
11:45 - 12:00	When Should We Choose IVIG Treatment for Autoimmune Bullous Diseases?	*Abdul Razzaque Ahmed*
12:00 - 12:15	What's New in Autoimmune Bullous Diseases?	*Abdul Razzaque Ahmed*
12:15 - 12:30	What's New in Retinoids and Rexinoids in Dermatology?	*Małgorzata Sokołowska-Wojdyło*
12:30 - 12:45	Emergency Management of Toxic Epidermal Necrolysis	*Hilal Çalışkan Gökalp*
12:45 - 14:00	**Lunch**	
13:00 – 14:00	**Everbody is a Genius** *Chair: Belma Türsen*	***Deniz Erten***

16 March 2017, Thursday — Hall 1

14:00 - 15:15	**Nail Diseases** *Chairs: Neslihan Şendur, Meltem Önder*	
14:00 - 14:15	The Effect of Q - Switched Nd: YAG 1064 nm/532 nm Laser in the Treatment of Onychomycosis	*Meltem Önder*
14:15 - 14:30	Fragile Nail: What Are the Causes and Treatments (Onychocosmeceuticals) ?	*Pelin Doğa Üstüner*
14:30 - 14:45	Controversies in the Treatment of Ingrown Nails	*F. Gülru Erdoğan*
14:45 - 15:00	Ingrown Nails: What's New?	*F. Gülru Erdoğan*
15:00 - 15:15	Discussion	
15:15 - 16:00	**Coffee Break**	
16:00 - 17:45	**Pigmentary Disorders** *Chairs: Mehmet Ali Gürer, Torello Lotti*	
16:00 - 16:15	Vitiligo : New Systemic Treatments for a Special Systemic Disease.	*Torello Lotti*
16:15 - 16:30	New Treatments in Melasma	*Rafet Koca*
16:30 - 16:45	What's New in Objective Assessment Methods of Facial Hyperpigmentation?	*Rafet Koca*
16:45 - 17:00	UVA1 Laser : A miracle in Dermatology ?'	*Torello Lotti*
17:00 - 17:15	Sunscreen - Vit D and Melasma , what every dermatologist should know !	*Sahar Ghannam*
17:15 - 17:30	A Dual Pulse Ebd For The Treatment of Post Eruptive Hyperpigmentation and Hyperpigmented Body	*Sahar Ghannam*
17:30 - 17:45	Discussion	
18:30 - 20:00	**Opening Ceremony & Welcome Cocktail**	

16 March 2017, Thursday — Hall 2

09:30 - 10:30	**Anti-Aging Session-1** *Chairs: Sahar Ghannam, Ayşe Serap Karadağ*	
09:30 - 09:45	Hyaluronic Acid Fillers the Science Behind !	*Sahar Ghannam*
09:45 - 10:00	Management of Post Acne Scars by Combined Non Ablative Procedures	*Sahar Ghannam*
10:00 - 10:15	Managing Complications of Fillers: Rare and Not - So - Rare	*Zekai Kutlubay*
10:15 - 10:30	Fat Resolve: Treatment wIth CoolSculpting	*Erçin Özüntürk*
10:30 - 10:45	Discussion	
10:45 - 11:30	**Coffee Break**	
11:30 - 12:30	**Technology and Dermatology** *Chairs: Günter Burg, İdil Ünal*	
11:30 - 11:45	Telemedicine: News from the Front Lines	Günter Burg
11:45 - 12:00	The Internet: Its Usefulness in Dermatology: Web - Based Education: Do Our Universities Oversleep the Future?	*Günter Burg*
12:00 - 12:15	Diagnostic Value of Telecytology in Tertiary Teledermatological Consultation	*Murat Durdu*
12:15 - 12:30	Discussion	
12:30 - 14:00	**Lunch**	
14:00 - 15:30	**Eczema and Pruritus** *Chairs: Necmettin Kırtak, Mehmet Melikoğlu*	
14:00 - 14:15	Atypical and Unusual Clinical Manifestations of Contact Dermatitis: What's New in the Treatment?	*Tuğba Kevser Üstünbaş*
14:15 - 14:30	Occupational Skin Disease: What's New?	*Mehmet Melikoğlu*
14:30 - 14:45	Assessment of Severity and Burden of Pruritus	*Ercan Arca*
14:45 - 15:30	Discussion	
15:30 - 16:00	**Coffee Break**	

16 March 2017, Thursday — Hall 2

16:00 - 17:30	**Body Shaping & Tightening** *Chairs: Mario A. Trelles, Meltem Önder*	
16:00 - 16:15	Selective Radiofrequency Therapy as a Non - Invasive Approach for Contactless Body Contouring and Circumferential Reduction	*Meltem Önder*
16:15 - 16:30	Mesotherapy for Body Shaping	*Eda Tiftikçi Çubukçu*
16:30 - 16:45	Laser Lipolysis for Arm and Body	*Mario A. Trelles*
16:45 - 17:00	High - Intensity Focused Ultrasound for Face and Body Shaping	*Gaye Sarıkan*
17:00 - 17:15	Endopeel for Male Body Reshaping (6 Packs)	*Alain Tenenbaum*
17:15 - 17:30	Discussion	
18:30 - 20:00	**Opening Ceremony & Welcome Cocktail**	

16 March 2017, Thursday — Hall 3

09:30 - 10:00	**Rational Use of Medicines** *Chairs: Zeynep Topkarcı, Özgür Gündüz*	*Kansu Büyükafşar*
10:00 - 10:50	**Oral Presentation 1** *Chairs: Zeynep Topkarcı, Özgür Gündüz*	
10:00 - 10:05	OP-001 Platelet Rich Plasma with Fractional the Treatment of Atrophic Acne Scars: Split Face Study	*Ibrahim Mohammed Abdel Kareem*
10:05 - 10:10	OP-002 Decreased Choroidal Thickness in Vitiligo Patients	*Serkan Demirkan*
10:10 - 10:15	OP-003 The Effect of Acitretin Treatment on Pituitary Hormones in Psoriasis Vulgaris: A Noncontrolled Study	*Emin Özlü*
10:15 - 10:20	OP-004 Components of the Alternative Complement Pathway in Patients with Psoriasis	Betül Sereflican
10:20 - 10:25	OP-005 Zoophilic Dermatophytosis in Tunisia: Epidemiological and Mycological Study (2003-2015)	*Emna Siala Ouali*
10:25 - 10:30	OP-006 Effect of BRAF V600 Mutation Profile on Clinicopathological Features of Metastatic Melanoma in Thrace Region of Turkey	*Nuray Can*
10:30 - 10:35	OP-007 Pathergy Testing: Prospective Comparison of Dermatoscopic Evaluation and Naked Eye Examination	Ayşegül Sevim Keçici
10:35 - 10:40	OP-008 Oxidative Stress in Rosacea: A Case Control Study	*Hilal Kaya Erdogan*
10:40 - 10:45	OP-009 The role of Homocysteine In Vitiligo Pathogenesis	*Duru Tabanlıoğlu Onan*
10:45 - 10:50	OP-10 The Evaluation of Clinical and Demographic Characteristics of 166 Patients with Herpes Zoster in Central Anatolia Region of Turkey	*Hilal Kaya Erdogan*
10:50 - 11:30	**Coffee Break**	
11:30 - 12:30	**Rejuvenation** *Chairs: Laura Atzori, Ferit Demirkan*	
11:30 - 11:40	Chemical Peels: What's New and Does It Still Work Well?	*Laura Atzori*
11:40 - 11:50	What's New in Mesotherapy and Micro-Implants of Fillers Procedures and Side-Effects?	*Laura Atzori*

16 March 2017, Thursday — Hall 3

11:50 - 12:00	What's New in Filler Procedures and Side - Effects?	*Laura Atzori*
12:00 - 12:10	Focused Ultrasound Rejuvenation of the Face and Combined Procedures	*Ferit Demirkan*
12:10 12:20	Complications of Acrylats	*Alain Tenenbaum*
12:20 - 12:30	Discussion	
12:45 - 14:00	**Lunch**	
14:00 - 15:15	**Allergic Skin Diseases and Pruritus** *Chairs:Torsten Zuberbier, Emek Kocatürk Göncü*	
14:00 - 14:15	Treating Pruritus: What's New in Safe Relief of Symptoms?	*Torsten Zuberbier*
14:15 - 14:30	Hereditary Angioedema: What's New?	*Torsten Zuberbier*
14:30 - 14:45	What's New in the Topical Treatment of Allergic Skin Diseases?	*Özlem Su Küçük*
14:45 - 15:00	Contact Allergens: What's New?	*Emek Kocatürk Göncü*
15:00 - 15:15	Discussion	
15:15 - 16:00	**Coffee Break**	
16:00 - 17:30	**Alternative Treatments in Dermatology** *Chairs: Katlein França, Tuğrul Dereli*	
16:00 - 16:15	Botulinum Toxin for the Treatment of Depression: Current Concepts & Future Prospects	*Katlein França*
16:15 - 16:30	Probiotics and Prebiotics in Dermatology	*Ayşe Serap Karadağ*
16:30 - 16:45	Lonthophoresis in Dermatology	*Tuğrul Dereli*
16:45 - 17:00	Breath and Health	Mehmet Kasım
17:00 - 17:15	Homeopathy in Dermatology	*Gökhan Şentürk*
17:15 - 17:30	Discussion	
18:30 - 20:00	**Opening Ceremony & Welcome Cocktail**	

17 March 2017, Friday — Hall 1

09:00 - 10:30	**Sebaceous Gland Disease** *Chairs:Andreas Katsambas, Emel Bülbül Başkan*	
09:00 - 09:15	Acne Scarring	*Andreas Katsambas*
09:15 - 09:30	Why and when the treatment of acne fails and what to do?	*Andreas Katsambas*
09:30 - 09:45	Rosacea: What's New?	*Victor Gabriel Clatici*
09:45 - 10:00	Anti - TNF Treatments in Hidradenitis Suppurativa	*Emel Bülbül Başkan*
10:00 - 10:15	Patient-Oriented Tools for Assessing Atrophic Acne Scarring	*Andrew Finlay*
10:15 - 10:30	Discussion	
10:30 - 11:00	**Coffee Break**	
11:00 - 12:30	**Anogenital Diseases** *Chairs: Server Serdaroğlu, Gudula Kirtschig*	
11:00 - 11:15	What is the Evidence Based Treatment Anogenital Lichen Sclerosus?	*Gudula Kirtschig*
11:15 - 11:30	Anogenital Allergic Contact Dermatitis: What are the Allergens?	*Gudula Kirtschig*
11:30 - 11:45	What's the New Treatment Options for HPV and HSV Infections?	*Micheal Waugh*
11:45 - 12:00	Where Do We Stand Treatment and Prophylaxis of HPV and HSV Infections?	*Micheal Waugh*
12:00 - 12:15	Discussion	
12:30 - 14:00	**Lunch**	
13:00 - 14:00	**The Science of Motivation** *Chair: Ayşın Köktürk*	*Özgür Bolat*

17 March 2017, Friday — Hall 1

14:00 - 15:15	**Hair Diseases** *Chairs: Jerry Shapiro, İlknur Kıvanç Altunay*	
14:00 - 14:15	Hair-Raising: The Latest News on Alopecia	*Jerry Shapiro*
14:15 - 14:30	Scarring Alopecias: A Trichologic Emergency	*Jerry Shapiro*
14:30 - 14:45	PRP in Alopecia: Where Do We Stand?	*Jerry Shapiro*
14:45 - 15:00	Trichodynia: A Review of the LIterature	*İlknur Altunay Kıvanç*
15:00 - 15:15	Discussion	
15:15 - 16:00	**Coffee Break**	
16:00 - 17:15	**Hair Transplantation: News and Video Session** *Chairs: Ekrem Civaş, Kayıhan Şahinoğlu*	
16:00 - 16:15	Manual Fue Hair Transplantation	*Tayfun Oğuzoğlu*
16:15 - 16:30	Motorised Fue Hair Transplantation	*Ekrem Civaş*
16:30 - 16:45	Fue and Fut Combined Procedures	*Ali Emre Karadeniz*
16:45 - 17:00	Eyebrow, Moustache and Beard Transplantations	*Kayıhan Şahinoğlu*
17:00 - 17:15	Discussion	
17:30 - 18:30	**Workshop - Meet The Expert** *Chair: Ivana Binic*	
	Cadaver Workshop and Holistic Approach to the Face	
	Cadaver Workshop of the Face	*Alev Bobuş Kara*
	Holistic Approach to the Face	*Semih Gök*

17 March 2017, Friday — Hall 2

09:00 - 10:45	**Cytokines in Dermatology** *Chairs: Torello Lotti, Marcel Teunissen*	
09:00 - 09:30	Th - 17 Cytokines In Dermatology	*Marcel Teunissen*
09:30 - 09:45	Anti-Th17 Biologics in Psoriasis Treatment	*Murat Borlu*
09:45 - 10:00	Are IL - 12 / IL - 23 Still Important in Skin Diseases?	*Marcel Teunissen*
10:00 - 10:15	What Are Advantages of Il - 12 / Il - 23 Inhibitors in Psoriasis?	*Alan Menter*
10:15 - 10:30	PNEI: what's new, what's true	*Torello Lotti*
10:30 - 10:45	Discussion	
10:45 - 11:00	**Coffee Break**	
11:00 - 12:30	**Anti-Aging Session 2** *Chairs: Emel Fetil, Katlein França*	
11:00 - 11:15	Antiaging: A Scientific Topic or Just a Social Trend?	*Emel Erdal Çalıkoğlu*
11:15 - 11:30	Aging, Stress and Skin	*Katlein França*
11:30 - 11:45	Cosmeceuticals in Anti-Aging Therapy	*Katlein França*
11:45 - 12:10	How Does Stem Cell Work in Regeneration?	*Kansu Büyükafşar*
12:10 - 12:30	Discussion	
12:30 - 14:00	**Lunch**	

17 March 2017, Friday — Hall 2

14:00 - 15:30	**News from Dermatology 1** *Chairs: Serap Öztürkcan, Tzaneva Stanislava*	
14:00 - 14:15	News in Wound Healing and Management	*Tzaneva Stanislava*
14:15 - 14:30	New Tips and Tricks of Sclerotherapy for Varicose and Spider Veins	*Tzaneva Stanislava*
14:30 - 14:45	Topical Immunomodulators: What's New?	*Serap Öztürkcan*
14:45 - 15:00	What's New in Topical Steroids?	*Pertevniyal Bodamyalı*
15:00 - 15:15	The Microbiome in Skin Diseases : Looking Back to Move Forward	*Wojciech Francuzik*
15:15 - 15:30	Could We Use Microbiome Therapy in Dermatology?	*Wojciech Francuzik*
15:30 - 16:00	**Coffee Break**	
16:00 - 17:30	**Antiaging Treatments: Face and Neck 2** *Chairs: Zehra Aşiran Serdar, Andreas Katsambas*	
16:00 - 16:15	Botulinum Toxins for Upper Face and Decollete	*Zehra Aşiran Serdar*
16:15 - 16:30	Botulinum Toxin - A: Mid and Lower Face Tips and Tricks	*Andreas Katsambas*
16:30 - 16:45	Red Face: Tips and Tricks for Treatment	*Levent Çınar*
16:45 - 17:00	Endopeel for Cervico-Facial Lifting	*Alain Tenenbaum*
17:00 - 17:15	Fractional Lasers for Face	*Zahide Eriş Eken*
17:15 - 17:30	Lip Augmentation with Thread	*Hüray Hügül*

17 March 2017, Friday — Hall 3

08:30-09:25 **Oral Presentation 2**
Chairs : Deniz Demirseren, Mehmet Kamil Mülayim

08:30 - 08:35	OP-011 Comparison of Chemical Matricectomy with NAOH and Wedge Resection in The Treatment of Ingrown Nail	*Ayşe Akkuş*
08:35 - 08:40	OP-012 The Methods of Hemangioma's Treatment And Overview	*Ketevan Khishtovani*
08:40 - 08:45	OP-013 Aseptic Abcesses Syndrome	*Şenay Ağırgöl*
08:45 - 08:50	OP-014 Effects of Ustekinumab On Psoriasis Patients	*Mehmet Demirel*
08:50 - 08:55	OP-015 Eosinophilic Fasciitis Successfully Treated with İnfliximab	*Fatma Tunçez Akyürek*
08:55 - 09:00	OP-016 Is Hughes-Stovin Syndrome Behçet's Disease?	*Zehra Bahar Gey*
09:00 - 09:05	OP-017 Hair Transplant Surgery by Follicular Unit Extraction (FUE) in Nepal- review of 50 cases	*Rupak Bishwokarma Ghimire*
09:05 - 09:10	OP-018 The Efficacy And Safety of Topical Sirolimus for Angiofibromas In Tuberous Sclerosis Complex	*Salih Levent Çinar*
09:10 - 09:15	OP-019 Effect of miR-3680, miR-4495, miR-6824-5p Expression Levels in Vitiligo	*Gurbet Doğru*
09:15 - 09:20	OP-020 Retrospective Analysis of 56 Patients with Urticaria Treated in Our clinic	*Mehmet Melikoğlu*
09:20 - 09:25	OP-021 Formulation and In-Vitro Sun Protection Factor of a Lotion Containing Lemongrass Extract	*Tariq Mahmood*

17 March 2017, Friday — Hall 3

09:30 - 10:30	**Oral Presentation 3** *Chairs: Tamer İrfan Kaya, Levent Çınar*	
09:30 - 09:35	OP-022 The Relationship Between STAT4 RS7574865 G>T Polymorphism and Psoriatic Arthiritis	*Sevilay Kılıç*
09:35 - 09:40	OP-023 Rituximab in the Treatment of Dermatological Diseases: a Single-Centre Experience of 19 Cases	*Begüm Ünlü*
09:40 - 09:45	OP-024 A Rare Case: Iga Pemphigus with Thyroid Adenomatous Hyperplasia	*Handan Bilen*
09:45 - 09:50	OP-025 A New Psoriasis Preliminary Registry in an Education and Research Hospital: PSORTAKSIS	*Kemal Özyurt*
09:50 - 09:55	Op-026 Hypohidrosis and Dermatological Manifestations as Guides for the Severity of Carpal Tunnel Syndrome	*Güldehan Atış*
09:55 - 10:00	OP-027 Calprotectin Levels in Psoriasis Vulgaris with and without	*Selma Korkmaz*
10:00 - 10:05	OP-028 The Assessment of Chronic Urticaria Quality of Life Questionnaire, Dermatology Quality of Life Index,Urticaria Activity Score,Pruritus Visual Scale and Urticaria Control Test in Chronic Idiopathic Spontaneous Urticaria Patients Treated with Omalizumab	*Ömer Kutlu*
10:05 - 10:10	OP-029 Extensive Papulonodular Eruptions as a Sole Presenting Feature in Acute Myeloid Leukemia	*Handan Bilen*
10:10 - 10:15	OP-030 Non-melanoma Skin Cancers Reported in Milas at a 2nd Level Health Institution	*Şenay Ağırgöl*
10:15 - 10:20	OP-031 When and How is Result of Skin Prick Test Meaningful or Advisor?	*Ragıp Ertaş*
10:20 - 10:25	OP-032 Dermatologic Findings of Tularemia: A Study of 168 Cases	*Tekden Karapınar*
10:25 - 10:30	OP-033 Two Cases of Linear Immunoglobulin A/ Immunoglobulin G Bullous Dermatosis Asso Ciated with Celiac Disease: Is this Dermatitis Herpetiformis?	*Handan Bilen*
10:30 - 11:00	**Coffee Break**	

17 March 2017, Friday — Hall 3

11:00 - 12:00	**JANSSEN SATELLITE SYMPOSIUM** **Psoriasis Management and Approach Considerations** *Chair: Emel Bülbül Başkan*	
11:00 - 11:45	Alan Menter	
11:45 - 12:00	Q&A	
12:30 - 14:00	**Lunch**	
14:00 - 15:00	**Psoriasis** *Chairs: Andrew Finlay, Sibel Alper*	
14:00 - 14:15	Psoriasis: What's New in Comorbidities?	*Sibel Alper*
14:15 - 14:30	Stress and Psoriasis	*Nihal Aslı Küçükünal*
14:30 - 14:45	Comparison of Long-Term Drug Survival and Safety of Anti - TNF Agents in Patients with Psoriasis	*Emel Bülbül Başkan*
15:45 - 15:00	Discussion	
15:00 - 16:00	**Coffee Break**	
16:00 - 17:30	**New Treatments for Skin Diseases** *Chairs: Omid Zargari, Özgür Gündüz*	
16:00 - 16:15	What's New in Atopic Dermatitis?	*Omid Zargari*
16:15 - 16:30	When Do We Use Foam and Patch Formulations for Topical Treatment?	*Özgür Gündüz*
16:30 - 16:45	What's New in the Treatment of Dermatophytosis?	*Betül Şereflican*
16:45 - 17:00	Should We Use Zinc Supplement in Dermatology?	*Deniz Demirseren*
17:00 - 17:15	Curcumin in Dermatology: Is Really Effective?	*Dilek Bıyık Özkaya*
17:15 - 17:30	Low - Molecular - Weight Heparin Uses in Dermatology	*Sedat Akdeniz*
17:30-18:30	**Meet The Expert** Advanced Psoriasis Management *Chairs: Alan Menter, Serhat İnalöz*	

18 March 2017, Saturday — Hall 1

09:00 - 10:30	**Antiaging Treatments: Face and Neck 1** *Chairs: Mario A. Trelles, Hüray Hügül*	
09:00 - 09:15	Chemical Peelings for Face and Neck: Tips and Tricks	*Asena Çiğdem Doğramacı*
09:15 - 09:30	Needle Radiofrequency Therapy for Face and Neck	*Aslı Eralp*
09:30 - 09:45	Laser Assisted Lipolysis for Neck and Submental Region	*Mario A. Trelles*
09:45 - 10:00	IPL Treatments for Face	*Deniz Duman*
10:00 - 10:15	Non-Operative Rhinoplasty: Fillers and Botulinum Toxins for Nose	*Hüray Hügül*
10:15 - 10:30	Discussion	
10:30 - 11:00	**Coffee Break**	
11:00 - 12:30	**Skin Infections and Infestations** *Chairs: Bilal Doğan, Soner Uzun*	
11:00 - 11:15	Unusual Clinical Manifestations of Cutaneous Tuberculosis and What's New in the Treatment?	*Burak Tekin*
11:15 - 11:30	Clinical Features of Cutaneous Leishmaniasis: What's New for Treatment?	*Soner Uzun*
11:30 - 11:45	Spider Bite: What are the Manifestations?	*Sedat Akdeniz*
11:45 - 12:00	Cutaneous Anthrax: How Can We Diagnose It?	*Necmettin Akdeniz*
12:00 - 12:15	Cutaneous Findings Encountered in Brucellosis	*Ahmet Metin*
12:15 - 12:30	Discussion	
12:30 - 14:00	**Lunch**	
13:00 - 14:00	**How Do We Take Self-Care in Healthcare Business** *Chair: İdil Ünal*	*Semin Yalman Yılmaz*

18 March 2017, Saturday — Hall 1

14:00 - 15:30	**Aesthetic Dermatology for Hand** *Chairs: Hatice Erdi Şanlı, Gaye Sarıkan*	
14:00 - 14:15	Fillers for Hand	*Gaye Sarıkan*
14:15 - 14:30	Mesotherapy Treatments for Hand	*Gaye Sarıkan*
14:30 - 14:45	Laser Treatment for Hand	*Recep Dursun*
14:45 - 15:00	PRP Treatments for Hand	*Eda Tiftikçi Çubukçu*
15:00 - 15:30	Discussion	
15:30 - 16:30	**Coffee Break**	
16:30 - 18:00	**Skin Neoplasms** *Chairs: Mustafa Turhan Şahin, Günter Burg*	
16:30 - 16:45	What's New in Dermato - Oncology Technology?	*Tuğba Kevser Üstünbaş*
16:45 - 17:00	What's New in Skin Cancers Treatment? Vismodegib Use in Dermatology	*Tuğba Kevser Üstünbaş*
17:00 - 17:15	Dermoscopy: Where Does It Fit in Dermatology?	*Mustafa Turhan Şahin*
17:15 - 17:30	What's New in Cutaneous Lymphoma	*Günter Burg*
17:30 - 17:45	Cytologic Diagnosis of Skin Tumours?	*Murat Durdu*
17:45 - 18:00	Discussion	
18:00	**Closing & Awards Ceremony**	

18 March 2017, Saturday — Hall 2

09:00 - 10:15	**Anti-Aging Session 3** *Chairs: Victor Gabriel Clatici, Ömür Tekeli*	
09:00 - 09:15	What Should We Take for Anti-Aging?	*Victor Gabriel Clatici*
09:15 - 09:30	What's New in Oral Anti - Aging Supplements?	*Ömür Tekeli*
09:30 - 09:45	Dermatological Lasers for Anti-Aging	*Filiz Canpolat*
09:45 - 10:00	Red Flag Patients For Aesthetic Procedures	*Ivana Binic*
10:00 - 10:15	Twenty Top Tips to Triumph in Dermatology	*Andrew Finlay*
10:15 - 11:00	**Coffee Break**	
11:00 - 12:45	**Genital and Butt Aesthetics** *Chairs:Mario A. Trelles, Gamze Menteşoğlu*	
11:00 - 11:15	Radiofrequency Treatment for Genital Region	*Öykü Maraşlıoğlu Çelen*
11:15 - 11:30	Fillers for Genital Area	*Gamze Menteşoğlu*
11:30 - 11:45	Laser Assisted Lipolysis for Butts	*Mario A. Trelles*
11:45 - 12:00	Fillers for Butts	*Ali Şahan*
12:00 - 12:15	Endopeel for Butts Reshaping	*Alain Tenenbaum*
12:15 - 12:30	Vaginal Lifting with Vaginal Narrower Threads	*Gamze Menteşoğlu*
12:30 - 12:45	Discussion	

18 March 2017, Saturday — Hall 2

12:45 - 14:00	**Lunch**	
13:15 - 14:00	**Meet The Expert** *Chair: Zoran Nedic*	
13:15 - 14:00	Linerase İnjectabl Heterojen Collogen 1	*Andrea Corbo*
14:00 - 15:00	**Breast Aesthetic** *Chairs: Gamze Menteşoğlu, Ali Şahan*	
14:00 - 14:15	Fillers for Breast	*Ali Şahan*
14:15 - 14:30	Thread Treatment for Breast and Neck	*Gamze Menteşoğlu*
14:30 - 14:45	Endopeel for Pectorals	*Alain Tenenbaum*
14:45 - 15:00	Discussion	
15:30 - 16:30	**Coffee Break**	
16:30 - 18:00	**News from Dermatology** *Chairs: Mario A. Trelles, Ayşın Köktürk*	
16:30 - 16:45	What's New in Complementary Nail Methodology?	*Şenay Mersin*
16:45 - 17:00	Permanent Make - Up: Tips and Tricks	*Ayla Canova*
17:00 - 17:15	What's New in the Management of Axillary Hyperhidrosis	*Mario A. Trelles*
17:15 - 17:30	Ozone Therapy in Dermatology: Myth or Realty?	*Burhan Engin*
17:30 - 17:45	Neural Therapy In Dermatology	*Tijen Acarkan*
17:45 - 18:00	Discussion	
18:00	**Closing & Awards Ceremony**	

18 March 2017, Saturday — Hall 3

09:00-10:15	**ABBVIE Satellite Symposium** *Chair: Serhat İnalöz* **New Treatment Approaches in Hidradenitis Suppurativa**	*Mehmet Ali Gürer, Serhat İnalöz*
10:30 - 11:00	**Coffee Break**	
11:00-12:30	**MSD Satellite Symposium** **Real world experience with Infliximab**	*Serhat İnalöz*
12:30 - 14:00	**Lunch**	
14:00 - 15:30	**Dermatological Diagnosis** *Chairs: Rana Anadolu, Mustafa Tunca*	
14:00 - 14:15	Tzanck Smears: Why Don't We Use It?	*Murat Durdu*
14:15 - 14:30	New Diagnostic Techniques for Occult Fungal Infections	*Mustafa Turhan Şahin*
14:30 - 14:45	Confocal Microscopy: Where Does It FIt in Skin Diseases?	*V.Aslı Erdemir*
14:45 - 15:00	Pathergy: What's New?	*Mustafa Tunca*
15:00 - 15:15	Riddle Cases: Colorful Clinico - Pathological Correlations	*Rana Anadolu*
15:15 - 15:30	Discussion	
15:30 - 16:30	**Coffee Break**	
16:30 - 17:45	**Genetic and Pediatric Skin Diseases** *Chairs: Leon Kircik, Hans C. Hennies*	
16:30 - 16:50	What's New in Common and Rare Genetic Skin Disorders?	*Hans C. Hennies*
16:50 - 17:05	What's New in Infantile Haemangioma: Current Insights and Future Perspectives	*Khishtovani Ketevan*
17:05 - 17:20	Biologics and Children: Where Do We Stand in Dermatology?	*Leon Kircik*
17:20 - 17:35	What's News in Pediatric Mycosis Fungoides: An Update	*Zeynep Topkarcı*
17:35 - 17:45	Discussion	
18:00	**Closing & Awards Ceremony**	

ORAL ABSTRACTS

OP-001

PLATELET RICH PLASMA WITH FRACTIONAL CARBON DIOXIDE LASER IN THE TREATMENT OF ATROPHIC ACNE SCARS: SPLIT FACE STUDY

Ibrahim Mohammed Abdel Kareem[1], Nevien Ahmed Sami[2]
[1]Department of dermatology and venereology, al-azhar university, cairo, Egypt [2]Department of dermatology, National Institute of Laser Enhanced Sciences Cairo University, Egypt

INTRODUCTION: Acne scar is a common distressing complication of acne vulgaris. CO2 laser resurfacing proved effective for treatment of such problem but the associated complications may limit its use. platelet rich plasma (PRP) may increases the chance of favorable outcome. Aim of the work: to evaluate the synergistic effects of autologous PRP with fractional CO2 laser resurfacing in treatment of acne scars among Egyptian patients. Patients and METHOD: This study included 30 patients suffering from post acne scars. CO2 laser was applied for both sides of the face followed by PRP injection for right side. Evaluation was carried out through operating physicians, two blinded physicians as well as patient`s satisfaction. RESULT: the right side of the face (PRP treated side) showed excellent improvement in 13.3% of patients while there was no excellent improvement on the left side, also the injection of PRP minimizes the post laser erythema and down time as well as the complications CONCLUSION: combination of fractional CO2 laser resurfacing and intradermal PRP was superior to CO2 laser alone for acne scar treatment

KEYWORDS: fractional carbon dioxide laser, acne scars, platelet rich plasma

OP-002

DECREASED CHOROIDAL THICKNESS IN VITILIGO PATIENTS

Serkan Demirkan1, Zafer Onaran2, Özgür Gündüz1, Fatma Özkal2, Güzin Samav1, Ayşe Anıl Karabulut1 1Kırıkkale Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Kırıkkale 2Kırıkkale Üniversitesi Tıp Fakültesi, Göz Hastalıkları Ana Bilim Dalı, Kırıkkale

INTRODUCTION: Vitiligo is a disease characterized by depigmented macules and patches that occur as a result of loss of functional melanocytes from the affected skin through a mechanism which has not been fully explained yet. The Vitiligo Area Severity Index (VASI), which is one of these tests, to determine the extent of depigmentation in vitiligo is a standard and sensitive method. Melanocytes are present in the neural crest during embryonic development. From here, they migrate to the skin and mucosa, eye, ear, and brain at the 8th week of the embryonic development. Melanocytes in the eyes consist of neural crest cells that have migrated ventrally. These melanocytes are located in the uveal tract (choroid, ciliary body, and the iris). Especially the stroma of the choroid layer consists of high amount of melanocytes. Detailed studies on choroidal thickness in vitiligo have not been carried out. The technique known as enhanced depth imaging with optical coherence tomography (EDI-OCT), which was developed recently, has provided in vivo cross sectional imaging of the choroid. The purpose of this study was to evaluate the thickness of the choroid layer, where melanocytes are present densely, in vitiligo through thickness measurement using OCT and determining the correlation between choroidal thickness and disease severity.

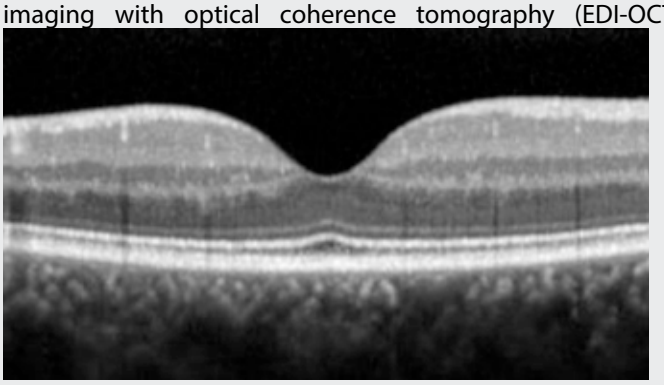
METHODS: Patients without diabetes, cigarette use, hypertension, antihypertensive drug use and known atherosclerotic disease who were diagnosed with vitiligo and were aged between 20-50 years, and healthy adults with similar characteristics were included in the study. VASI (vitiligo area severity index), which shows the depigmentation extent, was calculated in all vitiligo patients. Choroidal thickness measurements were taken from the subfoveal (SubF) superiorly, inferiorly, temporally, and nasally to the fovea at points of 500 µm and 1500 µm distance (N1, N2, T1, T2, S1, S2, I1, I2); the peripapillary region (WholP); the area above and below the optical nerve (UpH, LowH); the optical nerve region nasally, temporally, superiorly, and inferiorly (N, T, S, I)(Figure 1; a, b).

RESULTS: In all values except the right optic nerve bottom, right optic nerve inferior, left optic nerve mean, left optic nerve bottom, right optic nerve top, left optic nerve top, right optic nerve mean, right optic nerve temporal, right optic nerve superior, left optic nerve nasal, right optic nerve nasal, left optic nerve temporal, left optic nerve inferior, left optic nerve superior measurements, the choroidal thickness of all vitiligo patients was found to be thinner compared to the control group.

DISCUSSION: Melanocytes and melanosomes in the choroidal layer play an important role in vision and the protection of the eye from light. Intraocular reflections may prevent healthy vision in vitiligo. However, the melanocyte amount in the choroidal layer in vitiligo should be studied in other postmortem and in vivo studies.

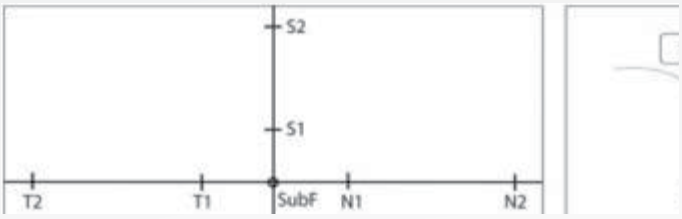
KEYWORDS: vitiligo, OCT, vasi, choroid

Choroidal thickness measurement with enhanced depth imaging with optical coherence tomography (EDI-OCT)



While the foveal and parafoveal choroidal thickness was determined by measuring manually the region between the outer border of the retinal pigment epithelium layer and the sclero-choroidal interface, measurements in the peripapillary area were carried out automatically with the instrument.

Choroidal thickness measurements



Choroidal thickness measurements from the subfoveal (SubF) superiorly, inferiorly, temporally, and nasally to the fovea at points of 500 µm and 1500 µm distance (N1, N2, T1, T2, S1, S2, I1, I2); the peripapillary region (WholP); the area above and below the optical nerve (UpH, LowH); the optical nerve region nasally, temporally, superiorly, and inferiorly (N, T, S, I)

OP-003

THE EFFECT OF ACITRETIN TREATMENT ON PITUITARY HORMONES IN PSORIASIS VULGARIS: A NONCONTROLLED STUDY

Ayşe Serap Karadağ1, Emin Özlü2, Osman Köstek3, Serap Güneş Bilgili4, Ragıp Balaharoğlu5, Derun Taner Ertuğrul6
1Departments of Dermatology, Istanbul Medeniyet University, Istanbul, Turkey
2Department of Dermatology, Kayseri Training and Research Hospital, Kayseri
3Departments of Internal Medicine, Istanbul Medeniyet University, Istanbul, Turkey
4Departments of Dermatology, Yuzuncu Yil University, Van, Turkey
5Departments of Biochemistry, Yuzuncu Yil University, Van, Turkey
6Departments of Endocrinology, Kecioren Research and Training Hospital, Ankara, Turkey

BACKGROUND: Psoriasis is a chronic, inflammatory and immune-mediated disease. The severity of psoriasis may fluctuate with hormonal changes. It has been reported that retinoids may lead to hormonal alterations. In this study we aimed to study the effect of acitretin on pituitary hormones in psoriasis patients. MATERIAL-METHODS: We included 43 psoriasis vulgaris patients in this study. Blood samples were collected for biochemistry and hormone analysis, before the acitretin treatment and after 1 month. RESULTS: Patients mean±SD ages and female/male ratio were 46±17 years and 19/24, respectively. The median (range) Psoriasis Area and Severity Index (PASI) value was 15±3.2 before the treatment whereas; 5±2.4 after the treatment. After treatment with acitretin, gamma-glutamyltransferase, alkaline phosphatase, total cholesterol and triglyceride levels increased significantly ($p<0,05$). After treatment, total protein, free thyroxine (T4) levels decreased significantly ($p<0,05$). No significant differences were observed between before-after acitretin treatment in terms of pituitary hormone levels in psoriasis patients ($p>0,05$).

CONCLUSIONS: This study showed that pituitary hormones were not affected except free T4 (thyroid hormone) by acitretin treatment. Further experimental and clinical studies are needed to clarify the effect of acitretin on pituitary hormones.

KEYWORDS: Acitretin, pituitary hormones, psoriasis.

OP-004

Components of the Alternative Complement Pathway in Patients with Psoriasis

Betül Sereflican1, Güler Bugdayci2
1Department of Dermatology, Abant Izzet Baysal University, Bolu, Turkey
2Department of Biochemistry,
AbantIzzet Baysal University, Bolu, Turkey

BACKGROUND: Psoriasis is a chronic, inflammatory skin disease. Adipose tissue plays important roles in the events that regulate body metabolism. This study determined the levels of complement 3 (C3), acylation stimulating protein (ASP), and adipsin, which take part in the alternate complement pathway and are synthesized in and secreted by adipose tissue. METHODS: Thirty-two patients with psoriasis were matched with 22 controls in terms of age, sex, body mass index, lipid profiles, and glucose concentration. Serum C3, ASP, and adipsin levels were measured in both groups.

RESULTS: The serum C3 level was higher and ASP and adipsin levels were lower in the patient group, but these differences were not significant (p = 0.708, p = 0.628, and p = 0.218, respectively). Relationships between the Psoriasis Area Severity Index and levels of these proteins were not significant. ASP and adipsin levels were correlated positively in patients with psoriasis (p = 0.029). CONCLUSION: To our knowledge, this study is the first to evaluate ASP and adipsin levels in patients with psoriasis. The roles of ASP and adipsin in the etiopathogenesis of psoriasis are unclear. Although not statistically significant, the lower ASP and adipsin levels in the patient group suggest a potential anti-inflammatory role of these proteins in psoriasis. Further studies should examine the relationships between ASP/adipsin and psoriasis.

Keywords: Adipsin, ASP, C3, complement pathway, psoriasis

OP-005

ZOOPHILIC DERMATOPHYTOSIS IN TUNISIA: EPIDEMIOLOGICAL AND MYCOLOGICAL STUDY (2003-2015)

Emna Siala Ouali, Latifa Mtibaa, Soumaya Touil, Imène Ben Abda, Rym Ben Abdallah, Nada Boulehmi, Najet Zallega, Karim Aoun, Aida Bouratbine
Laboratory of parasitology and mycology, Pasteur Institute, Tunis, Tunisia

Introduction & Objectives: Updating the epidemiological profile of dermatophytosis and particularly those of zoophilic origin is always useful to ensure better prevention of fungal infections. The objectives of this study were to determine the prevalence of zoophilic dermatophytosis in Tunisia, to specify the fungi involved and to follow their evolution. **MATERIALS & METHODS:** This is a retrospective study of 5402 superficial mycological samples taken in a Parasitology and Mycology Laboratory in Tunisia between January 2003 and December 2015 and which concerned 4062 patients. The mycological examination included direct examination and culture on Sabouraud medium.

Results: The prevalence of dermatophytosis among the investigated subjects was 27.62%. Dermatophytes accounted for 72.88% of the identified fungi. Trichophyton rubrum was predominant (76.67%) followed by Microsporum canis (14.31%), Trichophyton interdigitale (2.64%) and Trichophyton violaceum (2.05%). Among patients with dermatophytosis, zoophilic agents were involved in 16.21% of cases. The incidence of these diseases increased from 13 cases in 2003 to an average of 30 cases between 2013 and 2015. The zoophilic species were represented by Microsporum canis (88.24%) followed by Trichophyton mentagrophytes (9.5%) and Trichophyton verrucosum (2.26%). These zoophilic dermatophytes represented the predominant etiologic agents of tinea capitis (73.56%). They were responsible for 12.75% of dermatophytosis of the skin and 1.05% of onychomycosis. Microsporum canis was the first causative agent of tinea capitis (71.22%). In contrast, it accounted only for respectively 9.3% and 0.45% of dermatophytes responsible of fungal infections of the skin and onychomycosis. Trichophyton mentagrophytes was responsible for 1.95% of tinea capitis and 2.83% of dermatophytosis of the skin. Trichophyton verrucosum was the causative agent of 0.37% of dermatophytosis.

CONCLUSIONS: With the increase in recent years of zoophilic dermatophytosis, awareness and information of the Tunisian population on methods of transmission of these fungi is useful. Prevention is mainly based on screening and treatment of infected animals.

Keywords: mycoses, zoonoses, epidemiology, diagnosis.

OP-006

EFFECT OF BRAF V600 MUTATION PROFILE ON CLINICOPATHOLOGICAL FEATURES OF METASTATIC MELANOMA IN THRACE REGION OF TURKEY

Nuray Can
Department of Pathology, Trakya University, Edirne, Turkey

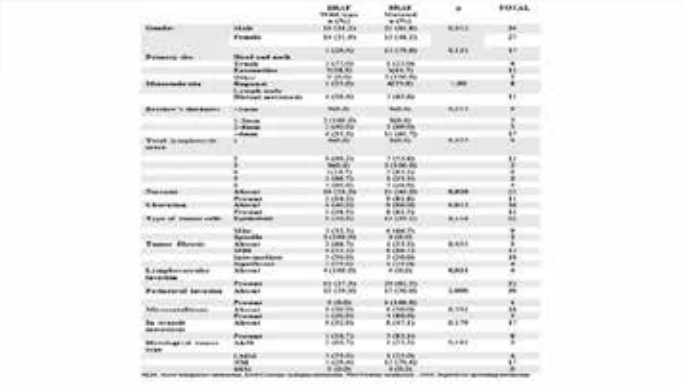
INTRODUCTION & OBJECTIVES: Accumulated data about the molecular alterations in melanoma led to the development of selective kinase inhibitors targeting the activating mutations in MAPK pathway for patients with unresectable disease and/or distant metastasis. The results of clinical studies about these therapies revealed that antitumor responses have been dramatic for many patients but, they have rarely been durable. The aim of this study is to evaluate that whether BRAFV600 mutation status and subtype of the mutated BRAFV600 interact with prognostic histopathological features of the primary tumor or not in melanoma patients in the European part of Turkey. MATERIALS & METHODS: Sixty one patients with metastatic melanoma(without any previous medical therapy) were included in the study. The gender/ age of the patients, primary/metastatic site of the tumor were achieved from the records of the Hospital's database. Histopathological features of the primary tumor (Breslow's thickness, total lymphocytic score, the percentage of viable tumor cells, presence/percentage of necrosis and ulceration, type of tumor cells, tumor fibrosis, mitotic index, presence of lymphovascular invasion, presence

of perineural invasion, microsatellitosis, presence of in-transit metastasis and histological tumor type) were evaluated by one pathologist in 35 of the patients. The BRAFV600 mutation analyses were performed by pyrosequencing in the molecular pathology laboratory. Appropriate chi-square tests and Mann-Whitney test was carried out using SPSS v20.0 (IBM SPSS, Inc., Chicago, IL, USA) for statistical analysis. RESULTS: 27 (%46,9) of the patients were female and 34 (%53,1) of them were male. The average age of the patients was 62,8 (±12,95). BRAFV600 mutation was present in 34 (% 53,1) of the patients containing V600E, V600K and V600R in 22 (%64,7), 11 (%32,4) and 1(% 2,9) of the patients, respectively. BRAF mutation was significantly associated with lymphovascular invasion and presence/ higher percentages of tumor necrosis (16% vs 6 % for BRAF mutated tumors vs BRAF wild-type tumors) (Table). Compared with V600E, V600K mutation had near significant association with older age (median age 60 years vs 68 years for V600E vs V600K) and higher percentages of tumor ulceration (18% vs 52 % for V600E vs V600K).

CONCLUSION: Although, malignant melanoma with any subtype of BRAFV600 mutation may reveal histopathological features associated with poor prognosis including lymphovascular invasion and necrosis, subtype of the BRAFV600 mutation may have different associations with the properties of the tumor. So, investigation of the mutated subtype in tumors with treatment resistance may reveal more detailed data in this issue.

KEYWORDS: Malignant melanoma, BRAF mutation, histopathological properties

Table. Comparisons of clinicopathological features according to the status of BRAFV600 mutation



OP-007

PATHERGY TESTING: PROSPECTIVE COMPARISON OF DERMATOSCOPIC EVALUATION AND NAKED EYE EXAMINATION

Ayşegül Sevim Keçici1, Zekayi Kutlubay2, Burhan Engin2, Server Serdaroğlu2, Yalçın Tüzün2
1Department of Dermatology and Venereology, University of Medical Sciences, Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey
2Department of Dermatology and Venereology, Istanbul University, Cerrahpasa Medical Faculty, Istanbul, Turkey

Behçet's disease was first described by Turkish dermatologist Hulusi Behçet. The disease is diagnosed according to the diagnostic criteria of International Study Group. Pathergy phenomenon is a nonspecific tissue hyperreactivity due to minör trauma and is one of the minor diagnostic criteria of Behçet's disease.
In our study, 100 patients with a suspicion of Behçet's disease who were referred to Cerrahpasa Medical Faculty Dermatology polyclinic between 01.11.2014 and 31.01.2015 are included. Pathergy test is applied to all patients and results were evaluated by 2 different dermatologists with naked eye and with dermatoscopy. Results of the tests were scored on a scale from 0 to 6.

At the end of the study, score results of naked eye and dermatoscopy for doctor number 1 and 2 were statistically similar. However naked eye results of doctor number 1 and 2 for the same patients were significantly different from each other (p:0.0372) and with dermatoscopy examination this difference was eliminated. (p>0,05)

As a result; dermatoscopical examination is not superior to naked eye for the evaluation of pathergy results. The study revealed the fact that naked eye evaluation can give different results among different physicians and can be accepted as a subjective method of evaluation. There were no statistically significant difference between two doctors in case of dermatoscopical examination. Thus the difference disappears when two doctors use dermatoscopy for evaluation. With all these results, while evaluating the results of pathergy tests, we suggest routine clinical use of dermatoscopy in addition to naked eye.

Pathergy test is an important diagnostic tool for Behçet's disease and there have been various attempts to increase the sensitivity and specificity of this method. In case of mild positivities, dermatoscopic evaluation has been found superior to naked eye, by means of decreasing inter-observer variations. In this context, we recommend routine practice

of dermatoscopic evaluation, a completely non-invasive procedure, with no extra money and time cost, at the 48th hour visits of pathergy test patients.

KEYWORDS: Behçet's disease, dermatoscopy, pathergy test, pathergy test evaluation

Figure 1

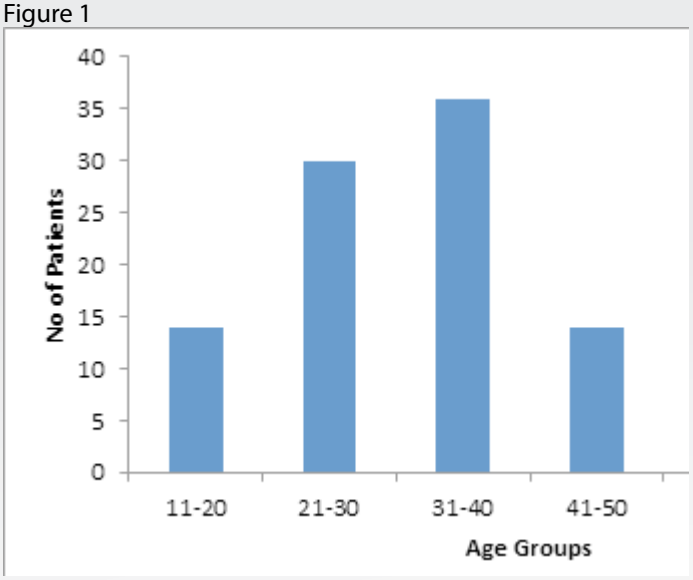


Figure 1. Age Distribution of patients

Figure 2

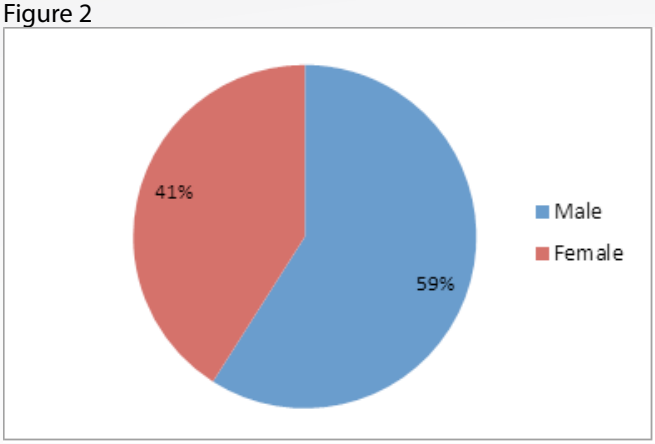


Figure 2. Sex Distribution of patients

Figure 3

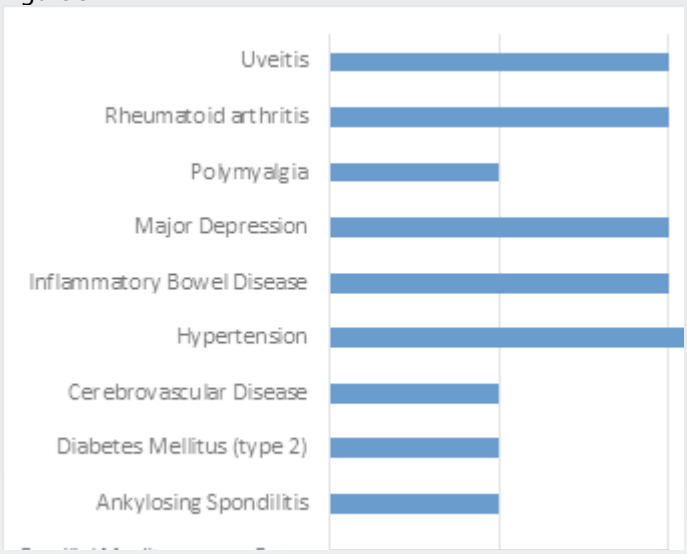


Figure 3. Comorbidities of the patients

Figure 4

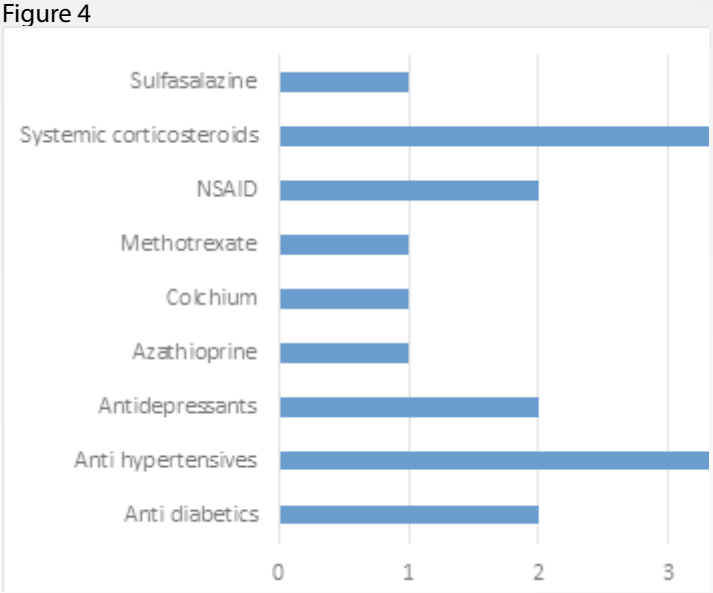


Figure 4. Systemic drug use in patient groups

Figure 5

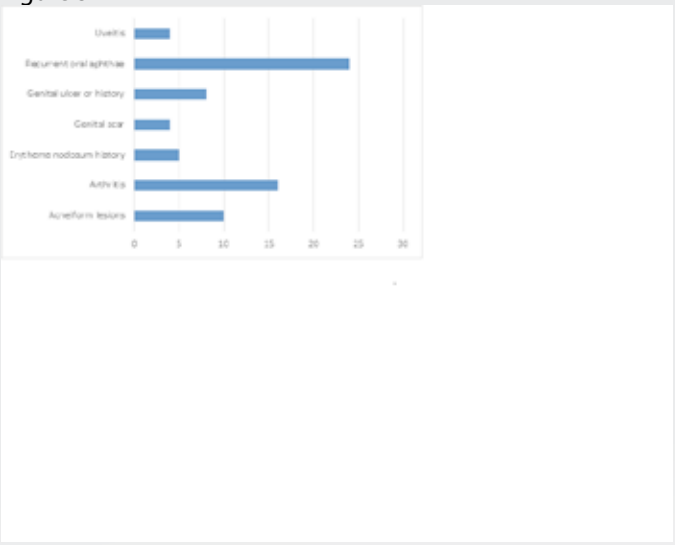
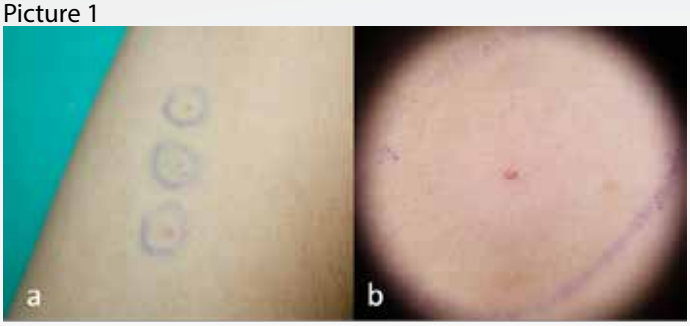


Figure 5. Clinical findings and symptoms of patients related to Behçet's disease

Picture 1



Picture 1. a) Negative pathergy test result, with naked eye b) Dermatoscopic appearance of negative pathergy test

Picture 2

Picture 2. a) Papules of positive pathergy reaction, with naked eye b) Dermatoscopic appearance of papules in case of pathergy positivity

Picture 3

Picture 3. a) Pustules of positive pathergy reaction, with naked eye b) Dermatoscopic appearance of pustules in case of pathergy positivity

Table 1

Evaluations		P values of paired t-test	Results of paired t-test
Doctor 1 Naked eye examination	Doctor 1 Dermatoscopy examination	0,0332	Statistically significant difference between two methods.
Doctor 2 Naked eye examination	Doctor 2 Dermatoscopy examination	0,4413	No significant difference between two methods.
Doctor 1 Naked eye examination	Doctor 2 Naked eye examination	0,0336	Statistically significant difference between two methods.
Doctor 1 Dermatoscopy examination	Doctor 2 Dermatoscopy examination	0,5298	No significant difference between two methods.

Table 1. Paired T-test results of pathergy test evaluation scores

Table 2

Evaluations		Wilcoxon test p-values	Wilcoxon test results
Doctor 1 Naked eye examination	Doctor 1 Dermatoscopy examination	0,0703	No significant difference between two methods.
Doctor 2 Naked eye examination	Doctor 2 Dermatoscopy examination	0,6072	No significant difference between two methods.
Doctor 1 Naked eye examination	Doctor 2 Naked eye examination	0,0372	Statistically significant difference between two methods.
Doctor 1 Dermatoscopy examination	Doctor 2 Dermatoscopy examination	0,7539	No significant difference between two methods.

Table 2. Evaluation of pathergy test results with Wilcoxon test

OP-008

OXIDATIVE STRESS IN ROSACEA: A CASE CONTROL STUDY

Hilal Kaya Erdogan[1], Işıl Bulur[2], Evin Kocatürk[3], Zeynep Nurhan Saraçoğlu[1], Ozkan Alatas[4], Muzaffer Bilgin[5]
[1]Department of Dermatology, Eskisehir Osmangazi University, Eskisehir, Turkey
[2]Memorial Sisli Hospital, Istanbul, Turkey
[3]Department of Biochemistry, Eskisehir State Hospital, Eskisehir, Turkey
[4]Department of Biochemistry, Eskisehir Osmangazi University, Eskisehir, Turkey
[5]Department of Biostatistics, Eskisehir Osmangazi University, Eskisehir, Turkey

BACKGROUND: Rosacea is a common, chronic, inflammatory dermatosis which develops by the effect of genetic and environmental factors. In the literature, there are studies investigating the oxidative stress in rosacea patients. Oxidative stress status is evaluated globally by measuring total antioxidant status (TAS) and total oxidant status (TOS) via a newly developed method. Besides advanced oxidation protein products (AOPP) is a novel product of protein oxidation to evaluate oxidative stress. AIM: We aimed to evaluate the oxidative stress status in rosacea patients by measuring TAS, TOS, OSI and AOPP levels in our study. MATERIAL-METHODS: Our study included 70 rosacea patients and 30 healthy volunteers between ages of 18 to 65 years old. TAS, TOS and AOPP levels were measured and OSI was calculated.

RESULTS: The study included 70 rosacea patients and 30 healthy volunteers as a control group. In all, 63 (90%) of the rosacea patients were female and 7 (10%) were males; 27 (90%) of the controls were female and 3 (10%) were males. Mean age of rosacea patients was 42.61 ± 13.02 years and mean age for control group was 40.33 ± 11.50 years. Rosacea and control groups were both age-and gender-matched (p=1.000/p=0.406). The disease duration in the rosacea group was 0.5-40 (mean: 8.3) years. The Fitzpatrick's skin type was type II in 25 (35.7%), type III in 34 (48.6 %) and type IV in 11 (15.7%) patients. Papulopustular rosacea was seen in 48 (68.6%) and erythematotelengiectasic rosacea in 22 (31.4%) patients. Ocular involvement was found in 14 patients (20%). In all, 85.7% of the patients had at least one symptom. The symptoms were burning in 46 (65.7%), itching in 40 (57.1%), stinging in 19 (27.1%) and pain in 16 (22.9%). The most common triggering factor was stress in 64 (91.4%); the remainder were hot weather in 58 (82.9%), sun exposure in 53 (75.7%), cold weather in 42 (60%), physical exercise in 39 (60%), wind in 34 (48.6%), spicy foods in 27 (38.6%), hot beverages in 23 (32.9%) and alcohol in 4 (5.7%) of patients. When TAS, TOS and OSI levels were compared between rosacea and control groups, there was no difference for OSI levels; while TAS, TOS and AOPP levels were significantly higher in patient group (p=0.151, 0.013, 0.034, 0.017, respectively). In rosacea group, there was no correlation between TAS, TOS, OSI ve AOPP levels and disease duration. There was no significant difference between family history, rosacea type, symptom frequency and ocular involvement and TAS, TOS, OSI and AOPP levels in rosacea group. CONCLUSION: We observed that serum TAS, TOS and AOPP levels were significantly higher in rosacea patients, but there was no significant difference among the patient parameters. While the TAS and TOS levels show global oxidative status; the AOPP reflects the protein oxidation derived from neutrophils/monocytes. These results can support the role of oxidative stress in the pathogenesis of rosacea.

KEYWORDS: rosacea, total oxidant capacity, total antioxidant capacity, oxidative stress index, advanced oxidation protein products

OP-009

THE ROLE OF HOMOCYSTEINE IN VITILIGO PATHOGENESIS

Nazile Gümüş Balıkçı, Duru Tabanlıoğlu Onan, Başak Yalçın, Nuran Allı
Department of Dermatology, Ankara Numune Training and Research Hospital, Ankara, Turkey

INTRODUCTION & OBJECTIVES: Vitiligo, is a chronic pigmentation disorder characterized by progressive loss of epidermal melanocytes in skin, hair and mucosa. The etiopathogenesis of vitiligo has not been fully understood. Vitamin B12 and folic acid, levels of which are decreased in vitiligo, are important cofactors required in the metabolism of homocysteine. Therefore it has been proposed that homocysteine levels are expected to be elevated in the serum of vitiligo patients; which may play a role in melanocyte destruction. Several studies have been reported in the literature regarding the relationship between homocysteine and vitiligo but their results are contradictory. The aim of our study was to investigate whether there is an association between vitiligo pathogenesis and serum homocysteine levels or not.

MATERIALS AND METHODS: A total of 75 vitiligo patients and 75 age and sex matched healthy control subjects were enrolled in this study. The patients were grouped according to their disease duration (< 5 years, 5-10 years, and > 10 years), and disease activity (progressive, regressive, stable). Venous blood samples were drawn from the study group after an 8 hours of fasting period, in order to evaluate their serum homocysteine levels. Serum levels of homocysteine were measured by electrochemiluminescence immunoassay.

RESULTS: The mean age of vitiligo patients and control group were not different from each other statistically (36.3±11.2 vs. 35.3±10.8 years; p>0.05). There was no significant relationship between serum homocysteine levels and age either in patient or control groups (p>0.05). The median percentage of disease involvement area was 10% (1-90%) and the median disease duration was 4 (0.5-30) years in the patient group. In 45.3% of the vitiligo patients the disease was stable, in 5.3% regressive and in 49.3% progressive. No significant difference was found in the median serum levels of homocysteine between vitiligo and control groups (10.7 vs 9.9 µmol/L; p=0.130). Serum homocysteine levels were over normal values in 21.3% of vitiligo group and 14.7% of control group but the difference of ratio between two groups was not significant (p=0.288). (Table 1) We did not find any correlation between serum homocysteine levels and disease duration, disease activity and disease involvement area of vitiligo patients (p>0.05).

CONCLUSIO : In this study we compared serum homocysteine levels of vitiligo patients with healthy controls and we could not detect a significant difference between them. Additionally there was no correlation between serum homocysteine levels and disease duration, disease activity, disease involvement area respectively. In conclusion, the findings of our study do not support an association between homocysteine levels and vitiligo pathogenesis.

KEYWORDS: homocysteine, pathogenesis, vitiligo

Table 1. Homocysteine levels with respect to control and vitiligo groups

Variables	Control Group (n=75)	Vitiligo Group (n=75)	p value
Homocysteine level (median)	9.9 (5-29.6) µmol/L	10.7 (3.6-35.4) µmol/L	0.130 a
Elevated homocysteine level	14.7% (n=11)	21.3% (n=16)	0.288 b

a Mann Whitney U test; b Pearson chi-square test.

OP-010

THE EVALUATION OF CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF 166 PATIENTS WITH HERPES ZOSTER IN CENTRAL ANATOLIA REGION OF TURKEY

Ersoy Acer[1], Hilal Kaya Erdogan[1], Işıl Bulur[2], Emine Muge Acar[3]
[1]Department of Dermatology, Eskisehir Osmangazi University, Eskisehir, Turkey
[2]Memorial Sisli Hospital, Istanbul, Turkey
[3]Department of Dermatology, Kırsehir Ahi Evran University, Kırsehir, Turkey

BACKGROUND/OBJECTIVE: Herpes zoster (HZ) is caused by reactivation of latent Varisella Zoster Virus in dorsal-root ganglia. The annual incidence of HZ is about 4 to 5 cases per 1000 persons in the Turkey. We aimed to investigate the clinical and demographic characteristics of patients diagnosed with HZ and to explore the similarities and differences with other epidemiological studies from Turkey and the world. METHODS: We retrospectively reviewed the records of 166 patients diagnosed with HZ in the tertiary hospital. RESULTS: The incidence of HZ was found to be 0.68 %. The patient's ages ranged from 1 years to 90 years (mean age: 51,48±21,05). Eighty seven (52.4%) of the patients were

female and 79 (47.6%) of the patients were male. Thirteen of the patients (7.8%) were in the pediatric age group (0-17). Admissions were the highest in December, the lowest in March. The affected area were thorasic (76 patient, 45.8%), lumbar (40 patient, 24.1%), lower extremity (17 patient, 10.2%), upper extremity (15 patient, 9%), trigeminal (10 patient, 6%), cervikal (5 patient, 3%), sacral (3 patient, 1.8%) in all patients respectively. Lesions were observed on the left side of the body in 96 patients (57.8%) and on the right side of the body in 70 patients (42.2%). The most frequent trigger factor was emotional stress. The most common complication was postherpetic neuralgia (46 patients, 27.7%). The most common associated systemic disease was hypertension. Only 3 patients (1.8%) had malignancy.

CONCLUSIONS: There are only a few studies from our country on the epidemiology of HZ. Clinical and demographic characteristics of patients with HZ living in Kırşehir were mostly similar to those of populations of regional studies from our country and the world. Nationwide studies are warranted to demonstrate clinical and epidemiological characteristics of HZ in Turkey.

KEYWORDS: epidemiology, herpes zoster, varisella zoster virus

OP-011

COMPARISON OF CHEMICAL MATRICECTOMY WITH NAOH AND WEDGE RESECTION IN THE TREATMENT OF INGROWN NAIL

Ayşe Akkuş[1], Düriye Deniz Demirseren[2], Erol Demirseren[3], Akın Aktaş1
[1]Department of Skin and Venereal Diseases, Yildirim Beyazit University Medicine Faculty, Ankara, Turkey
[2]Department of Skin and Venereal Diseases, Atatürk Training and Reseach Hospital, Ankara, Turkey
[3]Department of Plastic and Reconstructive Surgery, Yildirim Beyazit University Medicine Faculty, Ankara, Turkey

OBJECTIVE: Ingrown nail is a common problem seen in the dermatology clinics. The aim of this study is to compare the wedge resection method and chemical matricectomy with NAOH which are widely used in terms of operation time, postoperative pain severity, postoperatif drainage, recurrence rates, recovery time and the effects of these two methods on Dermatology Qulity of Life Index.

MATERİALS and METODS: This study included 60 patients admitted to The Republic of Turkey Ministry of Health Yildirim Beyazit University Ankara Ataturk Training and Research Hospital Department of Dermatology between June 2014-August 2015 and diagnosed as ingrown nail. Median age was 30.87 years old (range between 18-64). Fourty-two nail edges of thirty patients were treated with NAOH for chemical matricectomy and wedge resection was performed for 33 nail edges of 30 patients. Intraoperatif time, postoperatif pain severity, intraoperatif drainage, recovery time, recurrence rates and Dermatology Qulity of Life Index scores were recorded.

RESULTS: There were no statitiscally significant differences between the 2 groups for gender, age, body mass index, duration of disease, type and stage factors ($p>0.05$). Operation time for chemical matricectomy and wedge resection was an average of 7.66±3.65 and 19.25±5.54 minutes, recpectively, and there was a statistically significant difference in operation times between groups ($p<0.001$). Recovery time for chemical matricectomy was an average of 17.27±14.22 days and for wedge resection was an average of 28.85±17.03 days, and the difference was statistically significant ($p=0.004$). Pain severity in the postoperative 3 days was found significantly higher in the wedge resection group ($p=0.001$). Drainage in the postoperative acut period was significantly higher in the wedge resection group ($p=0.036$). Recurrence was detected in the 5.4 % of the nail egdes treated with chemical matricectomy and in the 3.6% of the nail edges treated with wedge resection. There were no statistically significant differences between the groups for recurrence rates ($p=1.000$). There were statistically significant differences between the groups for both preoperative and postoperative 1 month Dermatology Qulity of Life Index scores, whereas score curves of the two groups were parallel to each other.

CONCLUSİON: Absence of differences for the recurrence rates between wedge resection method and chemical matricectomy method with NAOH shows that effectiveness of these approches are similar. It seems that quite short operation and recovery times in the chemical matricectomy approch is the main advantage of the method. In addition, as it requires less equipment and it is easy to perform, it can be preferred for the cases in which quick wound healing and time saving are desired.

KEYWORDS: Ingrown nail, NAOH, Chemical matricectomy, Wegde resection

OP-012

THE METHODS OF HEMANGIOMA'S TRIETMENT AND OVERVIEW

Ketevan Khishtovani[1], Teimuraz Mikeladze[2], Joseph Kobakhidze[3]
[1]Department of dermatology, Evex medical corporation, Georgia, Tbilisi [2]Head of paediatric department,Evex medical corporation, Georgia, Tbilisi[3] Head of Tbilisi Dermato-venereological association, Georgia, Tbilisi

ABSTRACT: A hemangioma is a birthmark the most commonly appears as a rubbery, bright, red nodule of extra blood vessels in the skin. The hemangioma can occur anywhere on the body. The majority of hemangiomas never need any form of treatment but some patients and doctors feel that hemangiomas treatments is necessary because the marks can be disfiguring and may cause social or psychological problems. Whether to treat the hemangioma is determined by a number of factors including: age, size, location and how rapidly the hemangioma is growing. Treatment options in Georgia include – beta blockers, Laser therapy, cryotherapy, surgical treatments and etc. by the work of both dermatologists and pediatrics use topical and systemic treatment with B- blockers, during several month. Side affect can include decreased blood pressure, hypoglycemic measures and others. These are the reasons why we place our patients in hospital at the beginning of treatment. After successful treatment, we use Nd:YAG Lasers to remove left telangiectasies. The most suitable treatment for a small focal superficial hemangiomas is cryotherapy. Freezing process of cryotherapy damages the endothelial cells of hemangioma and stops the proliferation of it. Large hemangiomas at the neck or trunk, especially those under the skin, are usually undergone by surgical treatment. Also bulky hemangiomas at the hairy part of the head can be removed surgically if it cause cosmetic problems. Remember, most types of infantile hemangiomas disappear on their own during childhood.

Conflicts of interest
None declared.
Funding sources
None

Keywords: twins,masho,kato

OP-013

ASEPTIC ABCESSES SYNDROME

Şenay Ağırgöl[1], Eda Ustaoglu[1], Filiz Topaloğlu Demir1, Tuğba Özkök Akbulut[1], Kadriye Koç[1], Hasan Kaya[2], Zafer Türkoğlu[1]
[1]Haseki Education and Training Hospital, Dermatology [2]Haseki Training and Research Hospital Department of Pathology

INTRODUCTION & OBJECTIVES: Aseptic abscess syndrome is an autoinflammatory disease that is rarely seen in young adults. Sterile abscess-like collections that is rich in neutrophils are seen in the tissues and organs, and of these organs, most commonly affected one is spleen. AAS is often associated with recurrent fever, abdominal pain and weight loss. Skin involvement might be seen as pyoderma gangrenosum, sweet syndrome, neutrophilic pustulosis and acne. The disease is diagnosed together with typical clinical and radiological findings, clinicopathological correlation and especially with the exclusion of other diagnoses like infections.

MATERYAI- METHODS: Here, 43-year-old-patient presented with abscesses and ulcerated nodules localized to the limbs, spleen and liver. The skin complaints started 15 days after the splenectomy and patient presented with progressively enlarged ulcers and abcesses increased in number. Antibiotic treatment was used to no benefit.

RESULTS: Results from biopsies and cultures taken from tissue and abscesses were negative in terms of bacteria, mycosis and tuberculosis cultivation. Histopathologic examination showed neutrophilic infiltration. The patient, unresponsive to the given antibiotics, showed dramatic clinical and laboratory improvement after the introduction of systemic corticosteroids. The patient was diagnosed with aseptic abscess syndrome after the exclusion of differential diagnoses such as Wegener's granulomatosis, polyarteritis nodosa, chronic granulomatous disease and tuberculosis.
CONCLUSION: Aseptic abscess syndrome is a rare disease that requires a multidisciplinary approach in clinical and laboratory settings, especially for the exclusion of infectious diseases and other differential diagnoses. Aseptic abscess syndrome is a rare disease that may mimic infectious diseases in terms of clinical presentation and laboratory results. It also requires a multidisciplinaryapproach in order to exclude other differential diagnoses of the case.

KEYWORDS: aseptic abcesses, splen, neutrophilic dermatose

OP-014

EFFECTS OF USTEKINUMAB ON PSORIASIS PATIENTS

Mehmet Demirel, Ümit Türsen
Department of dermatology, Mersin University, Mersin, Turkey

Ustekinumab is a newer biological agent than the others like etanercept, adalimumab, infliximab. İt succesfully treats psoriasis vulgaris and very comfortable to use it for patient because of injection frequency is more rare. İn this study; there are eleven patients who have severe psoriasis vulgaris disease and who are treated with ustekinumab in Mersin University Department of Dermatology. We observed the effectivity, advers effects and we commented this results with literature datas.

KEYWORDS: biological agent, psoriasis, ustekinumab

OP-015

EOSINOPHILIC FASCIITIS SUCCESSFULLY TREATED WITH İNFLIXIMAB

Fatma Tunçez Akyürek
Department of Dermatology Selcuk University, Konya, Turkey

INTRODUCTION: Eosinophilic fasciitis (EF) is a rare cutaneous fibrotic disorder described in 1974 by Shulman with diffuse fasciitis, eosinophilia and symmetrical woody induration of the skin. Moderate-to-high-dose glucocorticoids remain the first-line therapy, although spontaneous remission is possible. In patients who do not respond to corticosteroids, immunosuppressive agents such as methotrexate, ciclosporin, hydroxychloroquine, infliximab and PUVA photochemotherapy have been used. Infliximab is a chimeric monoclonal antibody biologic drug that works against tumor necrosis factor alpha (TNF-α). It is used to treat autoimmune diseases and there have been prior case reports documenting efficacy of infliximab therapy in EF.

CASE: 51-year-old man who presented to our clinic with symptoms of increasing skin thickening of her forearms, arms, fingers, abdomen and lower legs. Dermatological examination revealed induration and thickening of skin of involved area. There was groove sign on his arms. Laboratory tests showed peripheral eosinophilia, elevation of C-reactive protein and erythrocyte sedimantation rate. He was started on methylprednisolone 60 mg/day and methotrexate up to 20 mg/week with partial improvement. Methylprednisolone was subsequently tapered because the patient developed cushingoid features and osteoporosis. Infliximab was initiated and the patient noticed a gradual improvement in his skin thickening along with an increase in his joint range of motion and overall physical function.

DISCUSSION: EF is characterized by involvement of the deep subcutis and fascia. Symptoms of EF include progressive thickening and often redness, warmth and hardness of the skin. Laboratory findings are variable and may include hypergammaglobulinaemia, peripheral blood eosinophilia and elevated acute-phase reactants. Diagnosis is established by skin, fascia and muscle biopsy. Differential diagnoses should be ruled out, including eosinophiliamyalgia syndrome (EMS), generalized morphea, systemic sclerosis, and/or peripheral T cell lymphomas with cutaneous involvement. Due to the scarcity of the EF disease, there is no consensual therapeutic strategy. Patients with EF who have incomplete response to steroids and/or immunosuppressive medication may achieve additional clinical benefit by initiating infliximab therapy.

Keywords: Eosinophilic fasciitis, Infliximab, Treatment

OP-016

IS HUGHES-STOVIN SYNDROME BEHÇET'S DISEASE?

Serkan Demirkan[1], Zehra Bahar Gey[2], Özgür Gündüz[1], Ali Bolat[3], Yıldırım Gültekin[3]
[1]Kirikkale University Faculty of Medicine, Department of Dermatology and Venerology, Kırıkkale, Turkey
[2]Pleven Medical University, Pleven, Bulgaria
[3]Kirikkale University Faculty of Medicine, Department of Cardiovascular Surgery, Kırıkkale, Turkey

INTRODUCTION: Hughes-Stovin Syndrome(HSS) is a very rare but life threatening clinical disorder of unknown etiology. It is characterized by pulmonary artery aneurisms and deep vein thrombosis which resembles Behçet's disease in many ways.This two diseases may be indistinguishable. The term "Incomplete Behçet's Disease" is also using to describe this syndrome due to clinical presentation and histopathological similarities. HSS has been described in literature less than 40 times. It has been suggested by several authors that HSS could be a variant or a particular expression of Behçet's Disease.

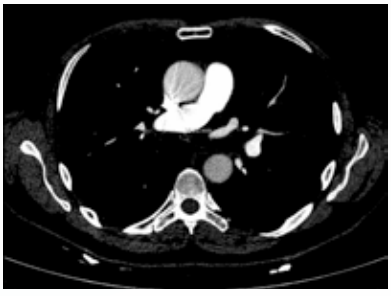
OBJECTIVES: In this article we describe 2 patients with HSS syndrome who presented with pulmonary artery aneurysm, thrombophilebitis, hemoptysis and oral ulcers, review the manifestations of the disease and compare the similarities and differences with Behçet's disease.

CASE: First Patient: 37-years old woman. Presented with recurrent oral apthae. She received topical corticosteroid treatment for 8 years. In this period patients was investigated for Behçet's diagnostic criterias but she doesn't meet with all. When patient presented with hemoptysis which was determined to be due to the bleeding of the pulmonary artery aneurysm. After 3 months later in saphenous vein thrombophlebitis was detected. In this three months she had experienced 2 times hemoptysis due to pulmonary artery aneurism in her pulmonary artery which is 25mm in dia. Both times bleeding stoped spontaneously. P-ANCA and C-ANCA results are negative. Pulmonary artery aneurisms reasons were investigated and no findings were found to suggest anything else in the etiology of the disease. When thrombophlebitis were manifested she was diagnosed with Hughes Stovin syndrome and 100 mg prednisolone equivalent systemic steroid therapy Azathioprine were started. After 45 days, systemic steroid therapy began to be reduced and discontinued. She is still on azathiopine therapy.

SECOND PATIENT: 33 years old man presented with oral apthae. He received only topical corticosteroid therapy and short-term treatment of colchicine 1.5 mg for 3 years.. In this period patients was investigated for Behçet's diagnostic criterias but he doesn't meet with all. Later thrombophilebitis was detected on his basilic vein. Patient has received antibiotic and antiinflammatory treatment. When the patient complaints of hemoptysis it is detected by CT scan which is connected to the bleeding of aneurysm of the pulmonary artery. His P-ANCA and C-ANCA values are negative. Other pulmonary artery aneurysm reasons were investigated but no evidence was found to suggest anything else in the etiology. Findings of the thrombophlebitis and pulmonary artery aneurysm he diagnosed with HSS. His treatment has started with 100 mg prednisolone equivalent systemic steroid therapy and azathioprine were started. After 45 days, systemic steroid therapy began to be reduced and discontinued. He is still on azathiopine therapy.

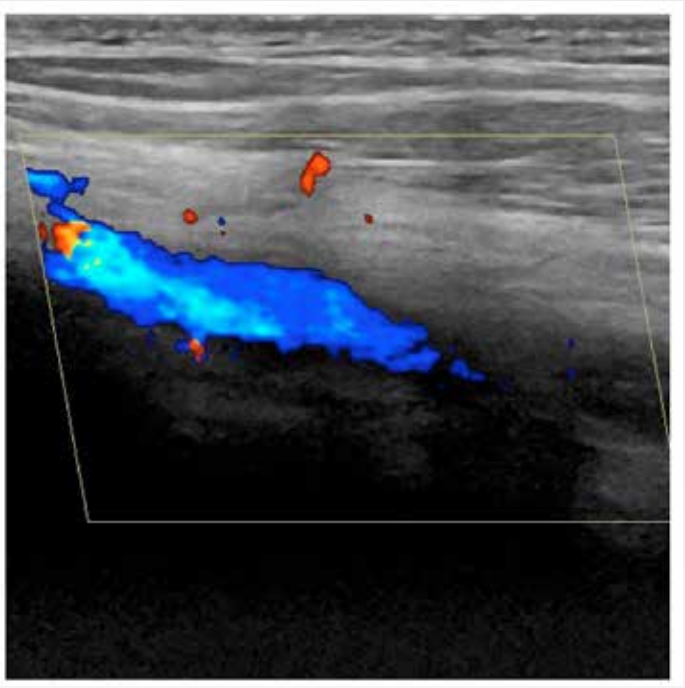
KEYWORDS: Hughes Stovin Syndrome, Behçet Disease, trombophlebitis, pulmoner aneurism

Patient 1



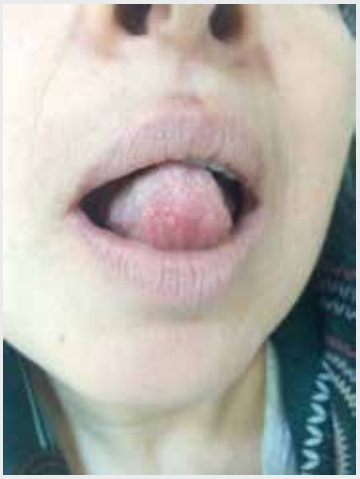
25 mm wide and fusiform aneurysm on the right pulmonary artery

Patient 1



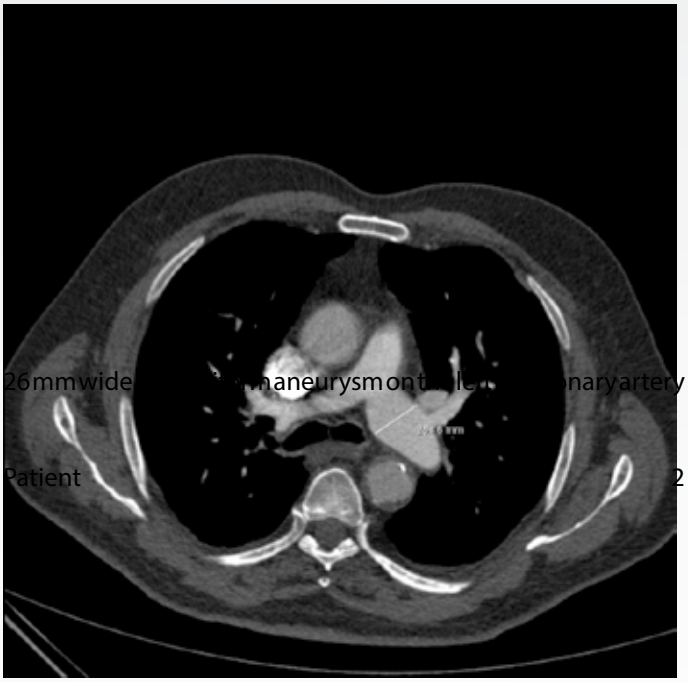
Thrombophlebit of vena saphena parva on right lower extremity

Patient 1



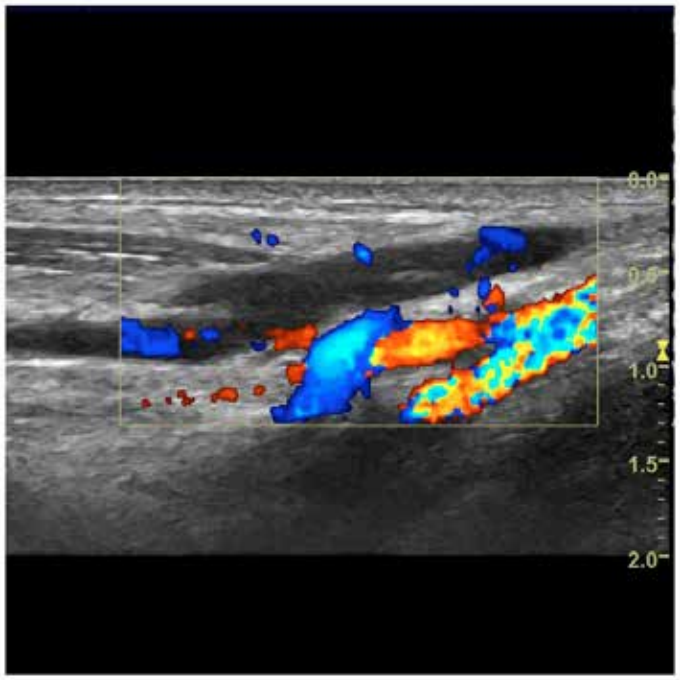
Aphthae on tongue

Patient 2



26mmwide maneurysmont le naryartery

Patient 2



Thrombophlebit of cephalic vein on right upper extremity

Patient 2

Aphtae on inferior labial mucosa

OP-017

HAIR TRANSPLANT SURGERY BY FOLLICULAR UNIT EXTRACTION (FUE) IN NEPAL- REVIEW OF 50 CASES

Rupak Bishwokarma Ghimire Rupak Bishwokarma (Ghimire)

INTRODUCTION: Hair transplant surgery is a minimally invasive surgery, where hair follicles are transplanted from donor area of patient's own body to the desired area. Hair can be taken from the donor site by two methods- Strip method & Follicular Unit Extraction (FUE). Follicular Unit Extraction (FUE) is the modern technique where you extract single follicle units or grafts from in between and transplanted to the recipient site. This is the first paper on hair transplant surgery, from Nepal in any international forum or conference.

AIMS AND OBJECTIVES: To assess the outcome, results and side effects with hair transplant surgery by FUE in Nepal.

METHODOLOGY: This study was carried out in patients enrolled for hair transplant surgery for different indications in both males & females, irrespective of age and gender. Patients were kept on Minoxidil 5% lotion application twice a day. They were called for follow up after 2 days, 7 days, one month, 3 months and 6 months for assessment of results, side effects.

RESULTS: A prospective study conducted in 50 patients who underwent hair transplant surgery by Follicular Unit Extraction (FUE), from October 15 2015 to July 15, 2016. Out of 50, 47 patients were male & 3 female patients. Androgenetic alopecia was the major indication 90% (n=45), followed by Thin Eyelashes (n=3), Morphea (n=1), traumatic avulsion of scalp (n=1). No major complications were witnessed except swelling of forehead, folliculitis, pain and tingling sensation.

CONCLUSION: Hair transplant surgery by FUE is a safe technique with remarkable results and minimal side effects.

KEYWORDS: Hair transplant surgery, Follicular Unit Extraction (FUE), Nepal

OP-018

THE EFFICACY AND SAFETY OF TOPICAL SIROLIMUS FOR ANGIOFIBROMAS IN TUBEROUS SCLEROSIS COMPLEX

Salih Levent Çinar, Demet Kartal, Murat Borlu
Department of Dermatology and
Venereology, Erciyes University, Kayseri, Turkey

BACKGROUND: Skin is one of the most affected organs in tuberous sclerosis complex (TSC). Angiofibromas are seen in almost 80% of the TSC patients. These benign tumors bring a great burden on the patients' social and psychological status.

OBJECTIVE: Our aim was to evaluate the effectiveness and tolerability of topical sirolimus for the facial angiofibromas in TSC.

METHOD: This was a retrospective, single-blinded, cross over study. We investigated the effect and safety of topical 0.1% sirolimus. Tablets are crushed and mixed in petrolatum. The patients were asked to apply sirolimus to one side of their faces whereas pure vaseline to the other side. The effect of topical sirolimus was evaluated by using the "facial angiofibroma severity index (FASI) ".

RESULTS: There was significant improvement both in redness and extension of the tumors when the active ingredient was applied to the patients' left sides of the faces [n=16 (88.9%)]. Same beneficial effect was also observed when topical sirolimus was applied to the patients' right sides of the faces [n=15 (83.3%)]. Very few side effects, like itching and irritation, happened in three of the patients (16.7%) and these resolved with topical hydrocortisone cream.

CONCLUSION: Topical sirolimus seems to be a promising and safe treatment option for the facial angiofibromas in TSC. Although its effect diminishes in time its repetitive usage is also effective with similar results.

Keywords: Angiofibromas, topical sirolimus, tuberous-sclerosis

OP-019

EFFECT OF MIR-3680, MIR-4495, MIR-6824-5P EXPRESSION LEVELS IN VITILIGO

Gurbet Doğru[1], Özlem İzci Ay[1], Ümit Tursen[2], Mustafa Ertan Ay[1], Kenan Çevik[1], Ümit Karakaş[1],
Didem Derici Yıldırım[3], Mehmet Emin Erdal[1]
[1]Mersin University, Faculty of Medicine
Department of Medical Biology
[2]Mersin University, Faculty of Medicine Department of Dermatology
[3]Mersin University, Faculty of Medicine Department of Bioistatistic and Medical İnformatics

Aim to Study: Vitiligo is an acquired chronic, depigmenting disorder characterized by the loss of melanocytes from the epidermis. It affects approximately % 0. 1- 2 of the population. Males and females are equally affected and it can develop at

any age. Vitiligo can result in profound emotional distress, the patient's psychological health and especially interpersonal relationships and reduced quality of life. Although vitiligo is generally considered as a cosmetic problem, its effect on the psychological well-being of the patient should be considered. The etiology of the disease is stil not clear.Different hypotheses are concerning to explainthis melanocyte activity loss. Most famous theories in pathogenesis are autoimmunetheory, cytotoxic theory, biochemical theory, oxidant-antioxidant theory, viral theory,growth factor theory, neural theory and genetic theory.None of these theories have been proved yet butIn a number of recent studies, strong evidence in favor of the autoimmune hypothesis has been obtained. MicroRNAs (miRNAs) are a class of small non-codingRNA molecules that regulate the expression of multiple genes at the post-transcriptional level through degradation and translational inhibition of target mRNAs. Studies previously reported that miRNAs regulated immune cell development and are involved in autoimmune development. Recently, miRNAs have been shown to be well preserved in serum or plasma, which has led to considerable interest in the development of miRNAs as biomarkers for disease prediction, diagnosis, prognosis and therapy response.

METHODS: In this study, molecular analyses of expressions that belong to 3 candidate miRNAs (miR-3680, miR-4495, miR-6824-5p) targeted genes leading to vitiligo pathogenesis in blood samples of vitiligo patients (n=50) and controls (n=50) were determined. The samples were obtained from the Department of Dermatology, Mersin University Faculty of Medicine. Selected miRNAs were analyzed by using comparative CT method in Real-Time PCR. RESULTS: There is a statistically significant difference between patient and control group regarding the level of miR-6824-5p expression. (P = 0.001) The level of expression in the patient group was significantly higher than in the control group. There was no statistically difference between the patient and control group in terms of mir-3680 and miR-4495 expressions level. CONCLUSIONS: Vitiligo can result in profound emotional distress, the patient's psychological health and especially interpersonal relationships and reduced quality of life. Although vitiligo is generally considered as a cosmetic problem, its effect on the psychological well-being of the patient should be considered. In conlusion, these data indicate that miR-6824-5p which targeting the tyr gene (tyrosinase) (melanogenesis pathway gene) may play a role in the pathogenesis of vitiligo.

KEYWORDS: Vitiligo, miRNA, expression, Real time

OP-020

RETROSPECTIVE ANALYSIS OF 56 PATIENTS WITH URTICARIA TREATED IN OUR CLINIC

Mehmet Melikoğlu, Ebru Karakaş, Handan Bilen, Şevki Özdemir
Atatürk Üniversitesi Tıp fakültesi Deri ve Zührevi Hastalıklar Anabilimdalı

Urticaria is one of the most frequently diease in dermatology clinics. It is generally classified as acute and chronic. More than 6 weeks of history that has been classified as chronic urticaria. Most of the patients with acut urticaria ma Urticaria occurring in 15-25% of individuals at some point in life. Nearly 40% of patients with urticaria also have angioedema. Acute urticaria can usually be easily managed and is related with a good prognosis but almost chronic urticaria is often associated with significant morbidity and affected quality of life. Chronic urticaria affects women more frequently than men. Chronic autoimmune urticaria is also associated with antithyroid antibodies in nearly 30% of cases. It has sometimes related with Helicobacter pylori (H. pylori). Patients with chronic idiopathic urticaria not current evidence of autoimmunity and also the mechanism of mast cell triggering is unknown. And sometimes chronic urticaria might be a manifestation of a systemic illness as a rare condition. Most common causes of acute urticaria are infections, medications-drugs, foods, insect bites, and allergens, particularly latex hypersensitivity. 50% of patients with urticaria, the cause is unknown in literatures. But in our series (acute –or chronic) we have found etiology out of one patient. 56 patients were treated our in patients clinic. Fifteen patients had chronic urticaria and 41 patients had acute urticaria. Six patients were male and 9 were female in 15 chronic urticaria patients. It has been found that chronic patients usually present with any intervening infection during acute attacks. Caused etiologic factor were identified in 14 patients. In 11 patients, multiple factors were present. Most of the cases infections were identified. In addition polen allergy or thyroid disease and/or B12 deficiency had accompanied. Etiological causes was detected in 40 patients with acute urticaria. In acute urticaria patients, more than one causes were found. Infections and medication were found usually together and most commonly etiologic factors. Thyroid disease and B12 deficiency were also identified as co-existing and predisposing factors. We wanted to share with our current large-scale investigations the fact that in many patients we have detected etiologic reasons at a very high rate if compared with the past and that our patients have a more effective treatment with their detailed examination. Multiple factors in acute or chronic urticaria may be present in etiology. Besides It

could be reduce the treatment costs in patients with urticaria.

KEYWORDS: Urticaria, treatment, Etiology

OP-021

FORMULATION AND IN-VITRO SUN PROTECTION FACTOR OF A LOTION CONTAINING LEMONGRASS EXTRACT

Tariq Mahmood[1], Mariam Yaseen[1], Muhammad Jamshaid[1], Abid Mehmood Yousaf[1], Yasser Shahzad1, Naveed Akhtar[2]
[1]FacultyofPharmacy,UniversityofCentralPunjab,Lahore,Pakistan
[2]Department of Pharmacy, The Islamia University of Bahawalpur

BACKGROUND AND AIM: Sunburn, pigmentation disorders, photo carcinogenesis, immunosuppression and other skin related damages are caused by the UV-R present in the sunlight. The aim of this study was to determine the Sun Protection Factor (SPF) value of the lemongrass extract and extract loaded stable lotion. METHOD: For the determination of SPF value a spectrophotometric method was employed and Mansur equation was applied to determine actual SPF of extract and a stable lotion.

RESULT: The SPF value of lemongrass sunscreen lotion was found 22 with antioxidant potential of 94.20%. The pH of lotion was 5.5 which complies with skin pH. Viscosity profile of lotion indicated good rheology during handling. The formulation was stable as there was no phase separation observed after centrifugation, freeze thaw and thermal stress tests.

CONCLUSION: Nowaday,s harmful chemicals are used in cosmeceuticals so the natural source could become a good, economical, easily accessible and safe alternative formulation ingredient in sunscreen products due to its beneficial effects and safety.

KEYWORDS: Sunscreen, Spectroscopy, Emulsions, Rheology, Photo protection, Lemongrass.

OP-022

THE RELATIONSHIP BETWEEN STAT4 RS7574865 G>T POLYMORPHISM AND PSORIATIC ARTHIRITIS

Meliha Merve Hiz[1], Sevilay Kılıç[2]
[1]Çanakkale Onsekiz Mart Üniversitesi,
Tıp Fakültesi, Tıbbi Biyoloji ABD.
[2]Çanakkale Onsekiz Mart Üniversitesi,
Tıp Fakültesi, Dermatoloji ABD.

INTRODUCTION & OBJECTIVES:

Signal transducers and activators of transcription [STATs] belongs to family of transcription factors and and involves in response to cytokines and growth factors.STAT4 has been evaluated a non-HLA risk factor. The polymorphisms of this gene is seen a potential risk for development of multiple autoimmune disease.The aim of the study to investigate the association of STAT4 rs7574865 G/T polymorphism with psoriatic arthiritis in Turkish population.

MATERIALS & METHODS: Totally 132 psoriatic patients 100 adult individuals with psoriasis and 32 psoriatic arthirits patients were enrolled to study. Genomic DNA was extracted from leukocytes of peripheral blood sample of all participants. STAT4 rs7574865: G>T polymorphism was determined with melting curve analysis by using Real-Time polymerase chain reaction (RT-PCR). Allele and genotype frequencies were determined by gene-counting method and frequencies were compared by χ2 test. Relative psoriasis risk due to polymorphism in STAT gene was calculated via Odds ratios (OR). This study was approved by the local ethics committees of Çanakkale Onsekiz Mart University School of Medicine, Çanakkale, Turkey.

RESULTS: n this study, we have genotyped the third intron of the STAT4 gene (rs7574865: G>T) polymorphism to determine the link between this polymorphism and psoriatic arthiritis risk. We compared the psoriatic patients withouth arthirit complains(PsO) with psoriatic patients with athiritis(PsA). Regarding the results allele positivity of STAT4 rs7574865 region decrease the psoriatic arthiritis risk 1.34 times more [95%C.I.=0.56-3.23, chi2=0.44 and p=0.5. The results of the study indicates that variation in 3rd intron of STAT4 gene, the minor "T" allele carriers of rs7574865 (G>T conversion), were increased risk of psoriatic arthiritis 1.22 times, yet the results were not statistically significant [Odds_ratio=1.22; 95%C.I.=[0.56-2.68], chi2=0.25, p=0.61.The present study indicates the absence of association between STAT4 rs7574865: G>T polymorphism and psoriatic arthiritis. Limitation of the study is the distribution of the allele and

genotype could not be reach the significant level. Thus these studyy need to be confirmed with large number of population.

CONCLUSIONS: Althought the STAT4 rs7574865 (G>T conversion) was previously found significantly associated with several autoimmune disease, we could not shown any significant association between psoriatic arthiritis risk and STAT4 rs7574865 polymorphism.

KEYWORDS: Psoriasis, STAT4, psoriatic arthiritis, rs7574865

OP-023

RITUXIMAB IN THE TREATMENT OF DERMATOLOGICAL DISEASES: A SINGLE-CENTRE EXPERIENCE OF 19 CASES

Begüm Ünlü, Nihan Yüksel, Tamer İrfan Kaya, Ümit Türsen
Department of Dermatology, Mersin
University School of Medicine, Mersin,Turkey

Rituximab is a monoclonal antibody that targets the CD20 receptors of B lymphocytes. Rituximab binds to CD20 and induces cytolysis of B lymphocytes via direct signaling, complement-mediated or antibody-mediated pathways. Although this drug was firstly developed as an antitumour agent; today it is used for treatment of autoimmune diseases as well.We retrospectively evaluated medical records of patients who received rituximab therapy in our dermatology clinic. 19 patients have received this therapy for dermatological mostly blistering diseases:Pemphigus Vulgaris(8 patients),bullous pemphigoid(2 patients),dermatomyositis(1 patients),systemic sclerosis(5 patients),lichen planus pemphigoides(1 patients),acquired epidermolysis bullosa(1 patient),lichen planus(1 patient). The mechanism of action of rituximab is creating an immunosuppression;the patients have examined for latent or active infections before and during the treatment. Allergic reactions are important adverse reactions of rituximab.Rituximab therapy was stopped due to anaphylaxis in one of our patients. In results,the rituximab therapy was effective treatment choice for life threatening dermatological disorders.This treatment is safe with strict monitorization and close follow up.

KEYWORDS: Rituximab, skin,dermatological, autoimmune

OP-024

A RARE CASE: IGA PEMPHIGUS WITH THYROID ADENOMATOUS HYPERPLASIA

Handan Bilen[1], Zeynep Utlu[1], Şevki Özdemir[1], Elif Demirci2, Mehmet Melikoğlu[1]
[1]Department of Dermatology, Ataturk University, Erzurum, Turkey
[2]Department of Patology, Ataturk University, Erzurum, Turkey

IgA pemphigus is an autoimmune intraepidermal vesiculobullous eruption with the presence of intercellular deposits of IgA. It may be associated with IgA gammopathy, lymphoma and some other cancers. A 22-year-old girl presented with a three year history of recurrent blistering all over the body. She had multiple annular to circinate lesions with central hyperpigmentation. Vesicles located around the annular lesion in a sunflower-like configuration. The oral cavity was normal. She suffered from pruritic pustular lesions for about 3 years. But the histological findings did not confirm the spesific diagnose. A skin biopsy of a vesicle revealed intraepidermal neutrophilic pustules at last admission. Direct immunofluorescence microscopy from perilesional skin showed intercellular IgA staining in the epidermis. IgA pemfigus was made with clinicopathological findings. As a result of detailed examination thyroid nodule was detected. Thin needle aspiration biopsy was reported follicular neoplasm suspicion. It was planned total thyroidectomia. It was reported as adenomatous hyperplasia. Here we presented a rare case of IgA pemphigus with thyroid adenomatous hyperplasia. Although we cannot exclude the posibility of mere coincidence, we want to emphasize that it should be examined an associated malignity when IgA pemphigus is diagnosed.

KEYWORDS: IgA pemphigus, associated disorder, thyroid nodule

OP-025

A NEW PSORIASIS PRELIMINARY REGISTRY IN AN EDUCATION AND RESEARCH HOSPITAL: PSORTAKSIS

Kemal Özyurt, Atıl Avcı, Ragıp Ertaş, Yılmaz Ulaş, Muhammed Reşat Akkuş, Mustafa Atasoy
Clinic of Dermatology, Education and Research Hospital, Saglık Bilimleri University, Kayseri, Turkey

Patient registries are constructed to compose standardized data of patients with rare or common diseases. Database

in registry of rare diseases give possibility to accumulate knowledge of the diseases in all aspects. Otherwise, registry of a common disease or a common treatment modality helps to evaluate higher number of patients or long-term safety data of drug which is needed to monitor closely. English registries for psoriasis patients in literature were: Psoriasis Longitudinal Assessment and Registry, PsoNet Psoriasis, Psoriasis Chronic Plaque Psoriasis Registry and Psoriasis as International, Corrona Psoriasis Registry Psoriasis, National Amevive Pregnancy Registry Psoriasis National and The Raptiva Pregnancy Registry Psoriasis in US, Biobadaderm Psoriasis in Spain, Malaysian Psoriasis Registry in Malaysia, PsoBest Psoriasis in Germany, Swiss Dermatology Network of Targeted Therapies in Switzerland. To best of our knowledge, any registry exists for psoriasis from Turkey. We have designed a new preliminary registry for psoriasis patients in our clinic and embedded into the Hospital Automation System. The name of this registry is in Turkish "PSORTAKSIS" abbreviation of "Psöriasis Takip Sistemi" means in English "monitoring system for psoriasis". PSORTAKSIS consisted all therapies of psoriasis; local therapy, phototherapy, conventional systemic drugs and biological agents. Also, PSORTAKSIS give opportunity to record medical history, examination data, doses of drugs, consultation notes, and laboratory results of patients. In routine examination clinician can calculate PASI and DQLI located in PSORTAKSIS. Clinician can read many specific topics of psoriasis and drugs by way of links in PSORTAKSIS. Also, useful reminders are included for clinicians. For example; "Did you give Informed Consent of Cyclosporine?" Here we present a preliminary registry PSORTAKSIS in all aspects and discuss the significance and necessity of an online national registry for psoriasis in Turkey.

Keywords: Psoriasis, Registry,

OP-026

HYPOHIDROSIS AND DERMATOLOGICAL MANIFESTATIONS AS GUIDES FOR THE SEVERITY OF CARPAL TUNNEL SYNDROME

Güldehan Atış[1], Başak Bilir Kaya[2]
[1]Department of Dermatology, Haydarpaşa Numune Training and Research Hospital
[2]Department of Physical Medicine and Rehabilitation, Dr. Siyami Ersek Thorax and Cardiaovascular Surgery Training and Research Hospital

INTRODUCTION AND OBJECTIVE: Carpal tunnel syndrome (CTS) is a common entrapment neuropathy which is caused by the compression of the median nerve. Some of skin findings and hypohidrosis were reported in CTS. Hypohidrosis is yet another condition reported in conjunction with CTS. However, incidence rates of the accompanying skin findings and hypohidrosis in patients with CTS are still unknown. Our aims in this study are (i)to separately obtain the incidence rates of hypohidrosis and accompanying skin manifestations, in patients suffering from CTS; and (ii) to investigate potential relations among the severity of CTS and the accompanying skin manifestations/hypohidrosis.

MATERIAL-METHODS: Thirty-four patients with carpal tunnel syndrome were enrolled into the study. The patients were diagnosed with CTS by a physical therapy and rehabilitation specialist via examination and electromyographic findings. Demographic characteristics such as age, gender and duration of the disease were recorded. The severity of CTS was divided into three categories: mild, moderate and severe. The patients were examined by a dermatologist to detect skin findings due to CTS. Starch iodine test was appleied to measure hypo- or hyperhidrosis on the affected areas and the photographs of the affected hands were taken. First, second and third fingers were compared with fourth and fifth fingers

RESULTS: Of the 34 patients, 33 were female (97.1 %) and 1 was male (2.9 %). The mean age of the patients was 55.2±12.3. The mean duration of disease was 34.9±35.3 months. 29 patients (85.3 %) had CTS bilaterally, i.e., on both hands. As a result, 63 hands with CTS were evaluated in total. 28 hands (44.4%) had mild CTS, 21 hands (33.3%) had moderate CTS and 14 hands (22.2%) had severe CTS. Skin manifestations were detected on 36 of the hands (57.1%) with CTS. The most common skin findings were contact dermatitis, painful swelling on fingers and xerosis. Hypohidrosis was detected on 16 hands (47%) with CTS.Of the 16 hands, 9 hands (56.25%) had moderate CTS and 7 hands (43.75%) had severe CTS. Hypohidrosis is statistically more common on the hands with mild or severe CTS (p:0.000). The group with hypohidrosis and the group without hypohidrosis were similar in terms of duration of disease and accompanying skin findings (p>0.05) CONCLUSION Carpal tunnel syndrome is one of the most common entrapment neuropathy which has accompanying with skin lesions. Detailed dermatological examination of the hands is important to recognize the clue of the disease. On the other hand, hypohidrosis is a common findings of CTS and it is associated with severe disease. Starch iodine test is an easy and cheap instrument to detect hypohidrosis. In the presence of suspicious skin findings and hypohidrosis on hand fingers, CTS should be kept in mind by dermatologists.

Keywords: carpal tunnel syndrome, hypohidrosis, skin manifestations, neuropathy

OP-027

CALPROTECTIN LEVELS IN PSORIASIS VULGARIS WITH AND WITHOUT METABOLIC SYNDROME

Selma Korkmaz
Department of Dermatology, Trakya University, Edirne,Turkey

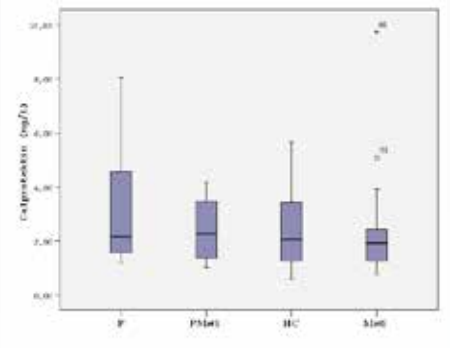
BACKGROUND: The aim of this study was to evaluate serum calprotectin levels in psoriasis vulgaris with and without metabolic syndrome (MetS). MATERİAL-METHOD: A total of 46 patients with psoriasis vulgaris, 23 of them with MetS and 23 of them without MetS were enrolled in the study. 25 healthy subjects and 25 MetS without psoriasis vulgaris participated as control group. All participant's serum fasting blood glucose (FBG), total cholesterol, high density lipoprotein cholesterol (HDL-C), low density lipoprotein-cholesterol (LDL-C), triglycerides (TG), fasting insulin were measured. Body mass index, waist circumference, systolic blood pressure, diastolic blood pressure was measured. MetS was defined according to modified NCEP/ATP III criteria. Serum calprotectin level was measured by ELISA method. Clinical activation of patients with psoriasis were calculated by using Psoriasis Area and Severity Index (PASI) scores.

RESULTS: There was no difference between the groups in terms of age and gender. Body mass index and waist circumference were significantly higher in psoriatic patients with MetS than psoriatic patients without MetS. There was no significant difference between the groups in terms of calprotectin levels (Figure 1).

CONCLUSION: There is no difference in serum calprotectin levels in psoriasis vulgaris patients with MetS and without MetS compared to control groups.

KEYWORDS: Psoriasis, Metabolic Syndrome, Calprotectin

Figure 1



Calprotectin levels of all groups

OP-028

THE ASSESSMENT OF CHRONIC URTICARIA QUALITY OF LIFE QUESTIONNAIRE,DERMATOLOGY QUALITY OF LIFE INDEX,URTICARIA ACTIVITY SCORE,PRURITUS VISUAL SCALE AND URTICARIA CONTROL TEST IN CHRONIC IDIOPATHIC SPONTANEOUS URTICARIA PATIENTS TREATED WITH OMALIZUMAB

Ömer Kutlu, Engin Karaaslan, Nermin Karaosmanoğlu, Hatice Meral Ekşioğlu
Department of Dermatology and Venereology,Ankara, Turkey

INTRODUCTION: Omalizumab is a widely used agent in the treatment of chronic idiopathic spontaneous urticaria (CISU) in the recent years. In patients receiving this treatment, the treatment response begins at first week and reaches the maximum level at third weeks. In this study, we aimed to evaluate the response of patient treated with omalizumab at a certain time intervals with urticaria control test, pruritus visual scale, urticaria activity score and quality of life indices.

MATERIAL AND METHODS: This study was performed on 10 patients. This disease was assessed by the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) with the Dermatology Quality of Life Index (DLQI) for every 2 weeks and Urticaria Activity Score (UAS-7) with Pruritus Visual Scale (PVS) for once a week during the 6-month treatment period. After 6 months urticarial control test (UCT) was performed for each patients.The 6-month following data of the patients were analyzed with SPSS 20.

RESULTS: Eleven of the patients were female and 1 of the patient was a male with a mean age of 40.6 (minimum 20, maximum 50). Median value of disease duration was 8.25 (minimum 2, maximum 13) years. There was a significant difference between pre-treatment and post-treatment first month DQLI, CU-Q2oL, UAS-7,PVS values of the patients ($p < 0.05$). DLQI and CU-Q2oL scores were assessed monthly at 2 and 4 weeks of the treatment during 6 months, no significant difference was found between second and fourth weeks DLQI and CU-Q2oL scores. There was a significant difference between 2nd and 4th week and also between 3rd and 4th week according to the score in PVS evaluation that performed every weeks ($p < 0,042$, $p < 0,007$). PVS score at fourth week was higher than other weeks.There was no significant difference between UCT scores and body mass index, D vitamin level, duration of illness and post-disease recurrence times. **CONCLUSION :** In this study, it was detected that omalizumab had a significant effect on DQLI, CU-Q2oL, UAS-7, PVS scores in CISU. Significant increase in PVS score at 4th week compared to scores at 2nd and 3rd week may necessitate the use of

combined antihistamines at 4th week of the treatment. There was no significant difference between level of response of the patient to the treatment and body mass index, vitamin D, disease duration and post-disease recurrence times. This study should be studied with a grater number of patients.

KEYWORDS: omalizumab,urticaria, pruritus visual scale

OP-029

EXTENSIVE PAPULONODULAR ERUPTIONS AS A SOLE PRESENTING FEATURE IN ACUTE MYELOID LEUKEMIA

Handan Bilen[1], Elif Demirci[2], Yusuf Bilen[3], Şevki Özdemir[1], Mehmet Melikoğlu[1]
[1]Atatürk Üniversitesi Tıp Fakültesi Dermatoloji Anabilim Dalı
[2]Atatürk Üniversitesi Tıp Fakültesi Tıbbi Patoloji Anabilim Dalı
[3]Atatürk Üniversitesi Tıp Fakültesi Dahiliye Anabilim Dalı

INTRODUCTION: Acute myeloid leukemia (AML) is characterized by a clonal proliferation of myeloid precursor cells with a reduced capacity to differentiate into more mature cellular elements. As a result, there is an accumulation of leukemic blasts or immature forms in the bone marrow, peripheral blood, and occasionally in other tissues, with a variable reduction in the production of normal red blood cells, platelets, and mature granulocytes. Patients with AML generally present with symptoms related to complications of pancytopenia (eg, anemia, neutropenia, and thrombocytopenia), including weakness and easy fatigability, infections of variable severity, and/or hemorrhagic findings such as gingival bleeding, ecchymoses, epistaxis, or menorrhagia. Many different types of skin manifestations may be the first presentation in AML. Leukemia cutis (LC) are rare lesions of the skin showing infiltration of malignant cells. The diagnosis of LC is often made with or after the diagnosis of systemic leukemia.

CASE REPORT: A 23 year old female was admitted our outpatient clinic with only erythematous, violaceous papules and nodules on her trunk, head, face, scalp and upper extremities (Figüre 1). A biopsy was taken from a tender nodule. There was an leukemic infiltration in the dermis. WBC count was 47 000/mm3. She had anemia, and thrombocytopenia. It was taken a bone marrow aspiration biopsy. AML was diagnosed with histopathological and haematological findings. Then treatment was given immediately. **CONCLUSION:** We discussed a case which presented primarily with extensive erythematous papules and violaceous tender nodules, subsequently diagnosed as AML. We wanted to emphasize that papulonodular lesions may be the presenting feature of AML.

KEYWORDS: Leukemia, infiltration, skin

Figure 1

Extensive erythematous, violaceous papules and nodules

OP-030

NON-MELANOMA SKIN CANCERS REPORTED IN MILAS AT A 2ND LEVEL HEALTH INSTITUTION

Şenay Ağırgöl[1], Korkut Bozkurt[2]
[1]Haseki Eğitim ve Araştırma Hastanesi, Dermatoloji Kliniği
[2]Milas Devlet Hastanesi, Patoloji Bölümü

OBJECTIVE: To estimate the epidemiologic features and histopathologic types of non-melanoma skin cancer in Milas.

METHODS: Medical files of one hundred and twenty patients with diagnosis of non-melanoma skin cancer who were seen in our region between 2011-2014 were analyzed retrospectively. The average age, gender distribution, location of lesions, Fitzpatrick Skin type, histopathologic type and recurrence incidence were evaluated.

RESULTS: The average age at admission was 65.2. Male/female ratio was equal and number of women patients with basal cell carcinoma (BCC) was more than that of male patients, while squamous cell cancer (SCC) was more common in man. Head and neck region was involved in 88.3% of the lesions. Most common location was nose (19.7%), followed by eye and ear region. 70.8% of the patients had Fitzpatrick Skin type 1 and 2, 70 % had light eye color. There were more than one lesion in 5 patients and recurrence was observed in 15 of the patients. The most common histopathologic

type was nodular, followed by infiltrative and superficially spreading BCC. Almost all of our patients were active farmers.

CONCLUSION: During 3 year-follow up, cases diagnosed in 2nd level health institution of a county with a population of 100.000, were compared with other NMSC cases reported from other parts of the country, and incidence along with recurrence was found to be higher. We believe that high incidence of skin cancers constitutes an important health problem for this town and this can grow unless necessary measures are taken.

Keywords: nonmelanom skin cancer, milas, epidemiology

OP-031

WHEN AND HOW IS RESULT OF SKIN PRICK TEST MEANINGFUL OR ADVISOR?

Kemal Özyurt[1], Ragıp Ertaş[1], Mustafa Atasoy[1], Muhammed Reşat Akkuş[1], Yılmaz Ulaş[1], Emine Çölgeçen[2]
[1]Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey
[2]Department of Dermatology, Bozok University, Yozgat, Turkey

Skin prick test (SPT) is widely used by dermatologists or allergologist to determine the allergens thought to be related with a few diseases. Besides this, individuals who admitted to dermatology outpatient clinics request SPT themselves or recommended by other specialists. Requests or recommendations with unrealistic reasons lead facing invaluable results of SPT without clinical importance. We aimed to analyze request and results of SPT in this study. SPT results of 1916 individuals who admitted to Allergy Section of our Dermatology Outpatient Clinic during 2015-2016 were included. 941, 842 and 133 individuals were referred by pulmonologists (Group-I), dermatologist (Group-II) and otolaryngologists (Group-III) with positive SPT results of 92,5%, 55% and 71,8% respectively ($p<0.05$). Group-II included 283 patients with dermatitis, 100 with pruritus, 69 with chronic idiopathic urticaria and 55 with atopic dermatitis. In Group-II, SPT were performed in 101 patients with several dermatological diseases and in 234 individuals for undefined statuses with positive rate 44,5 % and 42,2 % respectively. As a result of current study, rate of SPT positivity was higher in patients referred by pulmonologists and otolaryngologists than dermatologist. This is may be related with dermatologists performing SPT in patients with unrelated dermatological diseases or being obliged to compensate unrealistic requests of patients or recommendations of other specialists.

KEYWORDS: Skin prick test, pulmonologists, dermatologist, otolaryngologists

OP-032

DERMATOLOGIC FINDINGS OF TULAREMIA: A STUDY OF 168 CASES

Mualla Polat[1], Tekden Karapınar[1], Fatma Sırmatel[2]
[1]Abant Izzet Baysal University, Faculty of Medicine, Department of Dermatology
[2]Abant Izzet Baysal University, Faculty of Medicine, Department of Infectious Diseases

BACKGROUND: Tularemia is a zoonotic infectious disease caused by Francisella tularensis, an aerobic, non-capsulated, gram-negative coccobacillus. Although there are plenty of case reports and studies of tularemia outbreaks, the literature is lacking in reports on dermatologic manifestations of the disease.

OBJECTIVES: This study aimed to identify skin manifestations in clinical forms of tularemia.

METHODS: A total of 168 patients (68 male, 100 female) diagnosed with tularemia were retrospectively examined. All dermatologic data for these patients were evaluated.

RESULTS: The most frequent clinical manifestation of tularemia was the oropharyngeal form (88.69%), followed by the ulceroglandular, oculoglandular and pulmonary forms (7.73, 2.97, and 1.19%, respectively). Secondary skin manifestations in tularaemia patients was found in 27 patients (16.07%). Sweet's syndrome was found in 12 patients (7.14%), most of whom presented with the oropharyngeal form of tularemia. Erythema nodosum was found in 8 patients (4.76%), eczematous eruptions in 3 patients (1.78%), urticaria in 2 patients (1.19%), acneiform eruptions in 1 patient (0.59 %), vasculitis like eruptions in 1 patient (0.59 %). Patients with the oropharyngeal form of tularemia had statistically significantly more than the other clinical forms, and there were more skin findings in the oropharyngeal form (25 patients 92.59%). CONCLUSIONS: In clinical practice, tularemia may present with various cutaneous manifestations and dermatologists who work in endemic regions must be aware of the possibility of tularemia.

KEYWORDS: Tularemia, Dermatologic findings,

OP-033

TWO CASES OF LINEAR IMMUNOGLOBULIN A/ IMMUNOGLOBULIN G BULLOUS DERMATOSIS ASSOCIATED WITH CELIAC DISEASE: IS THIS DERMATITIS HERPETIFORMIS?

Handan Bilen[1], Ebru Karakaş[1], Şevki Özdemir[1], Elif Demirci[2], Mehmet Melikoğlu[1]
[1]Department of Dermatology, Ataturk University, Erzurum, Turkey
[2]Department of Pathology, Ataturk University, Erzurum, Turkey

INTRODUCTION: Linear IgA bullous dermatosis (LABD) is a rare subepidermal blistering disease in which smooth linear deposits of IgA are found in the basement membrane. There are two clinical variants; chronic bullous dermatosis of childhood and adult LABD. Adult LABD was originally regarded as a subgroup of dermatitis herpetiformis (DH), but it is now known that gluten-sensitive enteropathy and IgA antiendomysial antibodies are not present in LABD different from DH. Sometimes antigliadin antibodies are present in LABD. In a small number of LABD cases has both IgA and IgG antibodies against the basement membrane zone (BMZ), called linear IgA/IgG bullous dermatosis (LAGBD).

CASE REPORT:

CASE 1: A 26-year-old man developed pruritic vesiculobullous lesions 5 months before presentation. Several tense vesiculobullae, papule and excoriated lesions distributed especially on the extensor surfaces of extremities, shoulders and nape of the neck. A skin biopsy was taken from a papulovesicle and perilesional normal skin for direct immunoflouroscence (DIF). There was a subepidermal blister with mild neutrophilic and eosinophilic infiltration in the blister. DIF of the biopsy revealed linear BMZ deposits of both IgG and IgA. We diagnosed this case as LAGBD with clinicopathological findings. Patient's antiendomysial; tissue transglutaminase IgG and IgA; and antigliadin antibody levels were positive. His small bowel biopsy confirmed the celiac disease diagnose.

CASE 2: A 23-year-old man with a history of celiac disease for 6 years, developed vesiculobullous lesions one month before presentation. Clinical, pathological and celiac antibody serological findings were the same as the other patient. Both patients' complaints were regressed with only gluten-free diet.

CONCLUSION: LAGBD, a subclass of LABD, is a relatively rare autoimmune bullous disease. Celiac disease is an autoimmune disorder which may be seen with DH but not LABD. The coexistence of LAGBD and celiac disease has not yet been reported in literature. We present two cases of LAGBD associated with celiac disease. To the best of our knowledge, this is the first report of LAGBD with celiac disease. Because of this association we thought that LAGBD may be a subgroup of DH.

KEYWORDS: Linear IgA/IgG bullous dermatosis, Celiac disease, Dermatitis herpetiformis

POSTERS ABSTRACTS

PP-001

EXPLORING THE ASSOCIATION BETWEEN INTERLEUKIN 18 PROMOTER POLYMORPHİSMS AND VITILIGO

Nilgün Solak[1], Sevim Karakaş Çelik[2], Tuğba Edgunlu[3], Ümmühani Özel Türkçü[3], Ahmet Dursun[4]
[1]Department of Dermatology, Bulent Ecevit University, Zonguldak, Turkey
[2]Department of Medical Biology, Bulent Ecevit University, Zonguldak, Turkey
[3]School of Health Sciences, Mugla Sıtkı Kocman University, Mugla, Turkey
[4]Department of Medical Genetics, Bulent Ecevit University, Zonguldak, Turkey

INTRODUCTION: Vitiligo is a common pigmentary disorder caused by the destruction of functional melanocytes. Its immunopathogenesis is not completely understood, but inflammatory alterations in the skin microenvironment, and particularly increased expression of the cytokines, are thought to be essential regulators of melanocyte dysfunction and death. And the treatment of vitiligo using IFN-γ inhibition has given positive responses. Interleukin 18 (IL-18) is a cytokine that plays an important role in the Th1 response, by its ability to induce IFN-γ production in T cells and natural killer cells. The IL-18 promoter is highly polymorphic containing several polymorphisms which have been described in the promoter region of IL-18. Most of them were not reported to be associated with IL-18 production, only the -137 G/C (rs187238) and -607 C/A (rs1946518) SNPs in the promoter affects its promoter activity and IL-18 production was demonstrated. And these SNPs have been reported to be associated with several autoimmune and inflammatory disorders. To our knowledge, there is no study that has investigated association between vitiligo/active vitiligo and IL18 gene polymorphisms. We investigated the frequencies of the two above mentioned IL18 promoter alterations in vitiligo/active vitiligo patients and control subjects to determine whether these variants might represent susceptibility factors for vitiligo.

MATERIALS AND METHODS : A polymerase chain reaction (PCR)-based restriction fragment-length polymorphism (RFLP) method was used for the IL18 gene -137 G/C and IL18 -607 C/A polymorphism in 89 patients with vitiligo and 89 healthy controls with following primers; forward; 5'-ATGCTTCTAATGGACTAAGGA-3' ve reverse; 5'-GTAATATCACTA TTTTCATGAATT-3' and forward; 5-GCCCTCTTACCTGAATTTTGG TAGCCCTC, reverse; 5-AGATTTACTTTTCAGTGGAACAGGAGTCC.

CONCLUSION: Our results suggest that IL18 gene polymorphisms were not play a key role in the pathogenesis of vitiligo/active vitiligo. These findings do not support the inflammatory theory of vitiligo according to which dramatic inflammatory changes including cytotoxic T-lymphocyte (CTL) influx were reported in the lesional margin and in the center of newly formed vitiligo lesions. However, further studies with larger samples are required to elucidate the relationship between IL18 gene polymorphisms and vitiligo.

KEYWORDS: Exploring,Interleukin,Vitiligo

Figur-1

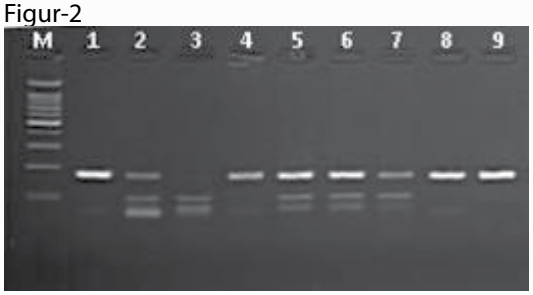
PCR-RFLP agarose gelelectrophoresis of the IL18 -137 G/C polymorphism illustrating the GG (131, 124 bp), GC (131, 107 and 24 bp) and CC (196 bp) genotypes, whereas 24 bp was too short to be detected.

Tablo-1

	Genotype	Control n=89 (%)	Vitiligo Patients n=87 (%)	X^2 p Value	OR (95 % CI)
IL 18 -137 G/C	GG	61 (68.5)	61 (70.1)		Reference
	GC	24 (27.0)	17 (19.5)	0.213	0.708 (0.346-1.449)
	CC	4 (4.5)	9 (10.3)		2.250 (0.658-7.699)
	Allele	**n=178 (%)**	**n=174 (%)**	**X^2 p Value**	**OR (95 % CI)**
	G	146 (82.0)	139 (79.9)		Reference
	C	32 (18.0)	35 (20.1)	0.610	1.149 (0.674-1.957)

Table 1: Genotype and Allele frequencies IL18 -137 G/C gene polymorphisms

Figur-2



PCR-RFLP agarose gelelectrophoresis of the IL18 -607

C/A polymorphism illustrating the AA (101, 71 bp), CA (171, 101 and 70 bp) and CC (171 bp) genotypes.

Tablo-2

	Genotype	Control n=89 (%)	Vitiligo Patients n=87 (%)	X^2 p Value	OR (95 % CI)
IL18-607 C/A	CC	49 (55.1)	45 (51.7)	0.077	Reference
	CA	20 (22.5)	31 (35.6)		1.688 (0.848-3.374)
	AA	20 (22.5)	11 (12.6)		0.599 (0.259-1.387)
	Allele	n=178 (%)	n=174 (%)	X^2 p Value	OR (95 % CI)
	C	118 (66.3)	121 (69.5)	0.514	Reference
	A	60 (33.7)	53 (30.5)		0.861 (0.550-1.348)

Table 2: Genotype and Allele frequencies IL18 -137 G/C gene polymorphisms

Table 2: Genotype and Allele frequencies
IL18 -137 G/C gene polymorphisms

PP-002

THE INFLUENCE OF TLR2 AND TLR4 GENE POLYMORPHISMS ON THE FORMATION OF THE PSORIASIS DISEASE

Nilgün Solak[1], Fatih Mehmet Keni[3], Sevim Karakaş Çelik[2], Güneş Çakmak Genç[2], Ahmet Dursun[2]
[1]Bulent Ecevit University, Faculty of Medicine, Department of Dermatology, Zonguldak, Turkey
[2]Bulent Ecevit University, Faculty of Medicine, Department of Medical Genetic, Zonguldak, Turkey
[3]Istanbul Training and Research Hospital, Department of Medical Genetic, Istanbul, Turkey

Previous studies suggest psoriatic skin is characterized by a large number of inflammation and epidermal proliferation markers, and large numbers of immune cells exist in the psoriatic skin which can produce many cytokines and inflammatory molecules. In recent studies, it has been put forward that host defense proteins that are part of the natural immune response, toll-like receptors (TLR) and heat-shock proteins (HSP) are expressed from psoriatic lesion. Toll-like receptors (TLRs) are a group of a type 1 transmembrane protein that innate immune response against many pathogens. They also have an important role in host immunity by activating adaptive immune response. TLR2 and TLR4 gene polymorphism was studied in many inflammatory diseases and has been found to be associated with susceptibility to inflammatory diseases. In our study, it is aimed to investigate the possible relations of some TLR gene polymorphisms which have not been investigated yet in psoriasis.
Materials and Methods
100 psoriatic patients, examined at the Clinic of Dermatology of the Bulent Ecevit University, Faculty of Medicine, 44 males (44%) and 56 females (56%), were included in this study. 173 healthy unrelated subjects, free from psoriasis, individually matched to patients by both gender and age, were recruited as controls 78 males (45.1%) and 95 females (54.9%). TLR2 gene Arg677Trp, Arg753Gln, -196-174 del and TLR4 gene Asp299Gly, Thr399Ile polymorphisms were determined by PCR-RFLP method. Patient and control groups were compared for TLR2 and TLR4 gene polymorphisms.
Conclusion: In our study, patient and control groups were compared for TLR2 and TLR4 gene polymorphisms. TLR2 Arg753Gln GA genotype had 6.8 times greater risk of psoriasis compared with AA genotype. The frequency of TLR2 Arg753Gln A allele in psoriasis patients was significantly higher than in the healthy controls.

KEYWORDS: Influence, Polymorphisms, Formation, Psoriasis

Tablo-1

SNP	Reference SNP ID	Forward primer Reverse primer	PCR Product	Restriction enzyme	Restriction Tm (°C)
TLR2 del -196-174		5'-CACGGAGGCAGCGAGAAA-3' 5'-CTGGGCCGTGCAAAGAAG-3'	I: 284 bp D:262bp	-	-
TLR2 Arg753Gln Arg677Trp	rs5743708 rs1219178 64	5'-GCCCTCTTACCTGAATTTTGGTAGCCCTC-3' 5'-AGATTTACTTTTCAGTGGAACAGGAGTCC-3'	343 bp	AciI	37 °C
TLR4 Asp299Gly	rs4986790	5'-GATTAGCATACTTAGACTACTACCTCCATG-3' 5'-GATCAACTTCTGAAAAAGCATTCCCAC-3'	249 bp	NcoI	37 °C
TLR4 Thr399Ile	rs4986791	5'-GGTTGCTGTTCTCAAAGTGATTTTGGGAGAA-3' 5'-CCTGAAGACTGGAGAGTGAGTTAAATGCT-3'	406 bp	HinfI	37 °C

Tablo-2

SNP	Allele	Control n=81 (%)	Psoriasis n=54 (%)	p value	OR (95 % CI)
TLR2 Arg677Trp	C	346 (100)	199 (99.5)	0.366	Reference
	T	0 (0)	1 (0.5)		*
TLR2 Arg753Gln	G	344 (99.4)	183 (91.5)	<0.001	Reference
	A	2 (0.6)	17 (8.5)		15.9 (3.5-101.2)
TLR2 -194-174 del	I	284 (82.1)	174 (87.0)	0.132	Reference
	D	62 (17.9)	26 (13.0)		0.68 (0.40-1.15)
TLR4 Asp299Gly	A	334 (96.5)	188 (94)	0.241	Reference
	G	12 (3.5)	12 (6)		1.78 (0.73-4.32)
TLR4 Thr399Ile	C	343 (99.1)	196 (98)	0.266	Reference
	T	3 (0.9)	4 (2)		2.33 (0.44-13.25)

* Odd ratio can not be calculated

PP-003

A FUNCTIONALLY SIGNIFICANT POLYMORPHISM IN IL-17 GENE IS ASSOCIATED WITH PSORIASIS

Nilgün Solak[1], Nuriye Özer[1], Sevim Karakaş Çelik[2], Güneş Çakmak Genç[3], Mustafa Çağatay Büyükuysal[4], Rafet Koca[1]
[1]Bulent Ecevit University, Faculty of Medicine, Department of Dermatology, Zonguldak, Turkey
[2]Bulent Ecevit University, Faculty of Medicine, Department of Medical Biology, Zonguldak, Turkey
[3]Bulent Ecevit University, Faculty of Medicine, Department of Medical Genetic, Zonguldak, Turkey
[4]Bulent Ecevit University, Department of Biostatistics, Zonguldak, Turkey

INTRODUCTION: Psoriasis is a complex chronic inflammatory disease, developing by immune-mediated mechanisms with an average of 2% incidence. Although the primary cause of the etiology has not been fully disclosed its thought to be multifactorial and multigenic. Interleukin-17 (IL-17) is a proinflammatory cytokines produced by T helper 17 (Th17) cells, which plays an important role in both innate and adaptive immune systems. İnterleukin-17A and interleukin-17F (IL-17A and IL-17F) are candidate genes for chronic inflammatory disease. In this study, our aim was to determine the frequency of IL-17F (Glu126Gly, His161Arg) and IL-17A (G197A) gene polymorphisms and its effects on psoriasis development risk, age of onset, nail involvement, type of psoriasis and psoriatic arthritis. Materials and Methods The study includes 100 psoriasis dermatologic clinic outpatients and 100 healthy volunteers. PCR (Polymerase chain reaction) method was used to determine IL-17F (Glu126Gly, His161Arg) and IL-17A (G197A) gene polymorphisms in the patient and control groups than the results of study groups were compared.

CONCLUSION: In our current study, we found IL-17 (G197A) GG genotype (p=0,028) significantly higher at psoriasis patients with psoriatic arthritis compared without psoriatic arthritis. At the IL-17A (G197A) A allele carriers group, IL-17A + CD4 + T cells were reported to increase.

KEYWORDS: Functionally, Significant, Polymorphism, Psoriasis

Resim-1

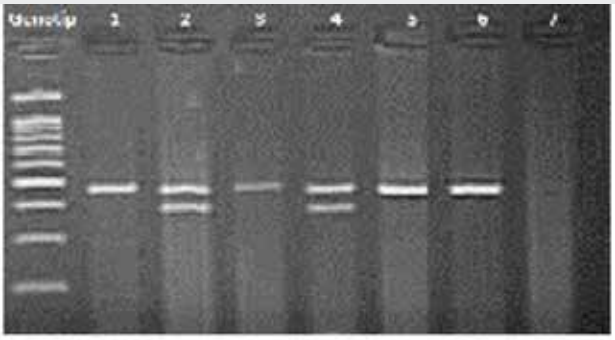


Figure 1. RFLP analysis of the 470 bp PCR product for IL-17F Glu126Gly polymorphism. 470 bp product is A/A in lane 1, 3, 5, 6. 470 and 395 products are A/G in lane 2,4

Resim-2

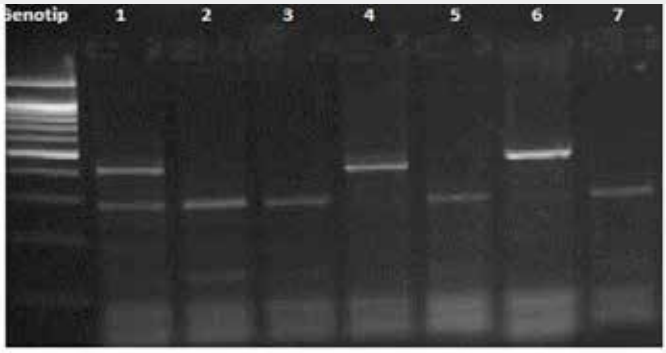


Figure 2 RFLP analysis of the 470 bp PCR product for IL-17F His161Arg polymorphism. 418 and 288 bp product is C/T in lane 1. 288 bp products are T/T in lane 2 .

Tablo-1

SNP	Forward primer Reverse primer	Products	Restriciton Enzyme	Tm (°C)
IL-17A G197A	5'-GCATAACTCTTCTGGCAGCTGTA-3' 5'-GTATTTCTGGACCGTGGGCA-3'	445 bp	*EcoNI*	37 °C
IL-17A Glu126Gly	5'-GTGTAGGAACTTGGGCTGCATCAAT-3' 5'-ATTGATGCAGCCAAGTTCCTACAC-3'	470 bp	AvaII	37 °C
IL-17A His161Arg	5'-GTGTAGGAACTTGGGCTGCATCAAT-3' 5'-ATTGATGCAGCCAAGTTCCTACAC-3'	470 bp	NlaII	37 °C

Table 1: The primer sequences for amplifying each SNP

Tablo-2

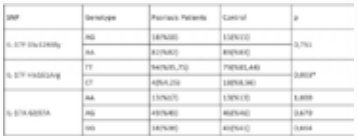


Table 2: Genotype frequencies of IL-17A and IL-17F gene polymorphisms in psoriasis patients and healthy controls.

Tablo-3

Haplotype	Groups n(%)		p
	Psoriasis Patients	Control	
ATG	99(%49,3)	102(%50,7)	
ATA	76(%56,7)	58(%43,3)	
ACA	2(%12,5)	14(%87,5)	0,00
ACG	6(%40)	9(%60)	
GTA	4(%100)	0(%0)	

Table 3: Three allelic frequencies that belong to these polymorphisms was evaluated in the patient and healthy controls

PP-004

NARROWBAND UVB AND PSORALEN PLUS UVA İN MYCOSİS FUNGOİDES: A RETROSPECTİVE STUDY OF 61 PATİENTS

Mehmet Unal[1], Hüseyin Tol[2], Şükrü Balevi[2], Gülbahar Ürün Unal[3]
[1]Konya Numune Hospital, Department of Dermatology
[2]Necmettin Erbakan University, Department of Dermatology
[3]Konya Training and Research Hospital, Department of Family Medicine

Introduction & Objectives**:** Cutaneous T-cell lymphoma (CTCL) is a group of neoplasms of T cells. Mycosis fungoides (MF) composes approximately 50 % of all primary cutaneous lymphomas (1-3).

MATERİALS AND METHODS: 61 patients diagnosed with MF and treated with NBUVB or PUVA between 2006 - 2012 in retrospectively. CR was defined as more than 95 % clearing of skin lesions; partial response (PR) was defined as 50 – 95 % clearing of skin lesions and no-response was considered when less than % 50 clearing of skin lesions despite continuing treatment. Relapse was described as occuring of new lesions in patient who had CR previously.

RESULTS: A total of 61 patients (32 women (52.4 %) and 29 men (47.6 %); mean age 44.6 years) were evaluated. 28 patients (45.9 %) were treated with NBUVB, 28 patients (45.9 %) were treated with PUVA. Mean follow up time was 36.9 months (NBUVB 22.5 months; PUVA group 50.7 months). The disease stage of patients was as follows: 1A (18 patients – 29.5 %), 1B (31 patients – 50.8 %), 2A (10 patients – 16.3 %), 2B (1 patient – 1.6%) and 4A (1 patient – 1.6%).28 patients in early stage MF (stage 1A/1B/2A) were treated with NBUVB (mean age 48.4 years) and 26 patients in early stage MF were treated with PUVA (mean age 42.1 years).For patients who treated with NBUVB or PUVA mean follow up time, CR rate , mean time to CR, mean UV dose to CR, mean number of treatment to CR, mean duration of maintenance therapy and mean relapse-free interval were seen in Table – 1. Mean relapse-free interval for PUVA group was longer than NBUVB group. CR rate, mean time to CR, mean UV dose to CR and mean relapse-free interval according to stage of MF showed no statistically significant difference between groups except of low CR rate for stage 2A. The distribution of our patients of relaps group according to the stages, relapse rates in the DBUVB and PUVA groups, relaps time from CR, time to CR and UV doses to CR for relapsing and non-relapsing group were evaluated and statistically significant difference was found between groups except of shorter mean time from CR to relapse in NBUVB group. Mean age at time of diagnose was 43.52 years. According to mean age at the time of diagnose patients were seperated to three groups (< 30 years; 30 – 50 years; > 50 years) and CR rate, mean time to CR, relapse-free interval, relapse rates did not show significant difference. Mean duration from initial lesion to time of diagnose and treatment was 48.3 months (1 – 240 months). When patients were seperated to three group according to mean duration from initial lesion to diagnose and treatment (< 6; 6-12 ; and > 12 months) CR rate, mean time to CR, relapse-free interval, relapse rates were similar.24 patients (%39.3) had also chronic diseases and presence of chronic diseases did not make a difference in CR rate, mean time to CR, mean relaps-free interval and relapse rate .

CONCLUSİONS: This study confirms that phototherapy is a safe, effective and well-tolerated therapy in patients with early-stage MF. Mean time to CR and mean duration from CR to relapse were shorter for patients in NBUVB than PUVA. CR rate was lower in stage 2A. The influence of chronic diseases on phototherapy success was not significant. Combination of systemic agents with phototherapy did not have a statistically significant impact Finally, our results indicate that narrowband UVB is at least as effective as PUVA in treatment of early-stage MF.

Table 1: NBUVB vs PUVA

	NBUVB	PUVA	p value
Mean follow up time (month)	22,5	50,7	
CR rate (%)	71,4 (20 patients)	84,6 (22 patients)	0,821
Mean UV dose to CR (j/cm²)	58,2	202,3	
Mean time to CR (month)	5,35	6,82	0,042
Mean number of treatment to CR	58,9	68,86	0,0649
Mean duration of maintenance therapy (month)	11,5	11,0	0,956
Mean relapse-free interval (month)	16,8	45,2	0,001

PP-005

CETUXIMAB INDUCED ACNEIFORM ERUPTION, TELANGIECTASIA, HYPERTRICHOSIS, PARONYCHIA, AND DIGITAL FISSURES: A CASE REPORT

Mehmet Unal[1], Gülbahar Ürün Unal[2], Şevket Arslan[3], Hüseyin Tol[4], Şükrü Balevi[4]
[1]Department of Dermatology, Numune Hospital, Konya, Turkey
[2]Department of Family Medicine, Training and Research Hospital, Konya, Turkey
[3]Department of Immunology and Allergy, Training and Research Hospital,Konya,Turkey
[4]Department of Dermatology, Necmettin Erbakan University, Konya, Turkey

INRODUCTION: Epidermal growth factor(EGF) plays a critical role in tumour growth and progression, including proliferation, apoptosis, metastasis and angiogenesis. Since EGF receptors (EGFR) are expressed intensely in epidermis, hair follicles and sebaceous glands, the most common side effects of EGFR inhibitor agents are related with skin.

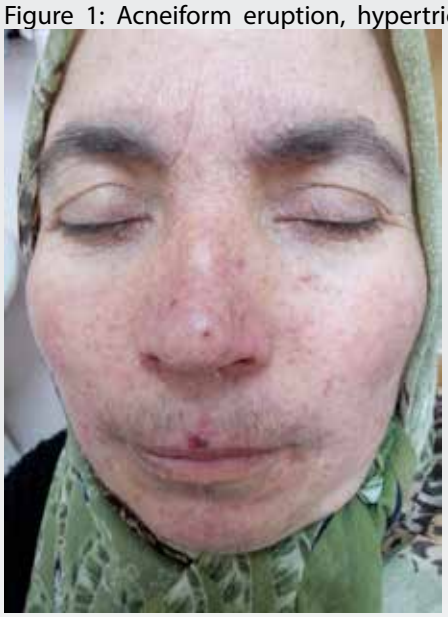
CASE PRESENTATION: We reported a case of severe acneiform eruption, paronychia, ingrown toenails, pyogenic granuloma-like lesions, hypertrichosis, telangiektasia and digital fissures due to cetuximab (one of the EGFR inhibitors) in a 53-year-old female patient with colorectal cancer with metastases.

DISCUSSION: Dermatological side effects caused by EGFR inhibitors can be listed as follows: acneiform eruptions, xerosis, fissures and eczematous lesions, changes in the nail, eyebrows and hair, telangiectasia, hyperpigmentation and mucosal changes. However, these side effects are indicators for antitumor of EGFR inhibitors.

CONCLUSION: Because of the increasingly frequent use of EGFR inhibitors such as cetuximab in oncology services, perhaps more patients with the dermatologic complaints may require evaluation by dermatologists.

KEYWORDS: acne, cetuximab, hypertrichosis

Figure 1: Acneiform eruption, hypertrichosis, telangiektasia



acne hypertrichosis, teleangiektasia

Figure 2: Ingrown toenails, pyogenic granuloma-like lesions

ingrown toenails, pyogenic granuloma-like lesions

Figure 3: Digital fissures

digital fissures

PP-006

MEAN PLATELET VOLUME, NEUTROPHIL TO LYPHOCYTE RATIO AND PLATELET TO LYMPHOCYTE RATIO IN PSORIASIS

Mehmet Unal[1], Adem Küçük[2], Gülbahar Ürün Unal[3], Şükrü Balevi[4], Hüseyin Tol[4], Caner Aykol[5], Mehmet Uyar[6]
[1]Department of Dermatology, Numune Hospital, Konya, Turkey
[2]Department of Rheumatology, Necmettin Erbakan University, Konya, Turkey
[3]Department of Family Medicine, Training and Research Hospital, Konya, Turkey
[4]Department of Dermatology, Necmettin Erbakan University, Konya, Turkey
[5]Department of Dermatology, Çatalca State Hospital, Istanbul, Turkey
[6]Department of Public Health, Necmettin Erbakan University, Konya, Turkey

INTRODUCTION & OBJECTIVES: It has been demonstrated that neutrophil to lymphocyte ratio, platelet to lymphocyte ratio and mean platelet volume may be a useful predictor of systemic inflammation and related with prognosis of cardiovascular diseases, malignancies and chronic inflammatory diseases. To the best of our knowledge, there are no studies investigating neutrophil/lymphocyte ratio (NLR), platelet/lymphocyte ratio (PLR) and mean platelet volume (MPV) values together within the context of psoriasis, a chronic and systemic inflammatory disease.

Materials & METHODS: In this study, we evaluated 320 patients with psoriasis vulgaris followed up in our outpatient clinic and 200 healthy controls. In this study, It was investigated whether there was difference between the control group and patients with psoriasis in terms of NLR, PLR and MPV. Also, we investigated the relationship between these parameters and joint-nail involvement, disease severity, disease duration, family history, erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP).

RESULTS: Leukocyte count, neutrophil count, platelet count, MPV, NLR and PLR values in patients with psoriasis were significantly higher, and lymphocyte count, on the other hand, was significantly lower than in controls. No significant difference was found in MPV, NLR and PLR values between patients with or without a family history and nail and joint involvement. An inverse correlation was found between MPV and CRP. On the other hand, a positive correlation was found between NLR and CRP. PLR had positive correlation with both CRP and ESR.

CONCLUSIONS: PLR is a better inflammation marker than MPV and NLR in patients with psoriasis. We did not observe a significant relationship of MPV, NLR and PLR values with disease characteristics, such as severity of disease, joint involvement, nail involvement and duration of disease in patients with psoriasis. Therefore, we believe that there is little information about how MPV, NLR and PLR are useful regarding these characteristics.

KEYWORDS: Lymphocyte, neutrophil, platelet, psoriasis

Table 1:

	Psoriasis	Control	p value
Patient	320	200	
Male	154	111	
Female	166	89	
Leukocyte (x103 cell/ mm3)	7.76 ± 2.11	7.22 ± 1.57	0.001
Neutrophil (x1000 cell/ mm3)	4.86 ± 1.87	4.10 ± 1.25	<0.001
Lymphocyte (x1000 cell/ mm3)	2.11 ± 0.74	2.42 ± 0.56	<0.001
Platelet (x1000 cell/ mm3)	277.70 ± 73.37	265.29 ± 59.75	0.036
MPV	8.24 ± 1.15	7.44 ± 1.63	<0.001
NLR	2.76 ± 2.13	1.76 ± 0.61	<0.001
PLR	148.35 ± 75.34	118.13 ± 60.77	<0.001

PP-007

Dermatitis artefacta mimicking squamous cell carcinoma and pemphigus vulgaris

Mehmet Unal
Departmment of Dermatology, Numune Hospital, Konya, Turkey

Intraduction: Dermatitis artefacta (DA) which is characterized lesions such as neurotic excoriations, acne excoriations and trichotillomania is a psychocutaneous syndrome in obsessive-compulsive disorder group is caused by the patient itself. Diagnosis can only be made after a long and detailed examination because the lesions can mimic many dermatoses and patients do not accept their manipulations on disease due to the underlying psychiatric problems.In this case, we aimed to emphasize the diagnostic problems experienced in clinically and pathologically in dermatitis artefacta.

Cas: A 50-year-old woman was admitted to our outpatient clinic with complaints of itching, pain, burning and unhealed wound on the nose starting 2 years ago. A total of 6 biopsies were taken at different times with different diagnoses such as squamous cell carcinoma (SCC), basal cell carcinoma (BCC), leishmania, pemphigus, and different results such as pemphigus vulgaris, squamous cell carcinoma were obtained. It was thought that the lesions of the patient who described the stress story might be artificial and for detailed evaluation, we were admitted to our service with the diagnosis of dermatitis artefacta. Her dermatologic examination revealed hemorrhagic crusted vegetative erosions overlying the nasal dorsum. Hematological and biochemical tests did not reveal any characteristics and there was no reproduction in bacteriological and mycological cultures.The patient, who had previously undergone multiple biopsies, did not accept re-biopsy. The lesion was closed with mupirocin pomade for 1 week and acid borique dressing treatment started. Patients who were examined by the psychiatry clinic had sertraline 50 mg tablet 1x1 treatment for depressive findings. After treatment, it was seen that the lesions were rapidly healed and there was no new lesion output. The patient was discharged with a topical agent with antibiotic and steroid combination, and the lesion disappeared completely after one month.

DISCUSSION: Dermatitis artefacta is related to cutaneous lesions that patients self-create to satisfy their unconscious psychological needs. Due to the variety of lesions, DA can mimic a wide spectrum of dermatoses including bacterial and fungal infections, pyoderma gangrenosum, panniculitis, septic or vasculitic necrosis, Wegener granulomatosis, granulomatous vasculitis, collagen vascular diseases, SCC, BCC and pemphigus. As our patient, DA should be considered in the differential diagnosis of unresolved dermatological diseases.

KEYWORDS: Dermatitis artefacta, pemphigus, squamous cell carcinoma,

Figure 1: Hemorrhagic crusted vegetative erosions overlying the nasal dorsum

Figure 2: After treatment

PP-008

THE SECOND TO FOURTH DIGIT RATIO IN ANDROGENETIC ALOPECIA

Mehmet Unal
Departmment of Dermatology, Numune Hospital, Konya, Turkey

INTRODUCTION & OBJECTIVES: Androgenetic alopecia (AGA) is a common condition characterized by reduced density of scalp hair with a receding hairline in males.The pathophysiology of AGA is not completely understood but circulating androgens, increased 5α-reductase activity, androgen receptors and their coactivators are blamed for the development of AGA in genetically susceptible males. The ratio of the second digit (index finger = 2D) to the fourth digit (ring finger = 4D) length has been hypothesized to reflect prenatal androgen exposure and the individual's sensitivity to androgens. Lower 2D:4D ratio indicates more exposure to prenatal androgens and more sensitivity to androgens. Thus, we put forward that males with AGA may have lower 2D:4D ratio than those without AGA.

MATERIALS & METHODS: A total of 99 males who have androgenetic alopecia with score of grade III or more and 90 healthy controls were included in the study. Finger length measurements were made by a digital vernier calliper. Androgenetic alopecia severity was assessed using the Hamilton-Norwood scale. Also, age of onset was evaluated.

RESULTS: The 2D:4D ratios in patients with androgenetic alopecia were significantly lower than those of healthy controls for the left hand; however, no significant difference was found for the right hand. No significant relationship was observed between androgenetic alopecia severity, age of onset and 2D:4D ratios.

CONCLUSIONS: Our results indicate the anatomical evidence of in utero androgen exposure and/or an individual's sensitivity to androgens in AGA patients, and show that the left hand 2D:4D ratio may be a predictor of AGA development. However, we did not find any correlation between AGA severity, age of onset and 2D:4D ratio, future studies with larger sample sizes may increase our knowledge of prenatal androgen exposure and its potential consequences for AGA.

KEYWORDS: androgenetic alopecia, digit ratio, finger

Table 2: Correlation of parameters

		Right 2D:4D	Left 2D:4D
Age of onset	r	-0,065	0,169
	p	0,525	0,095
AGA severity	r	-0,024	-0,004
	p	0,817	0,970

Negative values show inverse correlation.

Comparison of the 2D:4D ratios of androgenetic alopecia and control group

	Patients (n:99) (mean ± standart deviation)	Controls (n:90) (mean ± standart deviation)	p values
Right 2D:4D	0,9730 ± 0,033	0,9727± 0,035	0,732
Left 2D:4D	0,893 ± 0,026	0,9712 ± 0,028	<0,001

PP-009

``SQUAMOUS CELL CARCINOMA AFFECTING SHAFT OF PENIS IN YOUNG CIRCUMCISED MAN``

Tarek Mohamed Arshah
Medical department of Faculty of Medicine, Elmergib University, Elkoms, Libya

´´Penile squamous cell carcinoma SCC is rare malignant tumour affects mainly elderly people and glans penis is the more frequent part of penis to be affected by SCC. Diagnosis of such malignant tumour is sometimes a real challenge for clinician, that the clinical features are variable and it could be verrucous plaque or indurated patch. A young circumcised patient with annular plaque on shaft of penis for about two years before presentation is to be reported here. The patient gave no history of sexual contact or previous skin lesions before the appearance of presenting penile skin lesions. With taking of punch skin biopsy from more indurated changed skin on shaft of penis the diagnosis of SCC is revealed and the patient was referred to Urology department for further evaluation and treatment.

KEYWORDS: penile squamous cell carcinoma, glans penis, verrucous plaque, indurated patch.

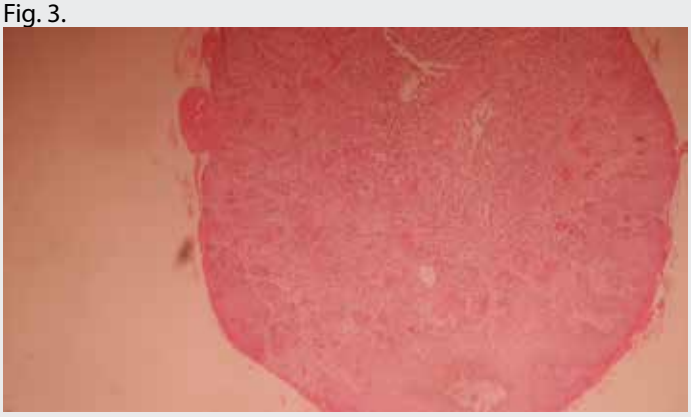
Fig. 1.

skin coloured papular lesions arranged in annular pattern.

Fig. 2.

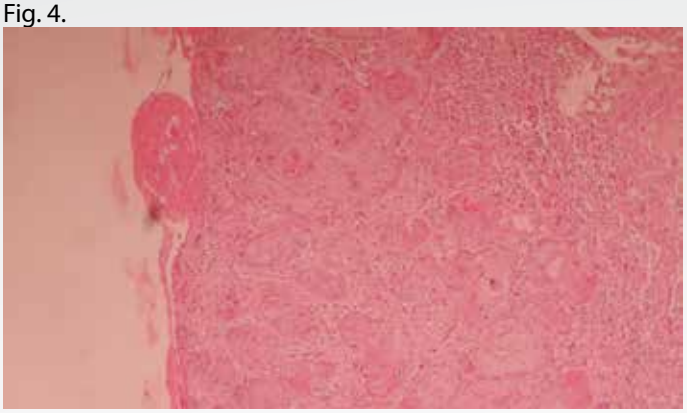
squamous cell carcinoma involving shaft of penis.

Fig. 3.



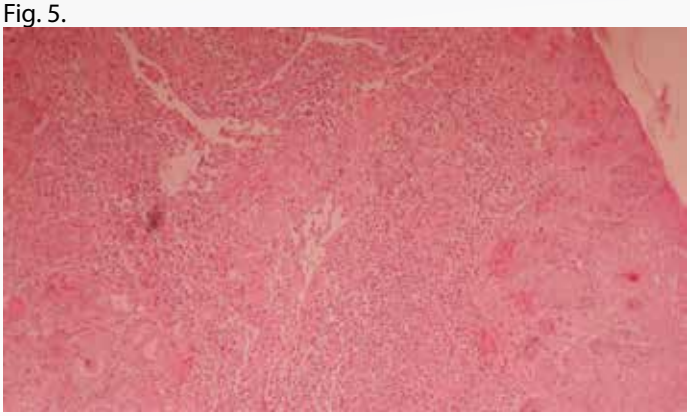
Histopathological picture of squamous cell carcinoma, nests of tumor cells invading deep in dermis (x10).

Fig. 4.



Histopathological picture of squamous cell carcinoma, showing nests of tumor cells and keratinous pearls (x40).

Fig. 5.



Histopathological picture of squamous cell carcinoma, showing lymphocytic infiltration and reduced stroma (x100).

PP-010

KOUNIS SYNDROME (ALLERGIC ACUTE CORONARY SYNDROME) FOLLOWING BEE STING: A CASE REPORT

Betül Sereflican, Tekden Karapınar Department of Dermatology, Abant Izzet Baysal University, Bolu, Turkey

Kounis syndrome is defined as coronary vasospasm and myocardial infarction secondary to allergic reactions. It occurs with mast cells activation induced by hypersensitivity and anaphylactoid insults. We report a 72-year-old male who presented with facial swelling and syncope following a bee sting in the left arm. There was a pustular lesion on an erythematous background in front of the left arm. Left branch blocks was detected in electrocardiography. Echocardiogram showed an ejection fraction of 45% and impairment of left ventricular segmental wall motion. Coronary angiogram showed a plaque after diagonal artery 1 on the left anterior descending artery. The patient was treated for anaphylaxis. Consequently, Kounis syndrome is a critical disease and early recognition of Kounis syndrome is very important to implement necessary treatments. After bee sting, it should be kept in mind.

KEYWORDS: allergic reaction, bee sting,coronary syndrome, kounis syndrome

PP-011

EFFECT OF ISOTRETINOIN USE ON THE HAIR CYCLE

Zeynep Gï zem Kaya İslamoğlu, Mehmet Ünal
Department of Dermatology, School of Medicine,Selcuk University, Konya, Turkey

INTRODUCTION&OBJECTIVES: Acne vulgaris is a chronic, inflammatory and frequently-seen disease of pilosebaceunit. It frequently starts in puberty period, and starts to regress in 20th – 25th ages. Increased sebum creation, abnormal keratinization, inflammation and bacterial colonization play role in pathogenesis. Oral isotretinoin is the most effective treatment method in severe disease case when it is used in early period. But due to teratogenicity and its other adverse effects, its usage is limited. Isotretinoin's adverse effects are well-known, and the most frequent one of them is mucocutaneous effect. Many medicines may lead telogen effluvium during treatment. Retinoids lead telogen effluvium and thinning in hairs, but the mechanism in which the medicine creates those effects has not been understood at all. Although similar adverse effects of isotretinoin on hairs has been reported less than those of other retinoids.

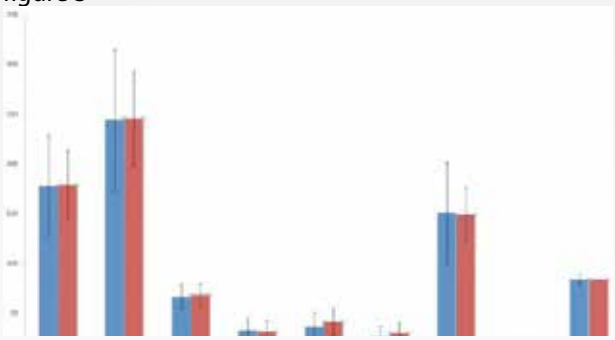
MATERIALS&METHODS: Hair parameters of 30 volunteer patients with mean age of 22 (19 females and 11 males) were examined TrichoScan software downloaded on video-dermatoscope before the isotretinoin treatment and at the end of 3rd treatment month. The values of those 2 analyses were compared with Paired-Samples t test.

RESULTS: In the TrichoScan analysis through 0.73 level total hair count, hair density, anagen and telogen hairs, density, count and ratio of terminal and vellus hairs are calculated. No statistical difference was detected between before usage of medicine and after usage of medicine.

CONCLUSIONS: Under the light of those results; we can express that the medicine has no effect on hairs unless it is used in overdose in short period, but other mucocutaneous effects were seen in rate similar with in literature, and that TrichoScan is an efficient and easy method for examining the effects of medicines on hairs.

KEYWORDS: acne vulgaris, isotretinoin, hair, trichoscan.

figure 3

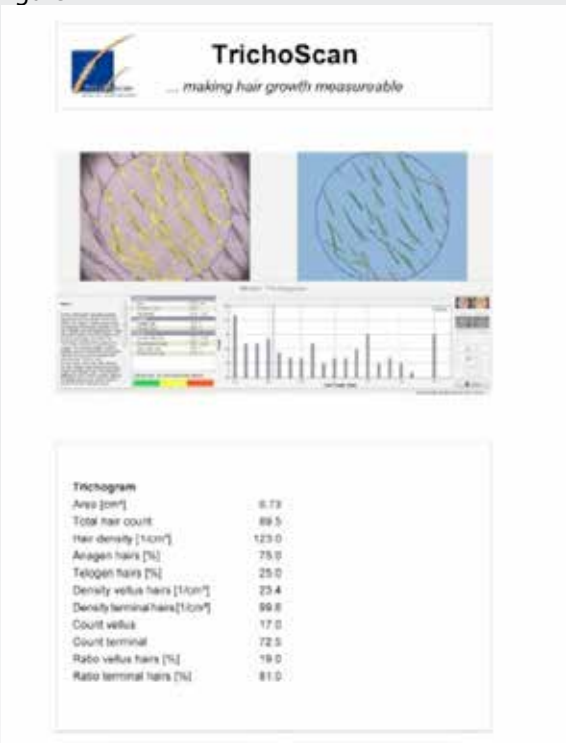


Comparison of hair parameters before and after the end of third treatment month

figure 1

A video-dermatoscope view

figure 2



Results of digital TrichoScan analysis

PP-012

AN ADULT CASE OF LICHEN STRIATUS FOLLOWING VULVITIS

Özgür Gündüz[1], Rebiye Çakartaş[2], Serkan Demirkan[1], Pınar Atasoy[3]
[1]Department of Dermatology, Kırıkkale University, Kırıkkale, Turkey
[2]Medical School of Kırıkkale, Kırıkkale University, Kırıkkale, Turkey
[3]Department of Pathology, Kırıkkale University, Kırıkkale, Turkey

Introduction: Lichen striatus (LS) is an uncommon, acquired, self-limited dermatosis of unknown etiology, which manifests as unilateral, erythamatous flat papules and plaques along a Blaschko line. Although viral infections, trauma, vaccines, various drugs are reported as possible etiological factors, the exact etiology of lichen striatus is still obscure. Clinical and histopathological features suggest a T lymphocyte mediated immune reaction against a keratinocyte cell line with a possible genetic mosaicism.

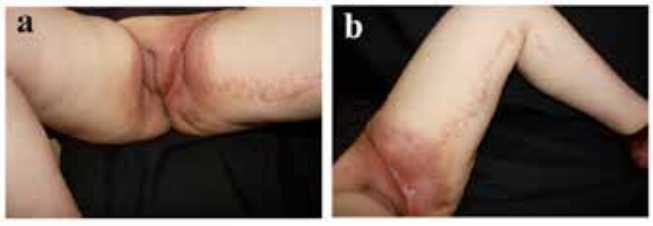
Case: A 33-year old female patient presented our clinic with a rash extending from her left groin to her knee. Dermatological examination revealed milimetric, flat, indurate erythematous papules extending from an edematous and erythematous left inguinal region to the medial side of her knee (Figure

1a,1b, 3a). The patient had complaints about a mild pruritus corresponding the affected area. Further physical examination also revealed an erythematous, edematous and tender vulva. One month prior, she had visited a gynecology clinic due to genital discharge and was diagnosed with "vulvovaginitis". She was prescribed omidazole 500 mg/day, ciprofloxacine 500 mg x 2/day, metronidazole 500 mg + miconazole nitrate 100 mg pessary for daily use. Despite these medications, "vulvovaginitis" did not improve and about 4 weeks later, the aformetioned rash was also appeared. A skin biopsy was performed and oral amoxicilline trihydrate/potassium clavulanate (875/125) twice daily + topical pimecrolimus cream 2/day was started. Clinical improvement of vulvovaginitis has been observed towards the end of the first month and at the same time, result of the skin biopsy, consistent with the LS (focal parakeratosis, irregular acanthosis, liquefaction degeneration in the basal layer, and dermal lymphocytic infiltration)(Figure 2)- has been obtained. At the end of the third month, there was only hyperpigmentation at the site of the soft tissue infection and the LS was almost totally regressed but a group of papules near the inguinal area (Figure 3b).

Conclusion: Skin lesions of lichen striatus (LS), despite their striking clinical appearance, are usually asymptomatic, have a self-limiting, but long course, heal without sequela except for the cases with nail involvement (in which case permanent nail dystrophy may occur) and may cause emotional stress. Because of the fact that LS is an uncommon disease, we rely on only reported cases and retrospective studies with limited patient populations to understand its etiopathogenesis and to choose the drugs which can shorten its clinical course. As mentioned before, there are various agents suspected to play a role as an etiologic factor for LS, but to the best of our knowledge, there isn't any previous reports regarding vulvitis (and the related bacteria) as possible causative factor for LS in english medical literature.

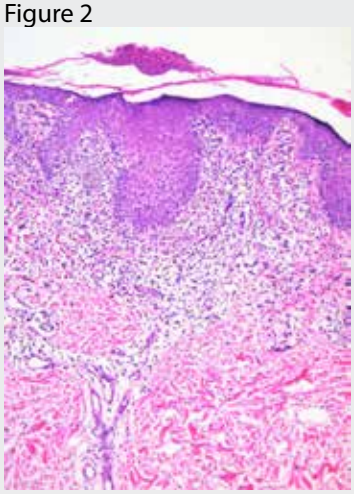
KEYWORDS: lichen striatus, vulvitis, blaschkoid skin lesions

Figure 1



An erythematous, edematous and tender vulva, bilateral inguinal maceration and milimetric, erythematous grouped flat papules extending downwards from left inguinal area to the medial side of the left leg (a) Flat papules on the medial side of the leg forming a blaschkoid pattern

Figure 2



Skin biopsy: focal epidermal parakeratosis, irregular acanthosis, liquefaction degeneration in the epidermal basal layer, and dermal band-like lymphocytic infiltration

Figure 3

Comparison of the clinical presentations of the first (a) and the last visits (b). After three months application of topical pimecrolimus cream twice daily. Except for a small group of proximally located papules, all the blaschkoid lesions are faded.

PP-013

FREQUENCY OF METABOLIC SYNDROME IN PATIENTS WITH SEBORRHEIC KERATOSIS

İsmail Örs[1], Ali Haydar Parlak[2], Mualla Polat[2], Güler Buğdaycı[3], Oğuz Dikbaş[4]
[1]Dermatology, The Private Büyükşehir Hospital, Konya, Turkey
[2]Department of Dermatology, Izzet Baysal Medical Faculty, Bolu, Turkey
[3]Department of Chemistry, Izzet Baysal Medical Faculty, Bolu, Turkey
[4]Department of Endocrinology, Izzet Baysal Medical Faculty, Bolu, Turkey

BACKGROUND/OBJECTIVE: Seborrheic keratosis is a commonly seen benign tumor, and its etiology is unknown. Seborrheic keratosis is commonly found with acrochordons

and acanthosis nigricans, which are endocrinologic and metabolic risk factors. We investigated the relationship between seborrheic keratosis and metabolic syndrome.

METHODS: A total of 200 patients, 100 with seborrheic keratosis and 100 with dermatological disease excluding seborrheic keratosis were included. Waist circumference, weight, height, and blood pressure levels of all patients were measured, and fasting plasma glucose, TG, cholesterol, HDL, LDL, and VLDL levels were determined.

RESULTS: Compared to the control group, the frequency of metabolic syndrome was higher among patients with seborrheic keratosis. In the patient group, the waist circumference, BMI, FPG, systolic and diastolic blood pressure, triglyceride levels, and VLDL levels were statistically different. The frequency of metabolic syndrome was significantly higher in patients with seborrheic keratosis than in age-matched controls. There was not a meaningful correlation between the number and location of seborrheic keratosis lesions and the frequency of metabolic syndrome.

CONCLUSIONS: New studies on the effects of endocrinological and immunological changes due to metabolic syndrome in the etiology of seborrheic keratosis would be useful to clarify the etiology of seborrheic keratosis.

KEYWORDS: Metabolic Syndrome, Seborrheic Keratosis, Etiology

Table 1

Central Obesity	Waist circumference (cm)	≥94 (Male) ≥80 (Female)
Also existence of at least two of the followings:		
TG elevation	TG level (mg/dl)	≥150
Low HDL	HDL level (mg/dl)	<40 (Male) <50 (Female)
Hypertension	Blood pressure (mm/Hg)	≥130 (Systolic) ≥85 (Diastolic)
Hyperglycemia	Fasting Blood Glucose (mg/dl)	≥100

Diagnostic criteria of metabolic syndrome (IDF)

Table 2

Properties	Patient Group	Control Group	P value
Sex F/M	50/50	50/50	p>0.005
Age (year)	58.24±11.54	58.69±11.67	p>0.005
Existence of metabolic syndrome	71 (%71)	32 (%32)	p<0.001
Waist circumference n (%)	85 (% 85)	61 (% 61)	p<0.001
M? 94cm	F: 50 (% 100)	F: 46 (% 92)	p=0.177
F ? 80cm	M: 35 (% 70)	M: 15 (% 30)	p<0.001
Blood Pressure n (%)	70 (% 70)	26 (%26)	p<0.001
S ?130mmHg	F: 37 (% 74)	F: 16 (% 32)	p<0.001
D: ? 85mmHg	M: 33 (% 66)	M: 10 (% 20)	p<0.001
Fasting Blood Glucose (mg/dl)	61 (%61)	30 (%30)	p<0.001
n (%)	F: 27 (% 54)	F: 14 (% 28)	p=0.008
	M: 34 (% 68)	M: 16 (% 32)	p<0.001
HDL (mg/dl) n (%)	66 (%66)	58(%58)	p=0.244
M <40mg/dl	F: 33 (% 66)	F: 28 (% 56)	p=0.305
F <50mg/dl	M: 33 (% 66)	M: 30 (% 60)	p=0.534
Triglyceride (mg/dl)	50 (%50)	27 (%27)	p=0.001
(?150 mg/dl)	F: 23 (% 46)	F: 12 (% 24)	p=0.021
n (%)	M: 27 (% 54)	M: 15 (% 30)	p=0.015
Existence of acrochordon			
n (%)	61 (%61)	34 (%34)	p<0.001
Metabolic syndrome + Acrochordon (n (%))	47 (%47)	15 (%15)	p<0.001

F: Female, M: Male

Clinical and laboratory features of patients with seborrheic keratosis and controls

Table 3

Metabolic Parameter		Patient n:50 (mean±SD)	Control n:50 (mean±SD)	Comparison
Waist Circumference (cm)	Female	95.50±10.47	91.70±10.41	Z: -1.856 p=0.063
	Male	95.52±11.78	90.60±6.77	Z: -3.249 p=0.001
BMI (kg/m²)	Female	30.34±5.76	27.91±4.97	Z: -2.458 p=0.014
	Male	29.39±4.88	25.75±3.80	Z: -4.206 p<0.001
Fasting Blood Glucose (mg/dl)	Female	105.40±24.31	96.18±12.73	Z: -2.458 p=0.014
	Male	106.12±29.15	101.14±28.42	Z: -2.287 p=0.022
Systolic TA	Female	124.10±9.98	121.00±8.14	Z: -2.048 p=0.041
	Male	123.50±8.59	116.60±7.52	Z: -3.976 p<0.001
Diastolic TA	Female	81.90±5.24	79.80±5.62	Z: -2.050 p=0.041
	Male	82.30±4.84	79.20±4.31	Z: -3.189 p=0.001
Cholesterol	Female	206.26±39.75	203.08±32.00	t: 0.440 p=0.661
	Male	198.90±43.71	196.06±46.13	t: 0.316 p: 0.753
TG (mg/dl)	Female	155.22±68.11	125.56±55.34	Z: -2.365 p=0.018
	Male	168.34±84.92	142.46±75.99	Z: -1.930 p:0.054
HDL (mg/dl)	Female	46.84±10.43	49.68±12.23	Z: -1.065 p=0.287
	Male	38.83±9.82	40.36±9.80	Z: -0.631 p:0.528
LDL (mg/dl)	Female	130.35±37.65	127.98±27.44	t: 0.359 p=0.721
	Male	126.03±31.94	125.39±38.61	t: 0.527 p: 0.599
VLDL (mg/dl)	Female	29.91±12.23	25.46±11.31	Z: -1.796 p=0.073
	Male	33.46±17.21	28.41±15.37	Z: -1.796 p:0.073

n: number of subjects, M:mean, SD: standard deviation

Comparison of the metabolic parameters of females and males in patient and control group

PP-014

RADIODERMATITIS AFTER SQUAMOUS CELL CARCINOMA THERAPY: A CASE REPORT

Zeynep Gizem Kaya İslamoğlu, Abdullah Demirbaş, Mehmet Ünal
Department of Dermatology, School of Medicine,Selcuk University, Konya, Turkey

INTRODUCTION: Ionized radiation can lead to a number of undesirable reactions in the early and late period depending on the prevalence of the applied area, dose and duration. Acute and chronic radiodermatitis are well known and common complications of radiotherapy. Acute radiodermatitis is characterized by erythematous, edematous, vesiculobullous, and erode lesions that appear on average 3-6 days after radiotherapy.

CASE PRESENTATION: A 45-year-old male patient with a diagnosis of squamous cell carcinoma of the tongue in this case report admitted to us with a complaint of redness and swelling in the lower half of the face and neck region in November 2016. In May 2016, he was diagnosed with squamous cell carcinoma of the underside and was informed that he had undergone 3 cycles of cisplatin and 25 days of radiotherapy in the post-operative period of October 2016. After 2 weeks of radiotherapy application, he complained of redness and peeling in the lower half of the face and neck. Dermatologic examination revealed significant erythema, erosion and desquamation in the lower half of the face, lips, anterior and lateral neck of the treated radiotherapy.After systemic corticosteroids and topical agents, regression was observed in the lesions of the patient.

DISCUSSION: Though rare, radiation dermatitis must always be considered as a complication of radiotherapy procedures. Physicians involved in this type of interventions should be aware of side effects and implement measures to minimize exposure time in order to prevent development of radiation skin injuries.

RESULT: We report this case to emphasize the importance of radiotherapy as a cause of radiation dermatitis.Radiodermatitis should be taken into consideration not only by dermatologist, but also by radiation oncologist.

KEYWORDS: radiodermatitis, acute, squamous cell carcinoma

figure 1

Erythema, erosion and desquamation in the lower half of the face, lips, anterior and lateral neck

figure 2

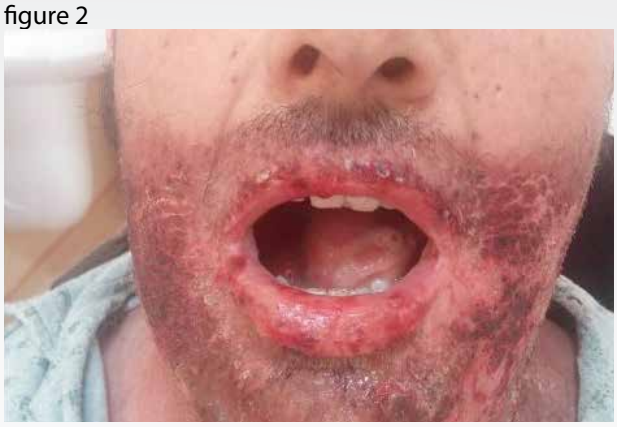
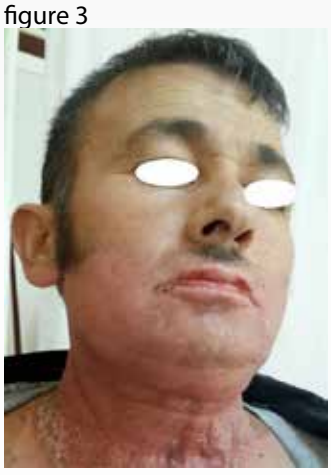


figure 3



After treatment

PP-015

VITAMIN D IN PEDIATRIC ALOPECIA AREATA

Mehmet Unal[1], *Gülsüm Gönülalan*[2]
[1]*Departmment of Dermatology, Numune Hospital, Konya, Turkey*
[2]*Departmment of Endocrinology and Metabolism, Numune Hospital, Konya, Turkey*

INTRODUCTION & OBJECTIVES: Alopecia areata (AA) is a T cell-mediated autoimmune disease that causes inflammation around anagen-stage hair follicles. Insufficient levels of vitamin D have been implicated in a variety of autoimmune diseases. Previous reports have described the effects of vitamin D on hair follicles.

MATERIALS & METHODS: 20 patients with alopecia areata under the age of 18 and 34 healhty controls were included in the study. Vitamin D levels of patients were compared with control group. And in patient group the correlation of vitamin D levels with AA severity, number of alopecia plaque and disease duration was evaluated.

RESULTS: There was no significant difference between patient and control group in terms of vitamin D levels (p >0,05). But in AA group vitamin D levels were significant and inversely correlated with AA severity, number of alopecia plaque and disease duration.

CONCLUSIONS: Similar vitamin D levels in AA and control group indicate that vitamin D is not the single pathogenetic factor on AA. But in AA patients, vitamin d deficiency may cause more severe disease.

KEYWORDS: alopecia, pediatric alopecia areata, vitamin D

Demographic and clinical features of AA and control group

Correlation of parameters

		Number of plaque	SALT score	Disease duration
Vitamin D levels	r	-,989**	-,831**	-,997**
Vitamin D levels	p	,000	,000	,000
	pa-tients	20	20	20

SALT: Severity of Alopecia Tool

PP-016

COEXISTENCE OF MORPHEA AND GRANULOMA ANNULARE: A RARE CASE REPORT

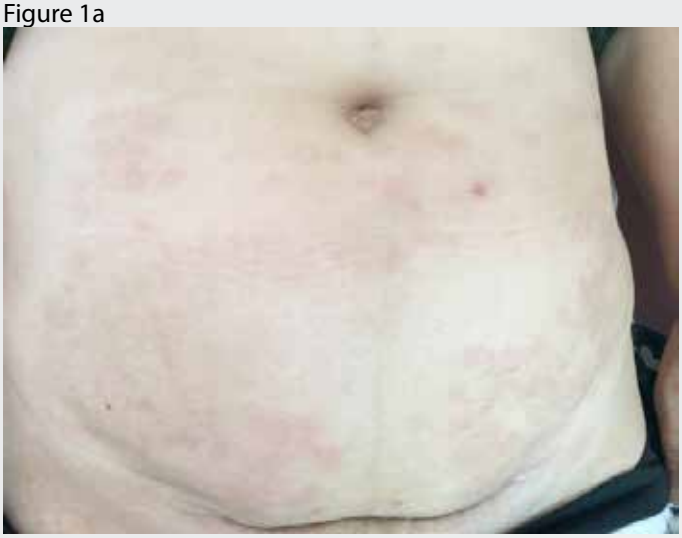
Şenay Ağırgöl[1], *Özge Yöntem*[1], *Cem Leblebici*[2], *Tuğba Özkök Akbulut*[1], *Filiz Topaloğlu Demir*[1], *Zafer Türkoğlu*[1]
[1]*Haseki Education and Training Hospital, Dermatology*
[2]*Istanbul Education and,Training Hospital, Pathology*

INTRODUCTION & OBJECTIVES: Morphea, also known as localized scleroderma, is characterized by skin and subcutaneous tissue fibrosis. The increase in collagen production resulting from the fibrosis of skin tissue can arise from endothelial cell injury, immunologic (e.g, T lymphocyte) factors, inflammatory activation and dysregulation of collagen production. Granuloma annulare is a relatively common disease that is characterized by dermal papules and archiform plaques. Although the mechanism underlying the development of granuloma annulare is unknown, studies suggest that the disease is caused by a cell mediated hypersensitivity reaction to an, as yet undetermined, antigen. There are quite a few cases in the literature which are presenting with the coexistence of morphea and granuloma annulare. The etiologic and pathogenetic processes that may cause the rare coexistence of these two diseases were also intended to be discussed.

MATERYAI-METHODS: Herein, we present a 42 year old woman who developed sclerotic plaques with violet-colored border and central depression on the anterior side of lower limbs, and also erythematous annular, archiform plaques on the dorsum of feet and lower abdominal region. RESULTS: Histopathologic examination revealed morphea on the anterior side of lower limbs and granuloma annulare on the dorsum of feet and abdominal region. Borrelia anticores were negative. no systemic semptoms occured. **CONCLUSION:** There is quite a few cases in the literature which defining coexistence of morphea and granuloma annulare. By the way, we purposed to be discussed the etiyologic and pathogenetic processes which cause this rare coexistance.

KEYWORDS: morphea, granuloma annulare, borrelia

Figure 1a



erythematous annular, archiform plaques on the dorsum of feet and lower abdominal region (Figure 1a,b).

Figure 1b

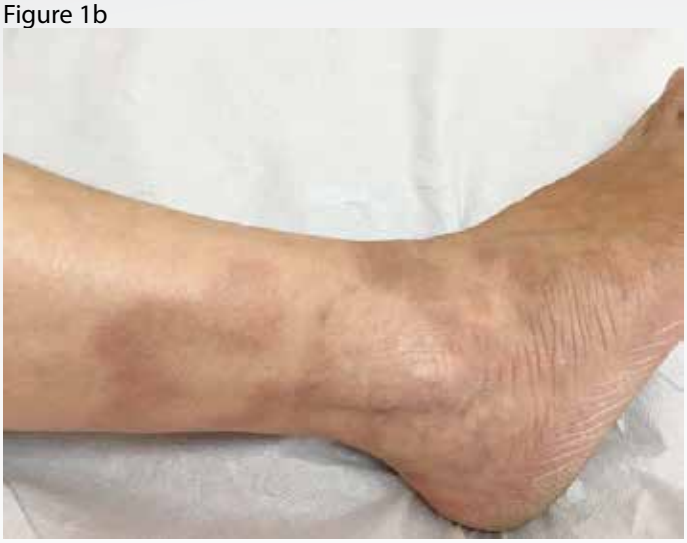
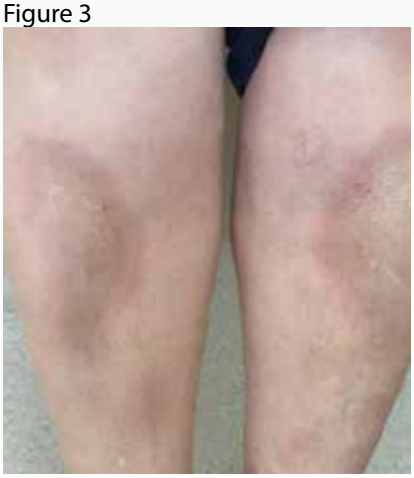
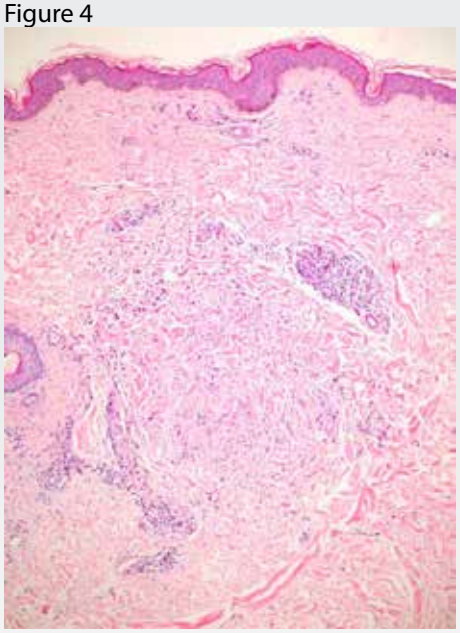


Figure 3



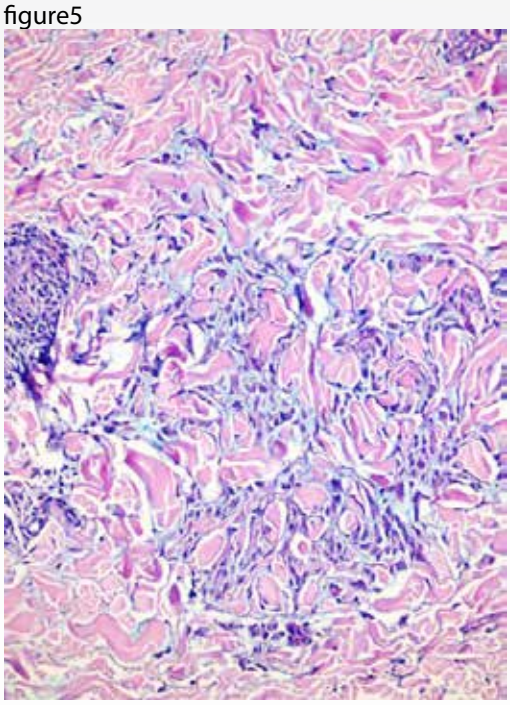
Sclerotic plaques with violet-colored border and central depression on the anterior side of lower limbs

Figure 4



Histocytic cell infiltration with interstitial distribution between coarse collagen fibers in dermis. (HEx100).

figure5



Moderate increase in mucin deposits is observed.

PP-017

TINEA CAPITIS IN ADULT; EPIDEMIOCLINICAL PROFILE

Radouane Nadia, Khadir Khadija, Benchikhi Hakima
department of dermatology chu ibn rochd

INTRODUCTION: Tinea capitis are rare in adults.The aim of this work is to report all the epidemiological, clinical and mycological on the tinea of adults. Patients and METHODS: This is a retrospective review of patients followed in consultation for tinea capitis in dermatology department over a period of10 years (2003-2013).The patients concerned had more than 16years old.The parameters studied was: sex, age,origin geographic,standart of living, the notion of contact with animals, clinical aspects, and dermatophytes isolated.RESULTS: Our series includes 25 patients,13 women and 8 men, the sex ratio being 1,5. The incidence of tinea in adults compared to that of the child during the same period is 16%. The mean age was 30 years old. 80% of patients had a low standard of living, 62,5%of our patients had a rural origin with contact with animals. A contiguous ringworm is associated in 20%of patients with one case of onychomycosis, achieving a family member was noted in two patients; although no predisposing factor was noted. Three clinical features were found: Tenia alopecia (72%), suppurative inflammatory (24%) and a typical kerion were noted in one case. The main species isolated in culture were Trichophyton violaceum (30%), Microsporum canis (30%), Microsporum flucosum (10%) and Trichophyton tonsurens (10%).CONCLUSION: The result of this study confirm that tinea are not uncommon in adults, women were more commonly affected. Immunosuppression is not required. They often have epidemiological, clinical and mycological atypical. Hence the need for removal of any suspicious lesion mycological only way to make etiological diagnosis.

KEYWORDS: tinea,adult,epidemiology

PP-018

SUCCESSFUL TREATMENT OF DOWLING-DEGOS DISEASE USING "KLIGMAN'S FORMULA" CREAM

Dua Cebeci, Şirin Yaşar, Sema Aytekin, Nilsu Çelik, Pembegül Güneş
Haydarpaşa Numune Training and Research Hospital, Istanbul, Turkey

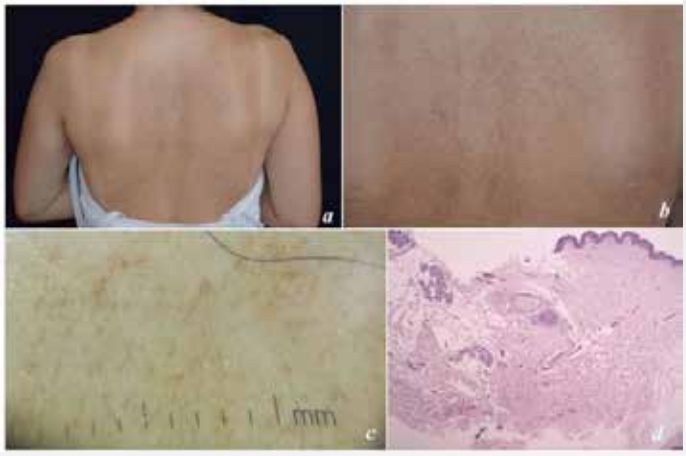
Dowling-Degos Disease (DDD), is a rare, autosomal dominantly inherited pigmentation disorder. It is characterized by slowly progressive mottled or reticulated pigmented macules on the axillae, groins, perineum, inframammary regions and other flexural areas. The disease appears after puberty, most frequently during the fourth decade of life. Many different treatment options have been tried in recent years without a convincing therapeutic benefit. We present a case of a 33-year old woman with hyperpigmented macules in his back, chest, axillae, neck, groin and face. The patient reported that her sister had similar conidition. The histopathology of the skin biopsies was very characteristic of Dowling-Degos disease, showing dilated follicular, fingerlike projections called rete ridges (dermal pegs), with thinning of the suprapapillary plates, resulting in an "antler-like" pattern and increased pigmentation of the basal layer. From these findings she diagnosed as DDD. She had treated successfully one of the alternative treatment with "Kligman's formula" 5% hydroquinone, 0.1% tretinoin, and 0.1% dexamethasone (3 times per week, 2 months) cream. With respect to the treatment of DDD, the therapeutic options are frustrating and results are poor. A partial response may be obtained in some patients with the use of topical corticosteroids, topical retinoids or azelaic acid. In addition, there have been reports in the literature on the topical use of adapalene and also on the use of the Er-YAG laser as possible alternative treatments.

KEYWORDS: Dowling-Degos Disease,autosomal dominant,Pigmentary disorder,

fig. 2.

Reticulate hyperpigmentation with symmetrically distributed hyperpigmented macules on axilla

Figure 1

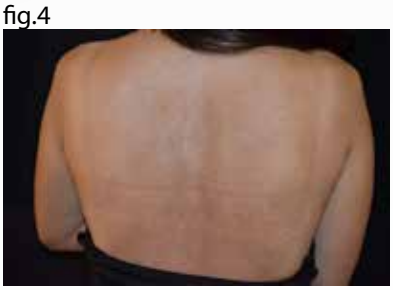


a, b) Reticulate hyperpigmentation, and comedo-like lesions distributed over the back b).Reticulate hyperpigmentation over the back, closer wiew d)Epidermal hyperkeratosis, acanthosis, irregular elongated thin branching rete ridges growing down into the dermis and increased melanin pigment in the lower part of rete pegs

Figure 3

lesions after treament with â€œKligmanâ€™s formulaâ€ cream

fig.4



PP-019

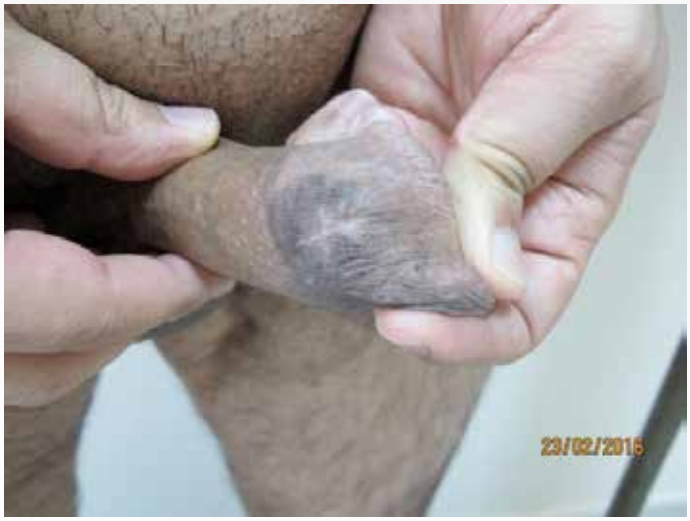
A CLINICAL DERMOSCOPIC PATHOLOGIC APPROACH TO PENILE LENTIGINOSIS

Sinem Ayşe Örnek[1], İlteriş Oğuz Topal[1], Kübra Cüre[1], Ecenur Değirmentepe[1], Selver Özekinci[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, Istanbul, Turkey

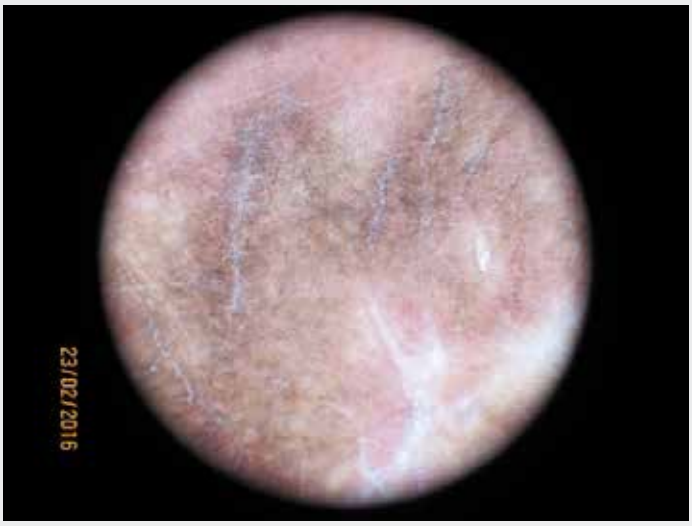
Penile lentiginosis is a benign hyperpigmentation of the glans and shaft of the penis. Presence of large or enlarging macules with irregular edges and multifocal or variegated pigmentary patterns may arouse concern about atypical melanocytic proliferation and acral lentiginous melanoma. It may be of cosmetic concern and embarrassment to the patient due to its unsightly appearance. In doubtful cases, diagnosis of melanosis by clinical criteria alone may be unreliable. Therefore, in such cases, biopsy and histologic examination are considered necessary. In recent years, the use of dermoscopy has been demonstrated to improve the diagnostic accuracy of nearly all pigmented skin lesions. Herein, we report a case of 42 year-old male patient presented with a hyperpigmented macule on his penile shaft. We shared clinic, dermoscopic and histologic features of our case comparing with the literature.

KEYWORDS: Penile lentiginosis, lentiginous melanoma, atypical melanocytic proliferation, dermoscopy of pigmented skin

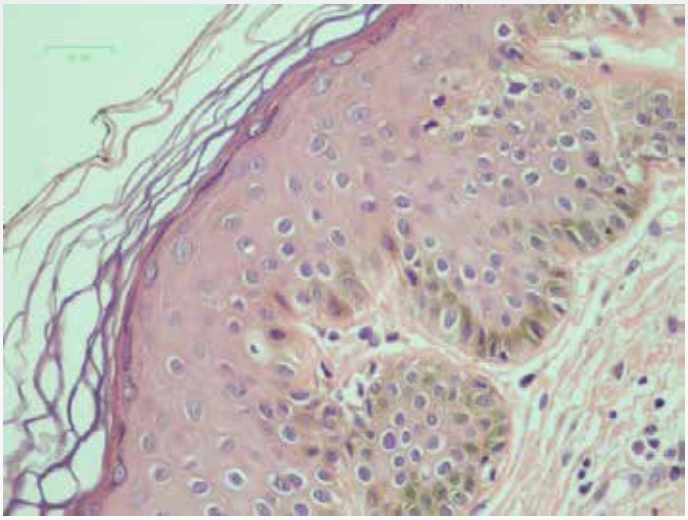
Clinical appearance



Dermoscopic appearance

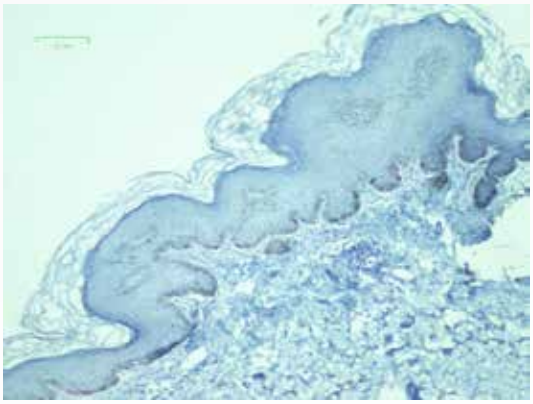


Histopathologic image 1

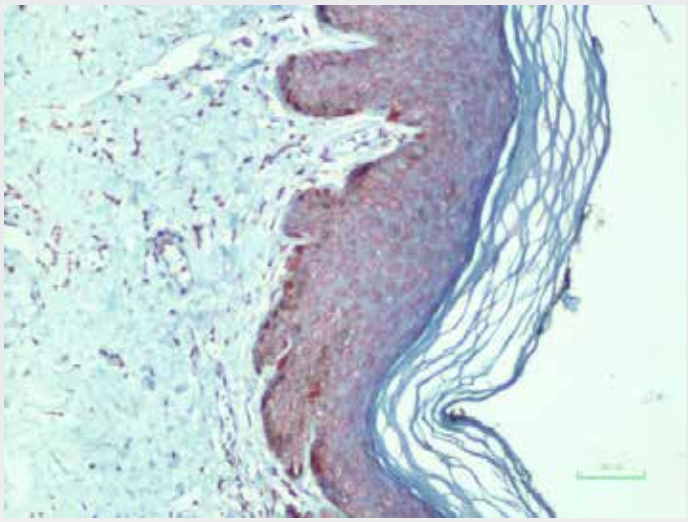


Hyperpigmentation of basal keratinocytes

Histopathologic image 2, HMB-45



Histopathologic image 3, Melan A



PP-020

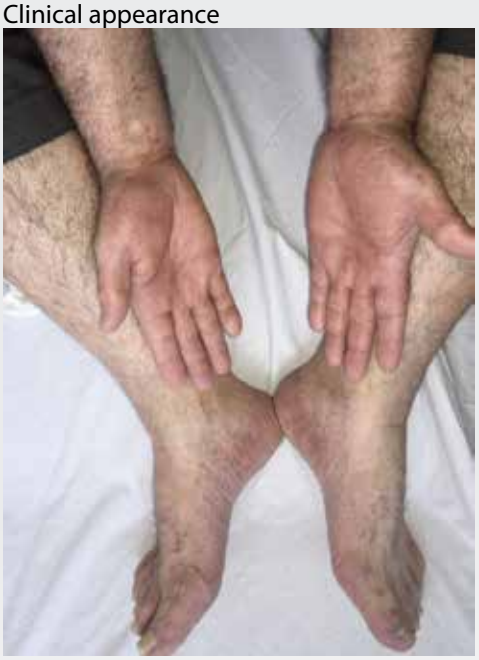
A CASE OF LICHEN PLANUS PRESENTING WITH PALMOPLANTAR LOCALIZATION

Sinem Ayşe Örnek[1], Şule Güngör[1], Ömer Özdemir[1], Pelin Kuteyla Can[1], Zeynep Betül Erdem[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydani Training and Research Hospital
[2]Department of Pathology, Okmeydani Training and Research Hospital

Palmoplantar lichen planus (PPLP) is a rare, localized variant of lichen planus (LP) that affects the palms and soles. This entity doesn't share the morphology of the classic LP, which makes the diagnosis difficult. Many phenotypes have been described, the erythematous scaly pattern and the hyperkeratotic pattern are the most common types. The differential diagnosis includes psoriasis, contact dermatitis and tinea manum et pedis, which commonly present on the palms and soles. Histopathological examination is essential for the diagnosis. Histopathological features of PPLP are similar to classic LP. Clinically, the mucosal and nail involvement may be indicative for LP if it exist. We present a case of the palmoplantar erythematous scaly variant of LP. This report highlights the importance of considering PPLP in the differential diagnosis of palmoplantar dermatoses. Since clinical features may not be suggestive of LP, biopsy is necessary to establish the diagnosis.

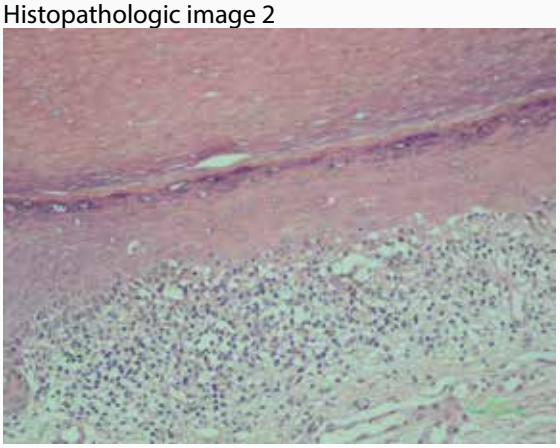
KEYWORDS: Lichen planus, palmoplantar lichen planus, palmoplantar dermatoses

Clinical appearance



Histopathologic image 1

Histopathologic image 2



PP-021

INFLIXIMAB TREATMENT INDUCED SCALP PSORIASIS AND ALOPECIA AND PALMOPLANTAR PSORIASIFORM ERUPTION IN A WOMAN WITH CROHN'S DISEASE

Şirin Yaşar[1], Nilsu Çelik[1], Güldehan Ateş[1], Sema Aytekin[1], Pembegül Güneş[2]
[1]Haydarpaşa Numune Eğitim ve Araştırma Hastanesi Deri ve Zührevi Hastalıklar Bölümü
[2]Haydarpaşa Numune Eğitim ve Araştırma Hastanesi Patoloji Bölümü

Tumour necrosis factor alfa (TNF-α) antagonists are increasingly used severe psoriasis vulgaris, psoriatic arthritis, rheumotologic diseases and inflammatory bowel diseases. These agents are very effectice treatment but TNF-α antagonists are caused paradoxically psorasiform rash, palmoplantar pustulosis, scalp psoriasis and alopecia. Scalp psoriasis with alopecia is a rare cutaneous reaction to tumor necrosis factor alpha antagonists. Scalp psoriasis and/or alopeciais mostly reversible and respond to topical steroids, coal tar, Vitamin D derives. Rarely irreversible hair loss is occur. Herein, we describe 34 year old a female woman with Crohn's disease who developed scalp psoriasis and alopecia, palmoplantar and whole's body psoriasiform rash secondary to infliximab. These psoriasiform rash and involvement of scalp are occured in infliximab treatment use of eight months later. Histopatholgical study is revealed to features of psoriasis. The infliximab treatment is stopped cause of progressive alopecia. Alopecia is improving to systemic azatiopurine and topical steroid treatments. Although Anti-TNF antagonist are very effective treatments, the occurence of alopecia with scalp psoriasis is very rare with infliximab and other biologic agents.

KEYWORDS: Infliximab treatment, Scalp Psoriasis, Alopecia

Figure 1 abc

Erythematous scaly patches and plaques on her body

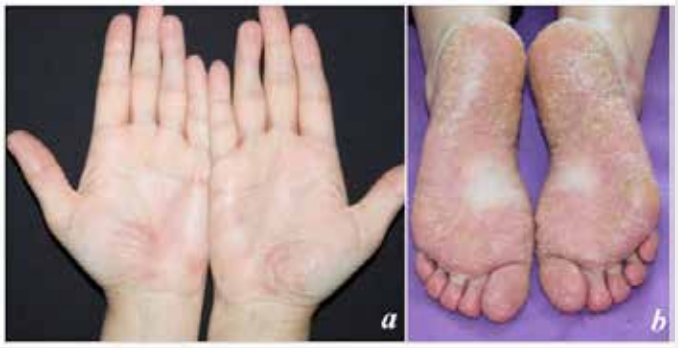
Figure 2 abcd

Diffuse alopecia, thinning hairs and dystrophic hairs in trichoscopy

Figure 3 abcd

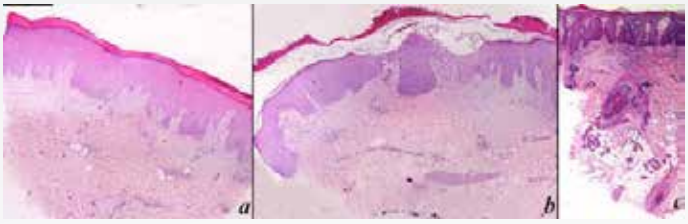
Palmoplantar pustulosis and Beau line, yellow dyscoloration on nails

Figure 4 ab



After tpical corticosteroid therapy

Fiure 5 abc



parakeratosis and slight epidermal hyperplasia, along with mild perivascular infiltration of inflammatory cells demonstrated and, spongiform pustules in the epidermis with slight acanthosis and dermal edema with a mixed neutrophilic and lymphocytic inflammatory infiltrate in plantar area. Scalp biopsy were performed, and showed a minimal lymphoid perifollicular infiltrate with follicular atrophy and a parakeratosis and superficial dermic perivascular infiltrates on the scalp

PP-022

ATYPICAL LOCALISATION OF ACANTOSIS NIGRICANS: INVOLVEMENT OF KNUCKLES PAD

Şirin Yaşar[1], Zehra Kılıç[1], Güldehan Ateş[1], Sema Aytekin[1], Pembegül Güneş[2]
[1]Haydarpaşa Numune Training and Research Hospital, Department of Dermatology
[2]Haydarpaşa Numune Training and Research Hospital, Department of Pathology

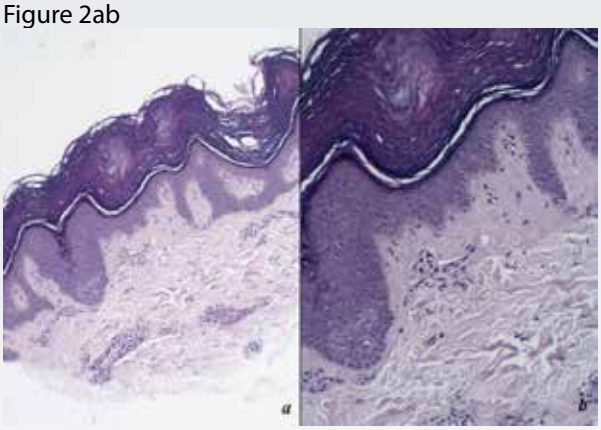
Acanthosis nigricans is disorder characterized by areas of dark, velvety discoloration in body folds and creases. The affected skin can become thickened and at the palpation velvety sensour. Acanthosis nigricans (AN) is mostly occur classical anatomic area such as neck, axilla, groin. AN of knuckle pad is ignored area. Acanthosis nigricans is much more common in people with darker skin pigmentation, especially Asia, Latinos and African- Americans. Obesity, hyperinsulinemia are frequently in AN. Increased insulinemia most likely is caused by factors that stimulate epidermal keratinocyte and dermal fibroblast proliferation. AN is associated with malignancy, but its more common connection to obesity and insulin resistance allows for diagnosis of related disorders including type 2 diabetes, the metabolic syndrome, and polycystic ovary syndrome. Early recognition of these conditions is essential for prevention of disease progression. Knuckle pad localication for AN is rarely or ignored area. Herein 24-old age female has complaint of the darkening and thickening on her hands. On histological study was revealed to AN. Herein we presented the case of 23- old- age female who had AN of her knuckle pad and we found that she had hyperinsulinemia and polycyctic ovarian syndrome.

KEYWORDS: Atypical localisation, Acantosis nigricans, Knuckles pad

Figure 1 ab

Velvelt dark pigmentation on dorsal aspect of hands

Figure 2ab



Histopatological picture showing papillomatosis and horn pseudocysts (H and E, stain 100Ã—)

PP-023

PLASMA CELL VULVITIS: A RARELY ENTITY

Şirin Yaşar[1], Pembegül Güneş[2], Dua Cebeci[1]
[1]Haydarpaşa Numune Training and Research Hospital Department of Dermatology
[2]Haydarpaşa Numune Training and Research Hospitak Department of Pathology

Plasma cell vulvitis or Zoon vulvitis is a very rare inflammatory disorder of vulva, characterized by a bright-red mucosal lesion of significant dyspareunia and discomfort. This entity is very rarely reported up to date. A differential diagnosis of contact dermatitis, erosive lichen planus, lichen sclerosus et atrophicus, pemphigus, mucous membrane pemphigoid, lupus erythematosus, drug reaction, extramammary, Paget's disease, genital psoriasis and squamous cell carcinoma should be considered. Mucosal biopsy from the affected area is usually helpful in arriving at the accurate diagnosis. It is important to note that, the lesions of PCV are chronic, but generally not premalignant. We reported the case of 55 year old female, who presented with severe dyspareunia and discomfort. The diagnosis was confirmed on histopathological examination. It is important for clinicians to accurately diagnose this alarming condition in time.

KEYWORDS: Plasma Cell, Vulvitis, Zoon Vulvitis

Figure 1

Atrophic patches and plaques, intense erythema, redness

PP-024

A CASE OF ORF INDUCED ERYTHEMA MULTIFORME

Pırıl Etikan Akbaş[1], İlteriş Oğuz Topal[1], Utkan Kızıltaç[1], Emek Kocatürk[1], Selver Özekinci[2]
[1]Department of Dermatology and Venerology, Okmeydani Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, Okmeydani Training and Research Hospital, Istanbul, Turkey

INTRODUCTION: Erythema multiforme (EM) is an acute inflammatory disease characterized by targetoid papules and plaques and the disease may occur associated with various viral and bacterial infections. Development of EM following orf infection is very rare reported.

CASE: A fifty-one year-old male patient was presented to our outpatient clinic with erythematous targetoid papules and two pustules on his hand. The patient gave a history of contact with sheep with ungloved hands, nearly 10 days before the initiation of the lesions, during the Eid ul Adha. Laboratory examinations were normal range. Punch biopsy was taken from two different lesions. Histopathologic examination was revealed orf infection of the dorsum of the hands and EM of the palmar region. The patient was diagnosed as orf induced EM according to histopathological and clinical findings.

CONCLUSION: This case was presented in order to remind that orf disease may be a possible cause of EM in endemic area.

KEYWORDS: Erythema multiforme, orf, Eid ul Adha

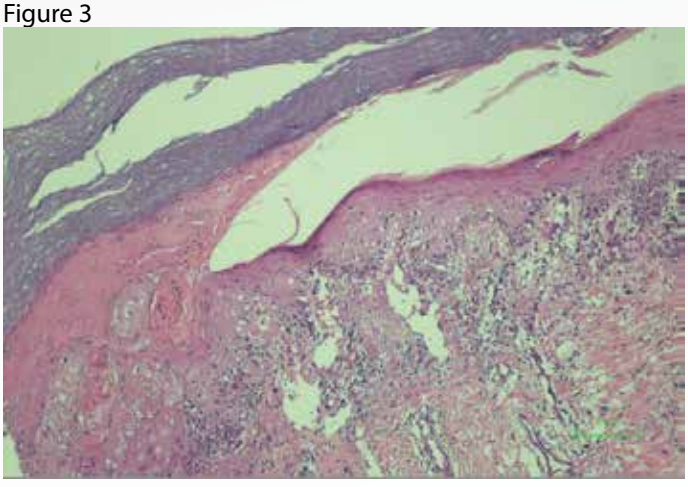
Figure 1

On the dorsal region of the fingers, centrally crusted pustules with vialoceous base and centrally located crust

Figure 2

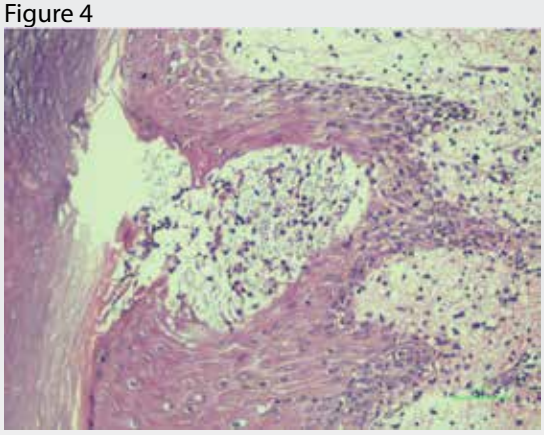
On the palmar region, pinky-erythematous targetoid lesions.

Figure 3



Parakerathosis, irregular achantosis of the severly spongiotic epidermis. Basal vacuolar degeneration was seen. Dilated, proliferating vessels surrounded by mixed type inflammatory cells formed by lymphocytes, eosinophils and plasma cells were seen in the superficial and deep dermis. (H&Ex100)

Figure 4



Spongiotic bulla which contains lymphocytes in the intraepidermal region was shown.

PP-025

ONYCHOPHAGIA INDUCED LONGITUDINAL MELANONYCHIA, HYPONYCHIUM HYPERKERATOSIS AND SPLINTER HEMORRHAGES SIMULTANEOUSLY AND DERMOSCOPY WAS HELPFUL FOR THE DIAGNOSIS

Sezin Fıçıcıoğlu, Selma Korkmaz
Department of Dermatology, Trakya
University Medical Faculty, Edirne, Turkey

INTRODUCTION: Onychophagia is defined as habitual nail biting. It is a common behaviour among children and young adults and it can cause destruction to the cuticles and nail plate, lead to paronychia and secondary infections. Relatively uncommon effects include pigmentary changes like longitudinal melanonychia and splinter hemorrhages. Dermoscopy as in many other dermatological disorders can be helpful in the diagnosis of nail disorders, as in our patient.

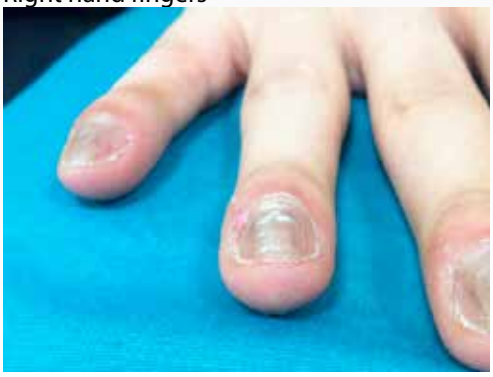
CASE: A twenty year old boy presented with a 2 year history of grayish pigmentation in all of the fingernails. Physical examination revealed longitudinal uniform hyperpigmented bands, punctate leukonychia, blackish small lineer streaks in between hyperpigmented bands and hyperkeratosis in hyponychium which diminished the distal groove. Also proximal nail folds of all fingers were swollen and erythematous. Laboratory investigation including hemogram, blood chemistry, were normal except for a slight decrease in vitamin B12 level. Antinuclear antibodies, mycological examination and fungal culture were negative. There was no remarkable medical history or a family history of connective

tissue diseases. Dermoscopic examination revealed uniformly and faintly pigmented longitudinal bands on middle parts of all fingers. There was no extension of the pigmentation into the proximal nail fold. Leukonychia was the true form and did not disappear during examination, they layed out on the pigmented bands. Blackish lineer streaks were splinter hemorrhages identified clearly by the aid of dermoscope. In addition, hyperkeratosis in hyponychium and the adherence of the nail bed to the nail plate was obviously seen and made us to think pterygium inversum unguis otherwise it was hard to identify the subungual extension of hyponychium because of short nails. Upon questioning about trauma he told that he had been biting his nails for nearly 4 years. After all we thought that all these nail findings were induced by onychophagia.

CONCLUSION: It is important to questioning about nail biting or picking behaviours in evaluating nail disorders which may not be stated by the patient at the beginning and admitted upon questioning. Onychophagia can induce longitudinal melanonychia by the activation of melanocytes and also can cause splinter hemorrhages by the effect of repeating trauma. Dermoscopy yields the grayish regular parallel lines which suggests the diagnosis of trauma-induced pigmentation rather than the nail matrix nevus or melanoma in which more brown-blackish pigmentation occurs. It also reveals even the tiniest splinter hemorrhages which are commonly black and located distally in traumatic conditions whereas in other causes they are more reddish. We also thought that punctate leukonychia as they layed out mostly on pigmented bands resulted from onychophagia. On the other hand pterygium inversum unguis which is mostly idiopathic may be resulted from reactive hyperkeratosis secondary to trauma.

KEYWORDS: melanonychia, onychophagia, pterygium inversum, splinter hemorrhage

Right hand fingers



Longitudinal melanonychia, punctate leukonychia, hyponychium hyperkeratosis and splinter hemorrhages seen as blackish streaks on right hand fingers

Dermoscopy of the second right hand finger

Dermoscopy yielded grayish parallel lines, splinter hemorrhages, hyponychium
hyperkeratosis which diminished the distal groove

PP-026

INFANTILE PERIANAL PYRAMIDAL PROTRUSION: A CASE REPORT

Emine Esra Nalbant[1], Pınar Özdemir[2], Işıl Göğem İmren[1], Çağrı Turan[1], Hatice Meral Ekşioğlu[1]
[1]Department of Dermatology, Ministry of Health, Ankara Training and Research Hospital, Ankara, Turkey
[2]Department of Dermatology, Ministry of Health, Akyurt State Hospital, Ankara, Turkey

Infantile Perianal Pyramidal Protrusion: A Case Report

INTRODUCTION&OBJECTIVES: Infantile Perianal Pyramidal Protrusion (IPPP) was firstly described by Kayashima et al. in 1996. It appears as a pyramidal soft tissue protrusion with a smooth surface, covered with rose-colored skin. They are classically located in the midline just anterior to the anus, generally occurring in girls and mostly seen in infants. A constitutional anatomic weakness in the perineum of female patients has been hypothesized as a potential cause. Three types of IPPP were defined, including (i) constitutional (inherited) IPPP, (ii) functional IPPP and (iii) IPPP associated with lichen sclerosus and atrophicus. The diagnosis is based on clinical findings. In doubtful cases ultrasonography and dermoscopy may offer additional help in that biopsy and histological examination could be avoided. Various treatment modalities are available for IPPP, such as management and control of bowel movement, application of topical corticosteroids, or observation based on the type and suspected underlying conditions. Herein, we report a case of typical presentation of acquired IPPP associated with constipation.

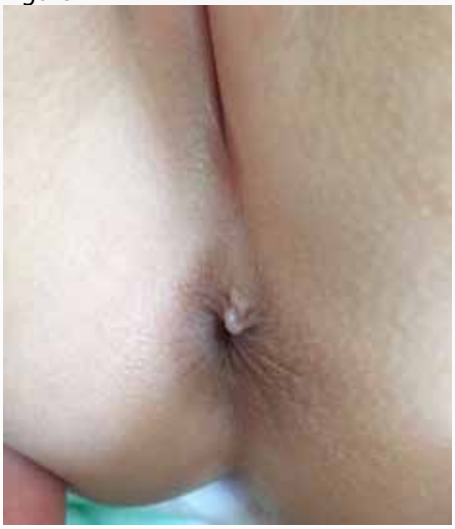
MATERIALS&METHODS: A case report of IPPP is presented.

CASE REPORT: One-year-old girl presented with a new cutaneous lesion in the perineal region that had developed two weeks ago. She had no personal history of diseases except constipation. Her family history and physical examination were unremarkable. Dermatological examination revealed a solitary, edematous, flesh colored, sessile protrusion in 1 cm diameter which looks like a small tongue-like projection anterior to the anus in the perineal region. The lesion was not tender on palpation. No anatomic defect was present at birth. There was no inguinal lymphadenopathy, pain or other symptoms. There was no suspicion of sexual abuse. Routine laboratory examinations including complete blood count, biochemical profile were all within normal limits. Histopathological examination was not regarded as necessary. A clinical diagnosis of IPPP was made based on clinical signs and symptoms. The patient was also evaluated and treated for constipation. After 3 weeks, the lesion had decreased in size. The patient is still under follow-up in our dermatology department.

CONCLUSION: Infantile perianal (perineal) pyramidal protrusion (IPPP) is a newly described entity with fewer than 100 reported cases. The condition is not believed to be as rare, but it is often erroneously interpreted as a vascular or anatomical anomaly or sometimes even an outcome of sexual abuse. The majority of cases can be resolved by medical history and physical examination. Herein, we present a case of IPPP in which the diagnosis was made based on history and clinical findings.

KEYWORDS: Constipation, Infantile perianal pyramidal protrusion, Perineal region

Figure 1



Solitary, edematous, flesh colored, sessile protrusion in the midline anterior to the anus

PP-027

UNILATERAL LATEROTHORACIC EXANTEM: A CASE REPORT

Emine Esra Nalbant, Engin Karaarslan, Ömer Kutlu, Çağrı Turan, Hatice Meral Ekşioğlu
Department of Dermatology, Ministry of Health, Ankara Training and Research Hospital, Ankara, Turkey

Unilateral Laterothoracic Exantem: A Case Report

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, but also can appear between six months to 10 years of age. The eruption typically starts unilaterally in the axilla, but can spread centrifugally to become bilateral, making the term "unilateral" somewhat misleading. Despite accompanying pruritus in about 50% of patients, lichenification is not usually seen. A cause has not been definitively identified, but a close temporal relation to rhinitis, mild fever or diarrhea in 75% of patients suggests a viral link. The diagnosis is clinical, and laboratory investigations are generally not required. This uncommon exanthem is self-limited and usually resolves in four to six weeks with no sequelae. Treatment is symptomatic only. Here, we describe a six-year-old girl with a typical presentation of ULE.

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

CASE REPORT: A six-year-old girl was referred by the pediatrician for a pruritic rash following resolution of a viral upper respiratory tract infection during the winter. The eruption first developed in his left axilla and then coalesced and spread down the left side of his thorax and upper part of his left arm. She had no personal history of disease, family history and physical examination were unremarkable. Dermatological examination found erythematous, maculopapular rash on the left side of the trunk that was worse at the axilla. Laboratory workup for serological markers found Rubella, Measles, Varicella-Zoster Immunoglobulin (Ig) G positive, IgM negative; Cytomegalovirus (CMV) and Epstein Barr Virus (EBV) IgG and IgM negative. Histopathological examination was not regarded as necessary,Our presumptive diagnosis based on clinical findings was unilateral laterothoracic exanthem. We treated the eruption with moisturizers, and oral cetirizine dihydrochloride. Four weeks later, the exanthem had nearly resolved.

CONCLUSION: Herein, we present a typical case of Unilateral laterothoracic exanthem (ULE) in a six-year-old girl. The importance of early recognition of this exanthem is that it would prevent the exhaustive investigative work-up that is

routinely performed to establish the diagnosis in atypical rashes. Also, accurate diagnosis helps allay the patient's and families' anxiety since the clinician can reassure the patient that complications are least likely and that association with serious systemic disease is indeed an exception rather than the rule.

KEYWORDS: Exantem, Pediatric, Unilateral laterothoracic exantem

Figure 1

Erythematous, maculopapular rash on the left axilla

PP-028

Squamous cell carcinoma on the upper lip arising from a vascular malformation

Tugba Ozkok Akbulut[1], Zafer Turkoglu[1], Senay Agirgol[1], Filiz Topaloglu[1], Ahmet Tarlacı[2]
[1]Department of Dermatology, Haseki Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, Haseki Training and Research Hospital, Istanbul, Turkey

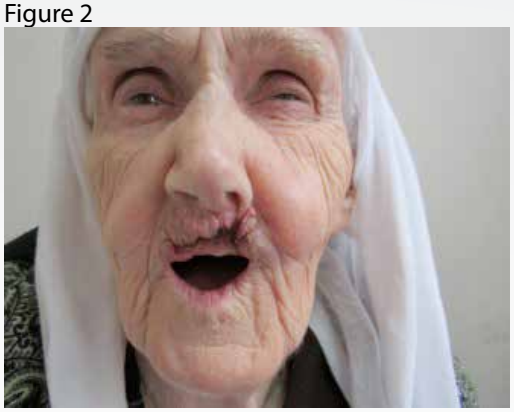
Squamous cell carcinoma is known to occur in chronic lesions caused by burns, ulcers, or infection of traumatic wounds. There is a few report that squamous cell carcinoma arising from a vascular malformation.We present the case of a 92-year-old woman with a congenital lip lesion consistent with an vascular malformation which over the last 2 years had developed ulcerative changes and bleeding that was a biopsy proven squamous cell carcinoma.

KEYWORDS: squamous cell carcinoma, vascular malformation, lip

Figure 1

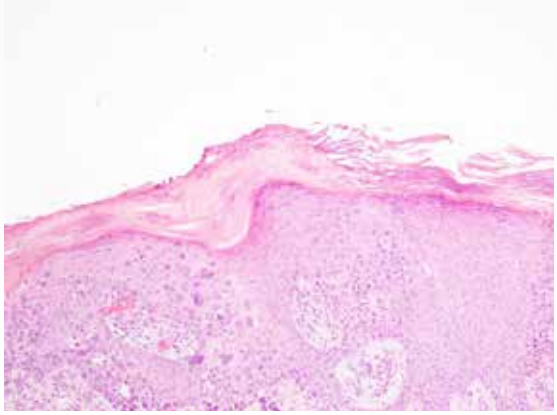
Congenital vascular malformation was seen on upper lip 2 years ago.

Figure 2



Erosive and destructive lesions on upper lip

Figure 3



Pathologic view of squamous cell carcinoma

PP-029

SERUM TNF-ALPHA,IL-12,IL 17-A AND IL-23 LEVELS IN NON SEGMENTAL GENERALIZE VITILIGO PATIENTS

Erdinc Terzi[1], Emre Tayfun[2], Senay Balcı Fidan[3], Lulufer Tamer[3], Umit Tursen[4]
[1]Department of Dermatology,Orhangazi State Hospital,Bursa,Turkey
[2]Department of Dermatology,Yenikent State Hospital,Sakarya,Turkey
[3]Department of Biochemistry,Mersin University,Mersin,Turkey
[4]Department of Dermatology,Mersin University,Mersin,Turkey

BACKGROUND: TNF alpha,IL-12,IL-17 and IL-23 are a cytokines which are playing important role in the pathogenesis of autoimmune diseases.Therefore this molecules can be used as a target molecules in the treatment of autoimmune diseases. OBJECTIVE: The aim of our study was to determine serum TNF alpha,IL-12,IL-17 and IL-23 levels in patients with vitiligo to understand their possible roles in the vitiligo and to compare the results with the healty controls.

MATERIALS-METHODS: Fourty-three vitiligo patients and 43 age and sex-matched healthy subjects were enrolled in our trial.Serum TNF-alpha,IL-12,IL-17a,IL-23 levels were studied in peripheral venous blood samples. RESULTS: Serum TNF-alpha and IL-23 levels were significantly higher in patients with vitiligo as compared with controls ($p<0.05$, $p<0.01$).Both IL-12 and IL-17a showed no significant difference between patients and controls.

CONCLUSION: According to our findings,TNF-alpha and IL-23 levels significantly higher in vitiligo patients.We suggested that anti TNF-alpha and inhibition of IL-23 might be a novel strategy in the therapy of autoimmune disease like vitiligo.

KEYWORDS: TNF-alpha,IL-12,IL-17a,IL-23, generalized, vitiligo

PP-030

SUBCORNEAL PUSTULAR DERMATOSIS IN CHILDHOOD: A CASE REPORT

Serkan Demirkan[1], Özgür Gündüz[1], Tuba Devrim[2]
[1]Kırıkkale Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Kırıkkale
[2]Kırıkkale Üniversitesi Tıp Fakültesi, Patoloji Ana Bilim Dalı, Kırıkkale

Subcorneal pustular dermatosis (SCPD, also known as Sneddon-Wilkinson disease) is a rare, benign, chronic, sterile pustular eruption which usually develops in middle-age or elderly women; it is rarely seen in childhood and adolescence. The primary lesions are pea-sized pustules classically described as half-pustular, half-clear flaccid blisters. Histologically the most important feature is a subcorneal accumulation of neutrophils with the absence of spongiosis or acantholysis, although acantholysis maybe reported in older lesions.In this poster we present the case of a 5-year-old girl diagnosed with SCPD based on the characteristic clinical and histological features.Dapsone has been used in the treatment of the disease but there has been partial response.

KEYWORDS: Subcorneal Pustular Dermatosis, Childhood, Sneddon-Wilkinson disease

Figure 1

Multiple flaccid pustules varying in size from 2 to 10 mm that tended to coalesce to form annular,circinate,or serpiginous pattern and superficial crusts on the normal or mildly erythematous skin of the extremities.

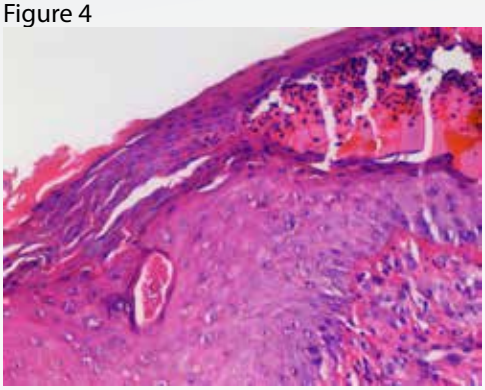
Figure 2

Multiple flaccid pustules varying in size from 2 to 10 mm that tended to coalesce to form annular,circinate,or serpiginous pattern and superficial crusts on the normal or mildly erythematous skin of the extremities.

Figure 3

Multiple flaccid pustules varying in size from 2 to 10 mm that tended to coalesce to form annular,circinate,or serpiginous pattern and superficial crusts on the normal or mildly erythematous skin of the extremities.

Figure 4



Histological examination: subcorneal pustule immediately below the stratum corneum containing mainly neutrophils;the underlying epidermis shows light intercellular edema(HE×10).

PP-031

LOCALIZED HYPERKERATOTIC CRUST ON GLANS PENIS: A CASE OF NORWEGIAN SCABIES

Pırıl Etikan Akbaş[1], Deniz Yavuz[1], İlteriş Oğuz Topal[1], Tülin Yüksel[1], Utkan Kızıltaç[1], Emek Kocatürk[1], Tuğba İpin[2]
[1]Department of Dermatology and Venerology, Okmeydani Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, Okmeydani Training and Research Hospital, Istanbul, Turkey

INTRODUCTION: Crusted Scabies (CS) or Norwegian scabies is a rare and highly contagious infection.CS generally affects patients with a weakened immune system, such as HIV, HTLV-1, malignancies, immunosuppressive or immunomodulator drugs and patients who are advanced in age, debilitated or cognitively impaired. Here we present a case of CS localized on glans penis in an immunocompetent patient.

CASE: A seventy-seven year old male patient attempted to our policlinic with a complaint of pruritus lasts about 2 months. In his dermatological examination some linear excoriations localized on the back and reddish squamous papules localized on lower umbilical region and legs were observed. On the glans penis a thick, hyperkeratotic, yellowish, non-pruritic crust was observed. With a suspicion of contact dermatitis and psoriasis, a treatment of topical corticosteroid was given. Laboratory tests for HIV and syphilis were negative. He had only HBsAg positivity. Due to resistance of the steroid treatment a punch biopsy was performed and diagnosis of scabies was made. Also KOH examination of the crust showed sarcoptes scabies.

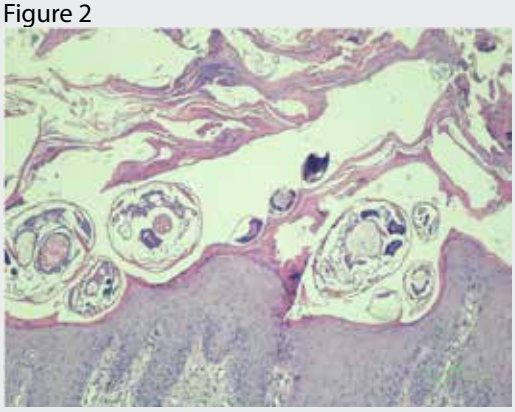
DISCUSSION: CS presents with hyperkeratotic plaques with yellowish crusts and they are classically distributed on the extremities, scalp, back, face and around the nail folds. The presence of burrows or intense pruritus is rare. When CS is suspected or diagnosed, the clinician should identify the risk factors. CS is particularly difficult to treat because traditional topical therapies do not penetrate sufficiently to eliminate the infection. The use of ivermectin treatment in human CS has been shown to be safe and effective in a single oral dose.
CONCLUSION: It should be kept in mind that immunocompetent patients with an advanced age can also develop CS.

KEYWORDS: Crusted scabies, immunocompetent, glans penis

Figure 1

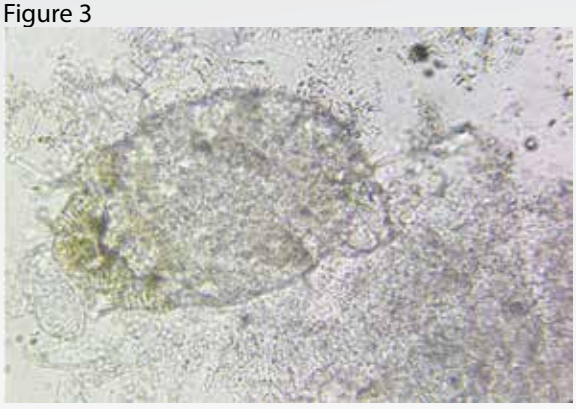
On glans penis; thick, hyperkeratotic crust.

Figure 2



In stratum corneum; burrows, eggs and sarcopt were seen. (H&Ex100)

Figure 3



KOH examination of scrapings from glans penis. Sarcopt was seen. (x100)

PP-032

EFFICACY OF PLATELET RICH PLASMA IN THETREATMENT OF LIPOATROPHY

Zerrin Ogretmen[1], *Yankı Büke Ötleş*[2]
[1]*Department of Dermatology Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey*
[2]*Atatürk Education and Research Hospital*

INTRODUCTION&OBJECTIVES: Localized involutional lipoatrophy (LIL)is a rare asymptomatic,idiopatic form of localized lipoatrophy (1). LIL usually presents as a solitary, localized,well demarcated,fresh colored, asymptomatic, atrophic depression.Frequently, lipoatrophy develops on the injection areas.(2,4). We know; the addition of platelets and their associated growth factors opened a new possibilities, for the treatment of chronic skin ulcers Therefore we application PRP; for lipoatrophy treatment.

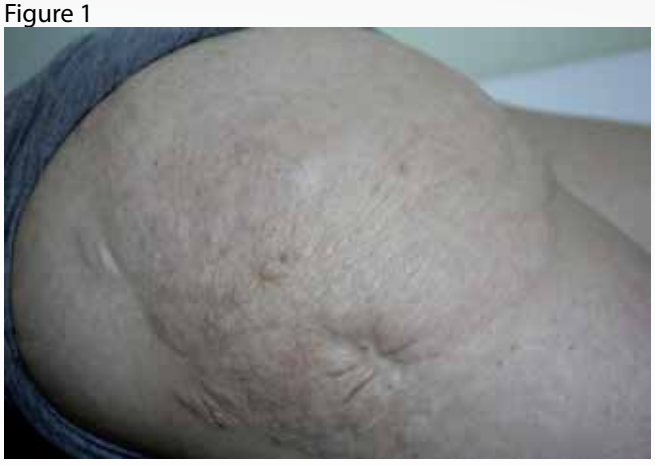
MATERIAL&METHODS: 18 year old female patient was admitted to our outpatient clinic with thinning and disfigurement complaint at skin on is left hip. She said that her problem started when she was a month old baby.The lesion was 0.5cm in diameter and increased overtime.By dermatological examination; 25 cm diameter, sharply demarcated, skin color, depressed, atrophic plaques were observed on left gluteal area.She had no history of any injury or injection or operation at the site. Skin biopsy was consistent with there sults of lipoatrophy.

RESULTS: Localized involutional lipoatrophy (LIL) is a rare asymptomatic,idiopathic form of localized lipoatrophy.. Most of the patients are women.Lesion is frequently solitary. Mostly buttocks and proximal extremities are affected. Our patients also had the same properties.Laboratory examination showed normal findings; exceptTotal IgE:294 U/ml (normal:0-87), eosinophils 20.2%(normal:0.8-4).Histological examination showed fat lobules composed of small lipocytes in the hyaline connective tissue.LIL is characterized by noninflamatory focal loss of subcutaneous tissue.

CONCLUSIONS: A total of 10 sessions PRP was administered every 2 weeks.The lesion was clinically resolved.A repeat biopsy was taken.Atrophy in the fatty tissue continued. Tissue loss was improved probably because PRP stimulated endothelial cells,fibroblasts,mesenchimal cells,smooth muscle cells for repairment.

KEYWORDS: PRP, lipoatrophy, Localized involutional lipoatrophy

Figure 1



bevor the treatment

Figure 2

Figure 4

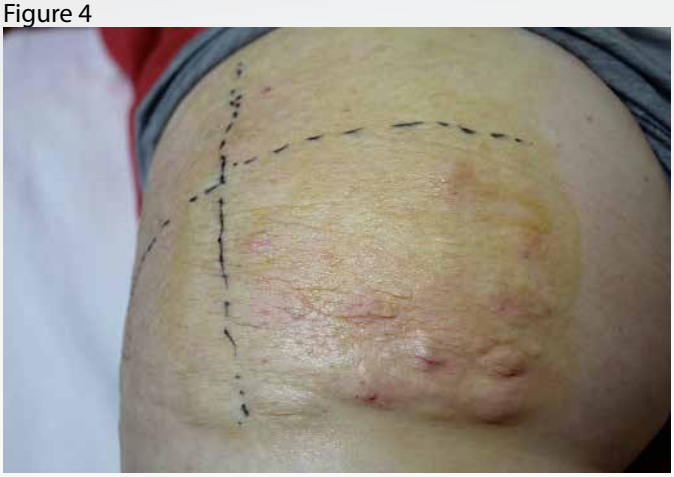
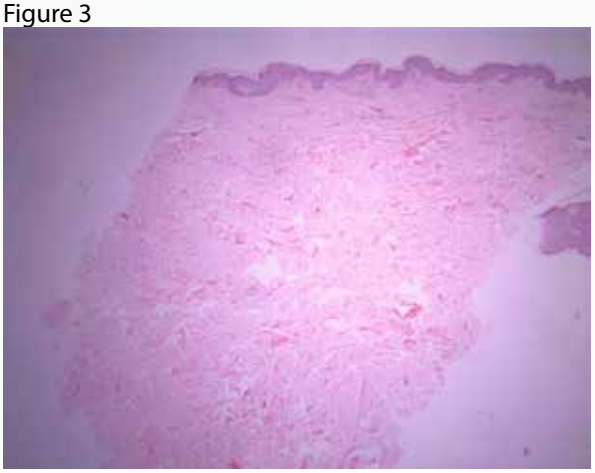


Figure 3



PP-033

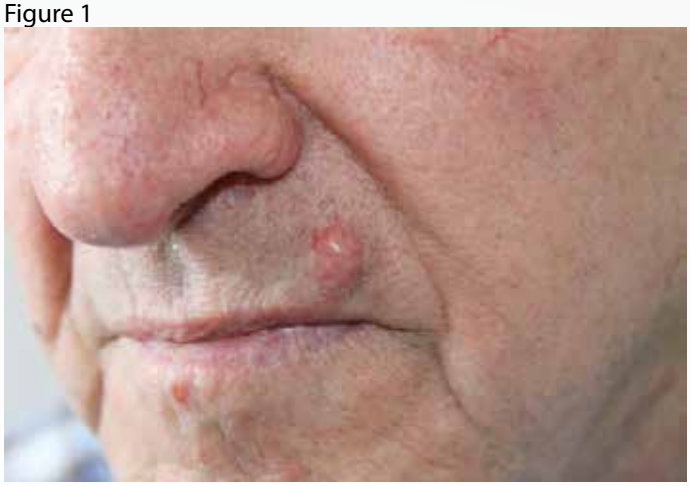
CHONDROID SYRINGOMA: A CASE REPORT

Ece Nur Değirmentepe[1], Ralfi Singer[1], Utkan Kızıltaç[1], Bachar Memed[1], Rahime Tanrıtanır[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

Chondroid syringoma (CS), also known as mixed tumor of the skin, is first described by Hirsh and Helwig in 1961. CS is rare, benign tumor of the skin arising from the eccrine sweat gland. The incidence of CS of all primary skin tumors is <0.01%. It most commonly occurs in the head and neck area, although it may be also found in the axilla, trunk, limbs and genitalia. It usually presents with solitary, solid, painless, nonulcerative, subcutaneous nodule with a size ranging from 2mm to 1 cm. A 73-year-old male presented with a slow growing painless nodule in left upper lip since past 3 months. Dermatological examination showed 1 cm in diameter, firm, subcutaneous skin-coloured nodule on the upper left lip. Histopathological examination of the nodule was consisted with chondroid syringoma. Chondroid syringomas are rare, usually benign tumors occuring predominantly in the head and neck area. The malign variant of chondroid syringoma differs from its benign variant and it is more likely to occur on the extremities. In conclusion, chondroid syringomas should be included in the differantial diagnosis of cutaneous head and neck tumors.

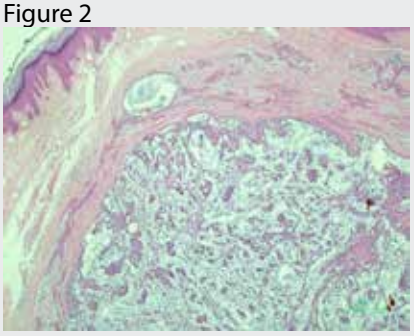
KEYWORDS: chondroid syringoma, lip, mixed tumor of the skin

Figure 1



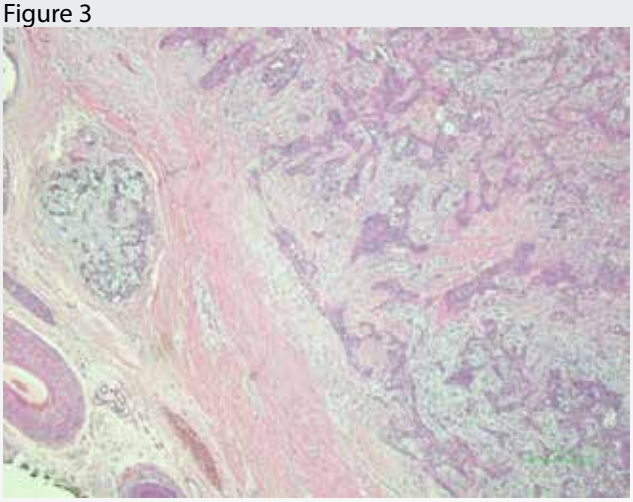
Nodular lesion in the anterior surface of upper left lip.

Figure 2



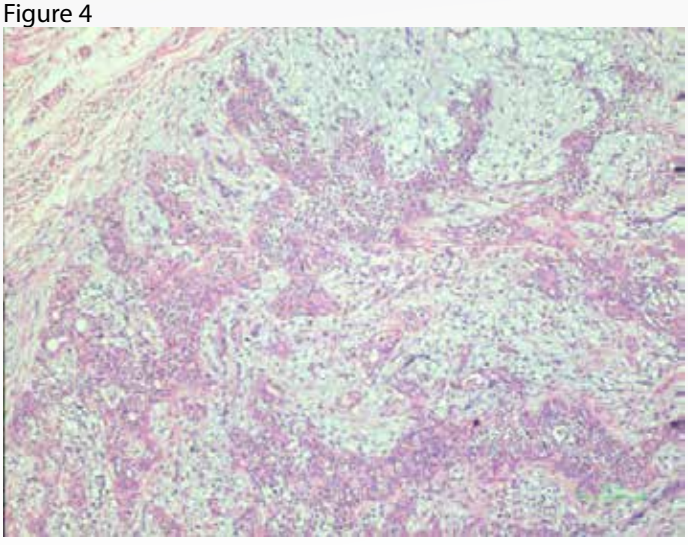
Chondroid syringoma, well circumscribed, located in the dermis (HEx40)

Figure 3



Tumor with branching epithelial tubules and myxochondroid-hyaline stroma (HEx40)

Figure 4



An aspect to epithelial and mitochondrial area (HEx100)

PP-034

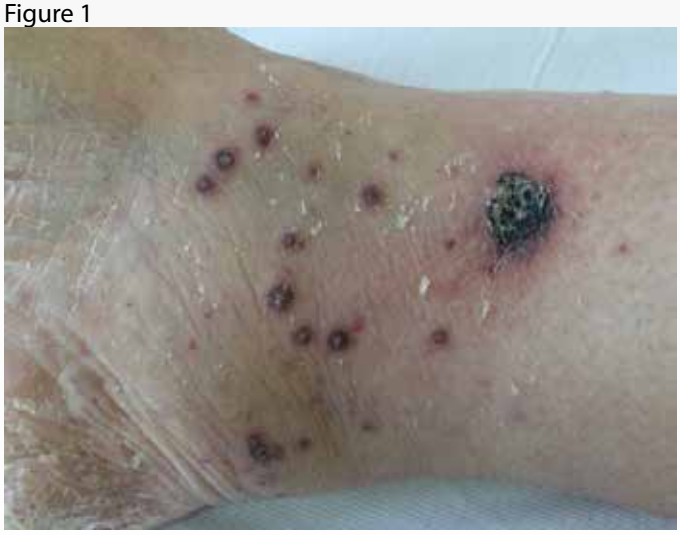
MONOCLONAL GAMMOPATHY OF UNKNOWN SIGNIFICANCE AS AN UNDERLYING CAUSE OF LEUKOCYTOCLASTIC VASCULITIS

Ece Nur Değirmentepe[1], Ralfi Singer[1], Şule Güngör[1], Ömer Özdemir[1], İlknur Mansuroğlu[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

Leukocytoclastic vasculitis (LCV) is a condition characterized by necrotizing neutrophilic inflammation within the walls of small dermal blood vessels. The most common skin manifestation is palpable purpura. Other skin manifestations include maculopapular rash, bullae, papules, nodules, ulcers and livedo reticularis. Leukocytoclastic vasculitis may be secondary to a variety of medications and underlying disease processes; including infections, connective tissue disorders and malignencies. We describe a patient with a monoclonal gammopathy of unknown significance (MGUS) in whom leukocytoclastic vasculitis developed, manifested by necrotizing plaques on the lower extremity. The association between MGUS and leukocytoclastic vasculitis is rare. Here we report an unsual clinical presentation of LCV associated with a monoclonal gammopathy of unknown significance.

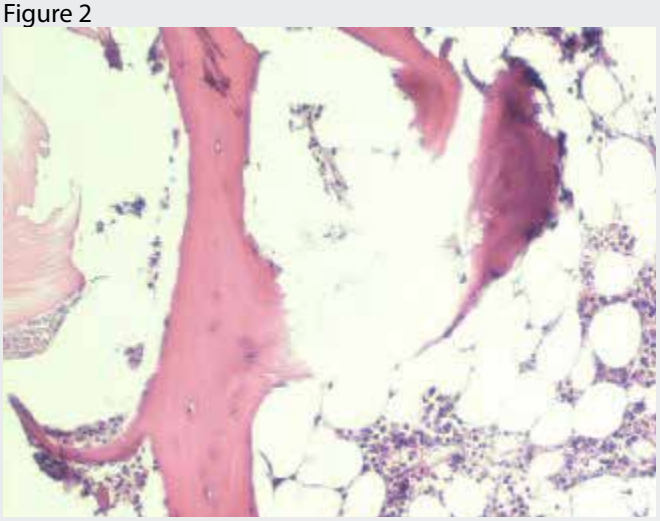
KEYWORDS: leukocytoclastic vasculitis, monoclonal gammopathy of unknown significance, necrotizing plaques

Figure 1



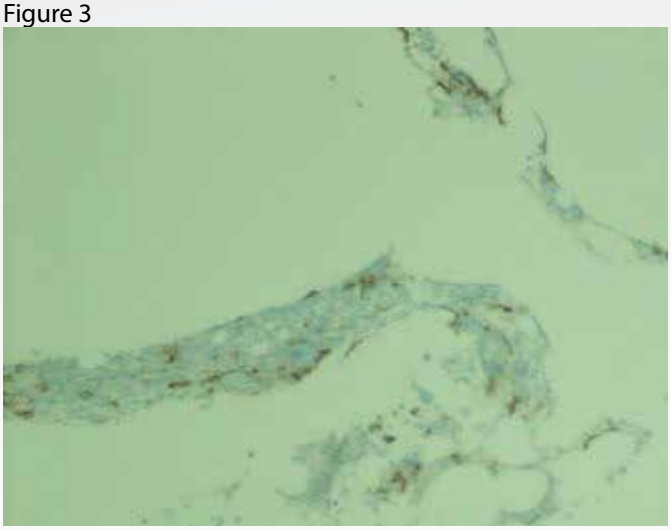
Necrotizing crusted black plaques with erythematous borders on the lower extremities

Figure 2



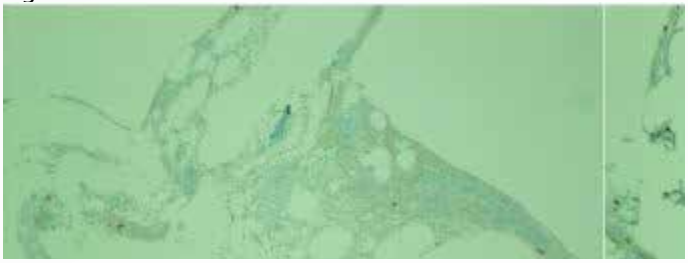
Biopsi shows minimal increase in plasma cells that are interstitial and in small cluster (HEx100)

Figure 3



Staining for CD138 facilitates enumeration of plasma cells (CD138x100)

Figure 4



Immunohistochemical staining for kappa is positive, lambda is negative (Kappax100, Lambdax100)

PP-035

PORPHYRIA CUTANEA TARDA IN A CHRONIC RENAL FAILURE PATIENT: A CASE REPORT

Ece Nur Değirmentepe[1], Tülin Yüksel[1], Mehmet Çopur[1], Kübra Kızıltaç[1], Ömer Özdemir[1], Emek Kocatürk[1], Selver Özekinci[2]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

Porphyria cutanea tarda (PCT) is a metabolic disorder characterized by an acquired or inherited autosomal dominant defect in heme biosynthesis, involving a reduced enzymatic activity of uroporphyrinogen decarboxylase. Patients present with increased skin fragility, erosions, subepidermal bullae, hyperpigmentation, hypopigmentation, hypertrichosis, milia and scarring in sun exposed areas. The laboratory diagnosis of PCT is based on accumulation of heme precursors in the blood, urine and stool. PCT in hemodialysis patients is an entity that has been known for more than 20 years with the reported prevalence in these patients ranging from 1.2% to 18%. This condition should be differentiated from pseudoporphyria which clinically imitates PCT but does not exhibit an abnormal porphyrin profile. Here we report a 63 year-old woman with chronic renal failure on hemodialysis presented with a history of blisters and erosions on the face and dorsum of the hands. Dermatological examination also revealed hirsutizm in the cheeks. Uroporphyrinogen was 2330 nmol/24 hrs (N:<30 nmol/24 hrs). After urine example was waited under the sun, examination under Wood's lamp revealed coral red fluorescence. Skin biopsy findings revealed a subepidermal bullae formation and direct immunofluorescence showed IgG and C3 at the dermoepidermal junction. These findings were consistent with PCT. The patient was started with the treatment of hydroxychloroquine (400 mg weekly) and advised sun protection. The patient and is still being followed up. Several pathophysiologic mechanisms have been proposed for PCT in hemodialysis patients. First of all, azotemia and iron overload decreases the activity of uroporphyrinogen decarboxylase. These patients have a deteriorative ability to excrete porphyrins, and porphyrins are poorly dialyzed because of binding with high molecular weight proteins. In conclusion, PCT must be kept in mind in the differantial diagnosis of vesiculobullous lesions on sun exposed areas in chronic renal failure patients.

KEYWORDS: chronic renal failure, porphyria cutanea tarda, uroporphyrinogen

Figure 1

Blisters, erosions and scar formation on the dorsum of the hands

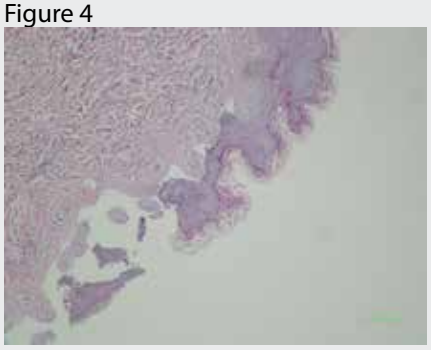
Figure 2

Blisters and erosions on the dorsum of the hands

Figure 3

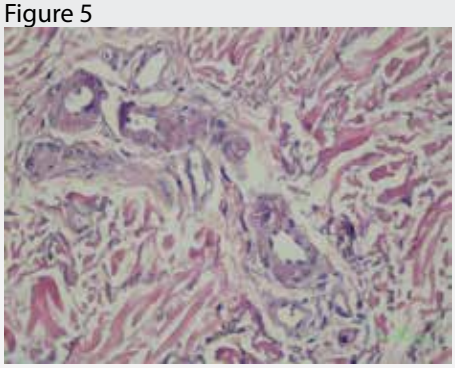
Coral red fluorescence appearance of urine example under Wood's lamp

Figure 4



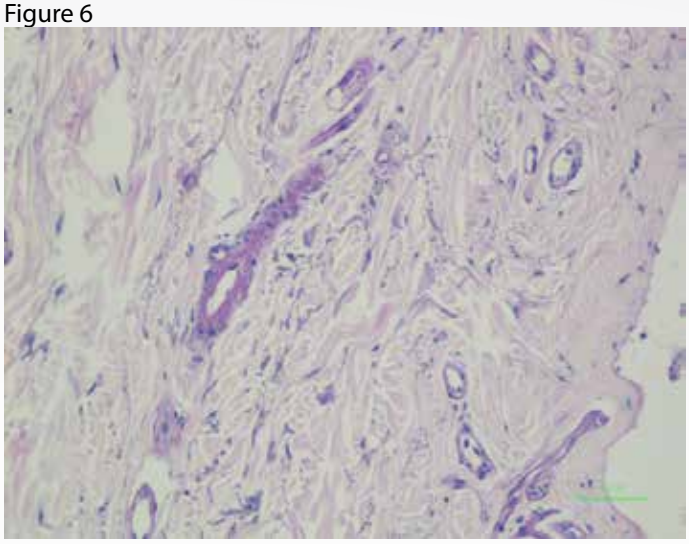
Subepidermal bullae formation (HEx10)

Figure 5



Eosinophilic amorphous material around superficial dermal vessels (HEx20)

Figure 6



Periodic acid Schiff staining depicting PAS-positive diastase-resistant hyaline material thickening the wall of dermal vessels (PASx20)

PP-036

MULTIPLE INCLUSION CYSTS AFTER AUTOLOGOUS FAT INJECTION

Güldehan Atış[1], Fatih Göktay[1], Şirin Yaşar[1], Sema Aytekin[1], Pembe Gül Güneş[2]
[1]Department of Dermatology, Haydarpaşa Numune Training and Research Hospital
[2]Department of Pathology, Haydarpaşa Numune Training and Research Hospital

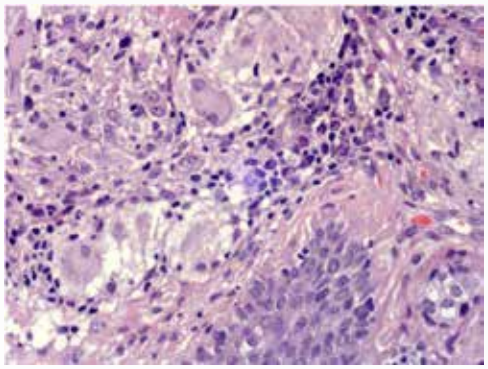
Autologous fat injection has been used for a long time to correct face, neck and skin contours. Some complications such as swelling, bruise, infections, fat necrosis, cyst formations, lipogranuloma and acute cerebral infarction were reported. Epidermal inclusion cysts are common, benign lesions caused by implantation of epidermal element into the dermis that may be either congenital or acquired. Trauma or surgery can lead to acquired inclusion cysts. Herein we report a 50-year-old woman who developed multiple inclusion cysts after autologous fat injection on her face and abdomen. **Case A:** 55-year-old woman admitted to our dermatology out patient clinic with painful, erythematous swelling on her face and abdomen. The lesions appeared after one week after autologous fat injection. Autologous fat injection had been performed for seven times during sixteen years. On her dermatological examination; painful and inflammatory subcutaneous nodules on her both cheeks, forehead and abdomen which area fat tissue removed. Some lesions had abscess formation. The patient had took some systemic antibiotics such as ciprofloxacin, clarithromycin, and rifampicin. BCG vaccination was applied. The patient was referred to our out-patient clinic without any improvement in her symptoms. Skin punch biopsies were taken for histopathological examination and atypical mycobacterium infection culture. Culture result was negative. On histopathological examination multinuclear giant cells in papillary and reticular dermis and granuloma structures formed by epithelial histiocytes in focal areas, phagocyted degenerated elastic fiber structures in the giant cells cytoplasm and epidermal proliferation which is associated with superficial epidermis invaginated into the dermis, and rupture in the squamous epithelial and foreign body reaction to the keratinous material. The patient was diagnosed as ruptured epidermal inclusion cyst and foreign body reaction against to cyst content. Doxycycline 200 mg/ per a day was suggested for two weeks. Her symptoms showed minimal improvement with the therapy. 48 mg/ per a day methylprednisolone was started and the dose was reduced gradually and stopped for four weeks and colchicine 1.5 mg/ per a day was started. Intralesional triamcinolone acetonide was applied three times per two weeks. Her symptoms decreased and we have followed the patient for five months. **Conclusion:** Epidermal inclusion cysts can occur after trauma or surgical procedure. Autologous fat injection is a minimal invasive surgical procedure but causes severe complications occasionally. Complications were periorbital lipogranuloma, fat necrosis, infections and benign lesions, like cysts or calcifications. Epidermal inclusion cysts should be kept in mind after autologous fat injection as a complication.

KEYWORDS: Autologous fat injection, complication, inclusion cysts

picture 1

inflammatory subcutaneous nodules on her both cheeks, forehead

picture 2



multinuclear giant cells in papillary and reticular dermis and granuloma structures formed by epithelial histiocytes in focal areas, phagocyted degenerated elastic fiber structures in the giant cells cytoplasm and epidermal proliferation which is associated with superficial epidermis invaginated into the dermis

PP-037

Treatment of multiple eccrine hidrocystomas with isotretinoin followed by erbium yttrium aluminum garnet laser

Serkan Demirkan[1], Özgür Gündüz[1], Tuba Devrim[2]
[1]Kırıkkale Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Kırıkkale
[2]Kırıkkale Üniversitesi Tıp Fakültesi, Patoloji Ana Bilim Dalı, Kırıkkale

Multiple eccrine hidrocystomas (MEH) are benign cystic lesions with a chronic clinical course and seasonal fluctuation. Treatment of MEH is often difficult due to the multiplicity of lesions and the risk of scarring and various treatments have been suggested, but there is still no gold standard treatment. A 55-year-old man presented with a year history of bilateral translucent papules involving the periorbital areas and cheeks (Fig. 1). The lesions were more pronounced in summer. His medical and family histories were unremarkable. There was no history of trauma. Laboratory findings were normal. Dermatological examination revealed numerous dome-shaped, skin-colored, translucent lesions of 2– 5 mm diameter in the centrofacial area. Based on these findings, the patient was diagnosed with MEH. We used an erbium yttrium aluminum garnet laser at 800 2,4joule, 3-Hz frequency and 2 mm..... diameter. After laser treatment we began to treat the patient with oral isotretinoin 20 mg once a day. We stopped isotretinoin treatment after a month. We obtain a long cosmetic effect. Eventually, a good cosmetic result was achieved, and the patient was very satisfied (Fig. 2). This case provides an example of the efficacy of sequential treatment with oral isotretinoin and erbium yttrium aluminum garnet laser in a patient with MEH. We suggest that oral isotretinoin treatment could yield a good temporary cosmetic effect and the additional ablative laser treatment cause semi-permanent removal of the MEH lesions. However, further work is needed to establish exactly how isotretinoin acts on the MEH lesions. We suggest that our treatment regimen provides an alternative treatment option in difficult-to-treat patients with numerous EH lesions.

KEYWORDS: eccrine hidrocystoma, erbium yttrium aluminum garnet laser, isotretinoin

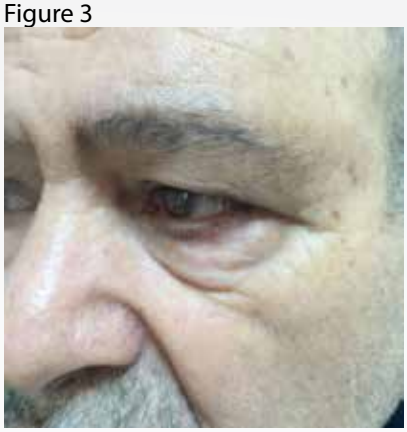
Figure 1

Multiple translucent papules in the periorbital areas

Figure 2

After 1 month of laser treatment

Figure 3



Patient's face 1 year after laser and oral isotretinoin treatment

PP-038

ORF-INDUCED SWEET'S SYNDROME: A CASE REPORT

Ece Nur Değirmentepe[1], Deniz Yavuz[1], İlteriş Oğuz Topal[1], Sinem Ayşe Örnek[1], Pırıl Etikan Akbaş[1], Selver Özekinci[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

Orf is a mucocutaneous disease caused by parapoxvirus that is common among farming communities. The primary mammal hosts are sheep and goats but human can be infected by contact with contaminated animal saliva from non-intact skin. In humans, disease tends to be benign and self-limiting. It is commonly characterized by a small ulcer or nodule on the hand or finger. The lesions can complicate to lymphangitis or secondary bacterial infection but systemic complications such as erythema multiforme, maculopapular eruption, sweet's syndrome and generalized lymphadenopathy are rare. Here we report a case of sweet's syndrome following orf disease. There is no orf induced-sweet's syndrome reported in the literature. Orf disease should be considered as a possible underlying cause of sweet's syndrome.

KEYWORDS: orf infection, parapoxvirus, sweet's syndrome

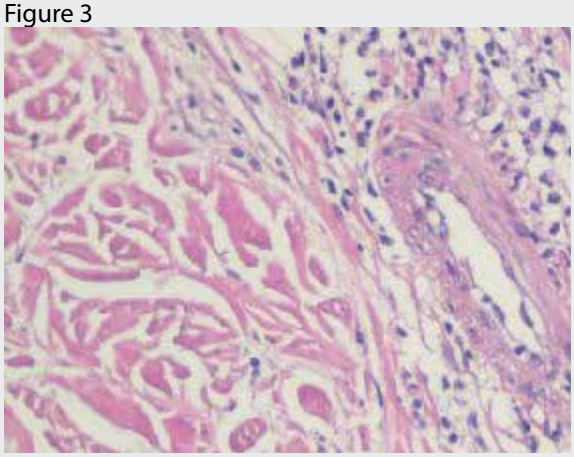
Figure 1

Multiple erythematous tender papules

Figure 2

Crusted erythematous papule on the left little finger

Figure 3



Neutrophilic inflammatory infiltrate (HEx200)

PP-039

CUTANEOUS LARVA MIGRANS: A CASE REPORT FROM BLACK SEA REGION OF TURKEY

Sema Aytekin[1], Fatih Göktay[1], Zeynep Altan Ferahatoğlu[1], Güldehan Atış[1], Pembe Gül Güneş[2]
[1]Department of Dermatology, Haydarpaşa Numune Training and Research Hospital
[2]Department of Pathology, Haydarpaşa Numune Training and Research Hospital

Introduction: Cutaneous larva migrans (CLM) is a dermatose caused by the invasion of animal hook worm larvae into the human epidermis. It is common in tropical countries and tending to affect feet, thighs and buttocks. Herein, we report a patient who has lesions on an unexpected area "abdomen" from an uncommon country "Turkey".

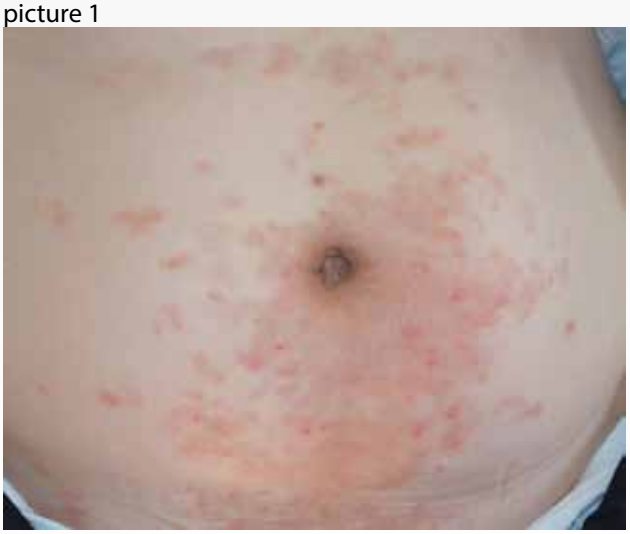
Case A: 33-year-old woman admitted to our dermatology out-patient clinic because of an itchy and prickly erythematous papules and plaques on her abdomen. She described that the lesions appeared 3 weeks ago when she was collecting nuts at the Black Sea region of Turkey. She had no benefit from the ointment containing antibiotics. Dermatological examination revealed a large (25 × 30 cm) an erythematous and edematous papules and plaques around the umbilicus on the abdomen, with serpiginous tracks in some areas. Except leukocytosis (11.9 10*3/ µl) and eosinophilia (1.45 10*3/ µl) peripheral blood count analysis and serum biochemical analysis were within normal ranges. Histopathological examination revealed that eosinophil associated superficial and perivascular dermatitis. The patient was diagnosed as CLM and treated with oral albendazole, systemic antihistaminic and topical corticosteroid.

Discussion: Cutaneous larva migrans is also known as creeping eruption, is a dermatose caused by the invasion and migration of animal hook worm larvae into the human epidermis. Though CLM has a worldwide distribution, it is common in warm tropical and subtropical countries like Caribbean islands, Africa, South and Central America, South East Asia. CLM frequently occurs during warm and rainy seasons because development of the larva include temperature 23 to 30 0C. The parasite infect a human through the penetration of undamaged skin. Commonly affected sites are feet, thighs and buttocks but any part of the body including penis, which has direct contact with contaminated soil, can be involved. Human is an incidental host for nematode larvae, not completing the full life cycle larvae stay confined to the epidermis and less often the upper dermis. The parasite migration (at the rate of a few millimeters to a few centimeters per a day) causes severe pruritus, which often leads to epidermal damage and secondary infections. This migration causes an erythematous, tortuous and serpiginous tunnel which could be even more than 10 centimeters.

Conclusion: In most cases, typical skin findings and previous travel history are enough for the diagnosis of CLM. CLM can be encountered in our country especially in Black Sea Region. In the presence of pruritic serpiginous tunnel appearance, CLM should be keep in mind and the patients should be asked travel history of Black Sea Region of Turkey.

KEYWORDS: albendazole, Black Sea region of Turkey, cutaneous larva migrans,

picture 1



Erythematous and edematous papules and plaques around the umbilicus on the abdomen, with serpiginous tracks in some areas

PP-040

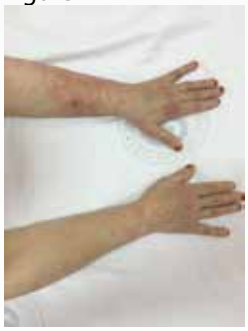
SORAFENIB INDUCED ERYTHEMA MULTIFORME IN A PATIENT WITH HEPATOCELLULAR CARCINOMA

Hilal Kaya Erdogan[1], Ersoy Acer[1], Zeynep Nurhan Saraçoğlu[1], Evrim Yılmaz[2]
[1]Department of Dermatology, Eskisehir Osmangazi University, Eskisehir, Turkey
[2]Department of Pathology, Eskisehir Osmangazi University, Eskisehir, Turkey

Sorafenib is a multikinase inhibitor used for the treatment of metastatic renal and hepatic cell carcinomas. Cutaneous side effects can be seen in up to 90% of cases. While erythema, exfoliative dermatitis and acne are common; folliculitis, eczema and erythema multiforme are rare. A 55-year-old woman was referred to our clinic with the complaints of painful rashes on her hands, arms, legs and trunk. She had been started sorafenib treatment (800 mg/day, orally) 10 days ago for her hepatocellular carcinoma. Her medical history was unremarkable except hepatocellular carcinoma and hepatitis virus C positivity. Radiofrequency ablation had been performed three times for her liver tumors. On dermatologic examination multiple, tender, erythematous, targetoid papules on extremities and the trunk were detected. She had no mucosal lesions (Figure 1). A punch biopsy was performed. The histopathological examination of the lesion revealed superficial perivascular lymphocytic infiltration, eosinophils and interface dermatitis. Together with the clinical and histopathological findings our case was diagnosed with erythema multiforme. Sorafenib therapy was stopped. Complete improvement of the lesions was observed with a ten-day oral methyl prednisolone treatment. Herein we present a woman with sorafenib induced erythema multiforme and discuss cutaneous side effects of sorafenib.

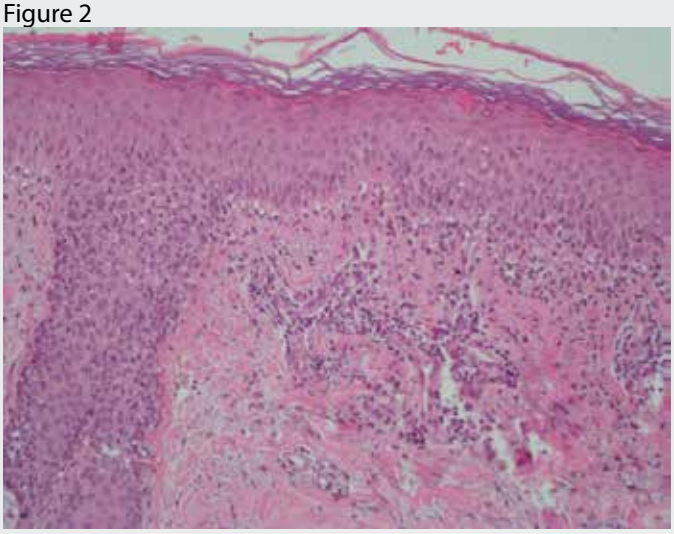
KEYWORDS: sorafenib, erythema multiforme, side effect

Figure 1



Multiple, tender, erythematous, targetoid papules on extremities

Figure 2



Histopathological examination revealed interface dermatitis (H&EX20)

PP-041

İNFLAMMATORY MARKERS AND MEAN PLATELET VOLUME IN RECURRENT APHTHOUS STOMATITIS

Havva Yıldız Seçkin, Atiye Oğrum
Deri ve Zührevi Hastalıkları Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey

BACKGROUND: Recurrent aphthous stomatitis (RAS) is an inflammatory, chronic, painful, and the most common oral mucosal disease characterized by necrotizing ulceration. The exact ethiopathogenesis of RAS is unknown. Several mechanisms such as genetics, infection, immune complexes, and antibodies have been suggested as causes of this disease. OBJECTIVE: The aim of this study is to investigate mean platelet volume (MPV), neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR), and erythrocyte distribution width values (RDW) in patients with RAS and healthy controls. And we aimed to compare these values between patients with RAS and patients with RAS who are treated with colchicines.

METHODS: A total of 166 patient with RAS and 71 healthy controls were included in this study.The patients were divided into two subgroups according to colchicine treatment. In addition, full blood parameters of the patients who used colcihine before the treatment and in the third month of the treatment were recorded. RESULTS: The MPV, NLR, PLR and RDW values were not found statistically different between patients with RAS and healthy subjects (p>0.05). There also was no statistical difference in MPV, NLR, PLR and RDW values between patients treated with colchicine and not treated with colchicine (p>0.05). In addition, there was no statistical significant difference in MPV, NLR, PLR and RDW values between before the treatment and in the third month of the treatment.

CONCLUSIONS: This is the first study to compare the inflammation markers (NLR, PLR, RDW) and MPV values in patients with RAS who are treated with colchicine and are not treated with colchicine. In conclusion, there is no statistically significant difference between groups.

KEYWORDS: colchicine, inflammation markers, recurrent aphthous stomatitis

PP-042

CLINICAL, DEMOGRAPHIC AND LABORATORY FEATURES OF PATIENTS WITH ALOPECIA AREATA IN TOKAT REGION

Havva Yıldız Seçkin, Yalçın Baş, Zennure Takçı
Deri ve Zührevi Hastalıkları Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey

OBJECTIVES: Alopecia areata is a chronic inflammatory disease; characterized with patchy hair loss and occurs in people of all ages and both gender.This study aims to investigate the demographic properties of the patients with alopecia areata in our region.

MATERIAL-METHOD: Data of 246 patients who were diagnosed as alopecia areata in University of Gaziosmanpaşa, Medical Faculty, Department of Dermatology, between January 2013 and January 2015 were evaluated retrospectively. 87 age and gender mathched subjects were enrolled as control group. RESULTS: 246 patients, 101 female (41,1%) and 145 male (58,9%) were included in the study. Mean age of the all patients were 29,84±10,92. 31 patients were <18, 89,4% were <40 and 67,5% were 20-40 years old. 240 patients (97,5%) had AA, 5 (2%) had alopecia totalis, 1 had (0,4%) alopecia universalis. 23% of the patients were diagnosed in the age of smaller than 20. 95,9% of the patients had mild involvement in the scalp and 4,1% had severe. 69 patients had (28%) nail involvement. There was not a significant difference between disease severity in scalp and nail involvement, gender and disease initiation age (p>0,05). 18 patients (7,3%) had family history. İnitiation age and severity of the disease and family history had not a significant difference (p>0,05). Free T3, free T4, hemogram, ferritin, vitamin B12 and folat levels of the patients and the controls were not significantly different. But TSH levels were significantly high in AA group (p=0,03).

CONCLUSION: Our study shows the demographic properties of the alopecia areta patients in our region. The results are similar to other studies in our country, however, some differences has been estimated.

KEYWORDS: Alopecia areata, Clinical Characteristics, Demographic Characteristics, Laboratory Characteristics

PP-043

USE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) IN TREATMENT OF POST-HERPETIC NEURALGIA

Havva Yıldız Seçkin, Yalçın Baş, Zennure Takçı
Deri ve Zührevi Hastalıkları Anabilimdalı,
Gaziosmanpaşa Üniversitesi, Tokat, Turkey

Post-herpetic neuralgia is a chronic peripheral pain syndrome developing after herpes zoster infection. Post-herpetic neuralgia is encountered in nearly 1/3 of the patients with herpes zoster and pain can persist in going on after months and even years. The treatment of post-herpetic neuralgia is fairly difficult. In this study, it was revealed that the pain in our 56 year old male patient who was previously administered with antiviral treatment and gabapentin, was relieved with administering transcutaneous electrical nerve stimulation (TENS) treatment for three times a week in one mounth. It was aimed to call attention to TENS application could be an efficient treatment choice in post-herpetic neuralgia treatment.

KEYWORDS: Post-herpetic neuralgia, TENS, treatment

PP-044

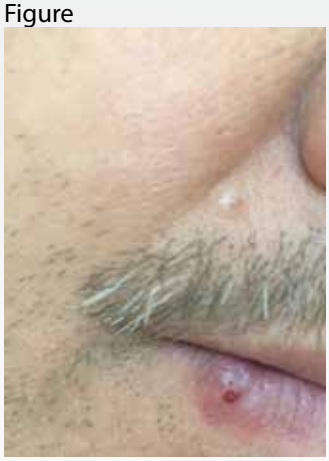
Management of a Pyogenic Granuloma of the Lower Lip with Flash Lamp Pulsed Dye Laser: A Case Report

Serkan Demirkan[1], Özgür Gündüz[1], Tuba Devrim[2]
[1]Kırıkkale Üniversitesi, Deri ve Zührevi
Hastalıklar Ana Bilim Dalı, Kırıkkale
[2]Kırıkkale Üniversitesi, Patoloji Ana Bilim Dalı, Kırıkkale

Pyogenic granuloma (PG) is a common, acquired, benign vascular reactive proliferation that typically develops as a small erythematous papule on the skin or mucosal surface. Labial PG is often caused by constant low-grade infection, minor trauma, poor oral hygiene, and due to hormonal disturbances. Lesions can be excised surgically with removal of the underlying causes. However, this modality may be associated with unnecessary complications. After surgical excision recurrence occurs up to 16% of these lesions. It is believed that recurrence ensues as a result of incomplete excision, failure to eliminate etiologic factors or repeated trauma. Many other treatment modalities could be counted such as cryosurgery, sodium tetradecyl sulfate sclerotherapy, intralesional steroids, neodymium-doped yttrium aluminium garnet (Nd:YAG) laser, carbon dioxide (CO2) laser, erbium-doped yttrium aluminum garnet (Er:YAG) lasers and diode laser have been suggested, but the results are frequently unsatisfactory, especially at difficult sites and with extensive lesions. Recently, different laser wavelengths have been used for removal of labial PG. Herein, we present a case of labial PG in a 60-year-old man. The lesion was reduced successfully with, flash lamp pulsed dye laser as a conservative and non-stressful procedure that resulted bloodless with rapid healing, minimal pain, swelling, and scarring., Flash lamp pulsed dye laser offers a new efficient noninvasive tool for reducing labial vascular benign lesions.

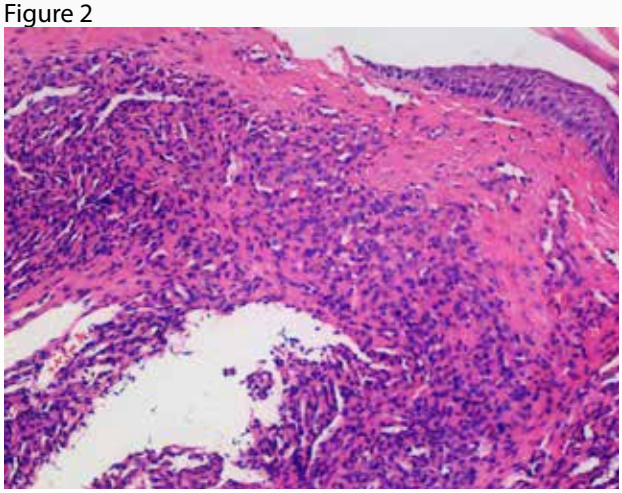
KEYWORDS: pyogenic granuloma, pulsed dye laser, treatment

Figure 1



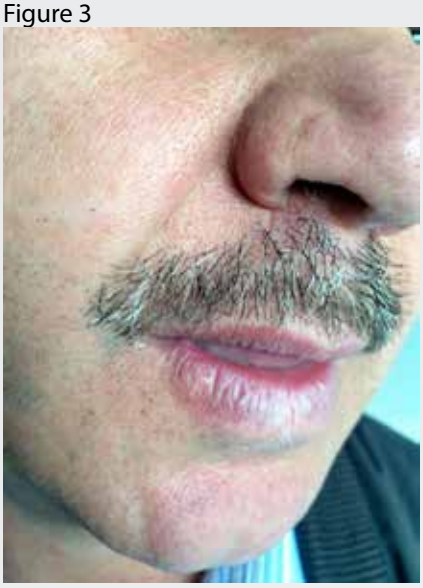
Pyogenic granuloma on inferior lip

Figure 2



Distinctive lobules of dilated capillaries in the dermis. (10x H.E.)

Figure 3



Healing minimal swelling and scarring

PP-045

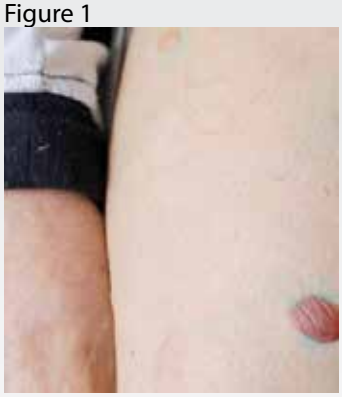
BULLOUS PEMPHIGOID WITH CUTANEOUS AND MUCOSAL EROSIONS ASSOCIATED WITH CHRONIC LYMPHOCYTIC LEUKEMIA

Kübra Kızıltaç[1], Ralfi Singer[1], Sinem Ayşe Örnek[1], Şule Güngör[1], Utkan Kızıltaç[1], Selver Özekinci[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

Bullous pemphigoid is a chronic, autoimmune, acquired subepidermal blistering disorder which is frequently encountered in the elderly population. It is characterized by an autoimmune response towards two hemidesmosomal proteins within the basement membrane zone (BMZ), namely, BP180 and BP230, which triggers an inflammatory cascade leading to the formation of blisters. Some authors described several cases of pemphigoid associated with malignancies; however, the evidence of this correlation still remains controversial. A 74-year-old man presented with a 3-months history of generalized pruritic blistering skin lesions. Physical examination revealed tense blisters and erosions on the whole body,scalp and severe lesions located to the oral mucosa. The skin biopsy demonstrated a subepidermal blister containing numerous eosinophils in the dermis. Direct immunofluorescence revealed lineardeposits of immunoglobulin (Ig)G and C3 in the basement membrane zone (BMZ). IgG enzyme-linked immunoassay was positive for BP180 but negative for desmoglein Dsg1, Dsg3. On the basis of these findings, a diagnosis of bullous pemphigoid was made. The patient went into remission after 6 months with systemic corticosteroid treatment; there was a relapse after 1,5 years. At this time, peripheral blood leukocyte count was 37.000/mm3 and a diagnosis of chronic lymphatic leukemia (CLL) was made by the hematology department. Although we can not prove that there is a positive association between BP with CLL, we report this case due to the rare coexistance of these two entities.

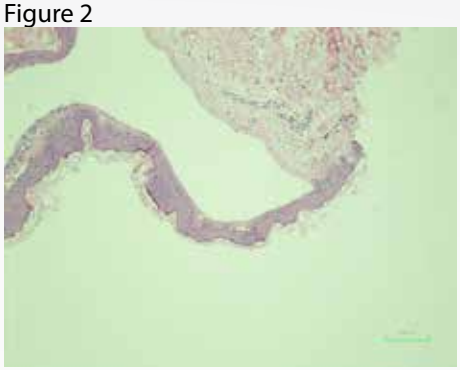
KEYWORDS: bullous pemphigoid, chronic lymphocytic leukemia, malignancy

Figure 1



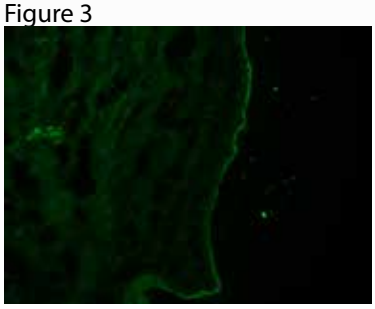
Tense blisters and erosions on proximal lower extremity

Figure 2



The skin biopsy demonstrated a subepidermal blister

Figure 3



Direct immunofluorescence revealed linear deposits of immunoglobulin (Ig)G in the basement membrane zone

PP-046

CLINICAL MANIFESTATIONS OF SECONDARY SYPHILIS IN A HIV-POSITIVE PATIENT: A CASE REPORT

Atiye Ogrum, Havva Yıldız Seçkin, Zennure Takcı
Department of Dermatology,
Gaziosmanpasa University, Tokat, Turkey

INTRODUCTION AND OBJECTIVES: Syphilis and HIV are both transmitted sexually. We report clinical manifestations of seconder syphilis in a HIV-positive patient.

CASE: A 21-year-old man in good general health presented with a month history of progressive patchy hair loss of the scalp. Examination revealed a mucous patch on the upper lip, patches of 'moth-eaten' alopecia in the parieto-occipital scalp region, loss of the lateral portion of the eyebrows, bilateral tonsillar hypertrophy and cervical lymphadenopathy. Serologic test results included positive nontreponemal reaction; with specific Treponema Pallidum Hemagglutination Assay (TPHA) being positive as well. Human immunodeficiency virus serology was positive, with a fully evolved Western Blot test. This was the patient's first positive HIV test.

CONCLUSIONS: Syphilis as a "great mimic" can present various manifestations indistinguishable from other diseases. HIV has several effects on the presentation, diagnosis, disease progression, and therapy of syphilis.

KEYWORDS: Syphilis, human immunodefficiency virus, HIV

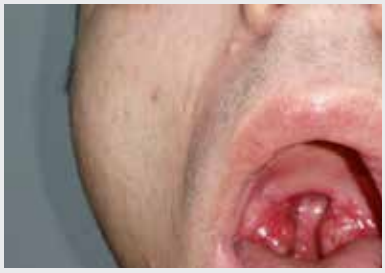
Resim-1

Kas laterallerinde dokulme

Resim-2

Saclarda guveyenigi seklinde alopesi

Resim-3



Bilateral tonsiller hipertrofi ve tonsil uzerinde ulserasyonlar

PP-047

UNUSUAL LOCATION OF A TRICHILEMMAL CYST: A CASE REPORT

Kübra Kızıltaç[1], Deniz Gürses Yavuz[1], Ralfi Singer[1], Mehmet Çopur[1], Ece Nur Değirmentepe[1], Aytül Buğra[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, İstanbul, Turkey

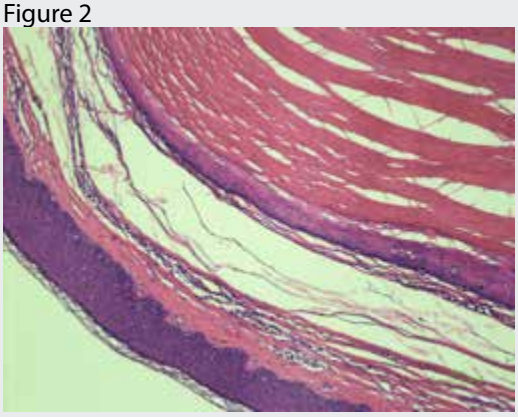
Trichilemmal cysts (also known as a "wen", "pilar cyst" or "isthmus-catagen" cyst) is a common skin lesion developing from the hair follicle. Their occurrence is often familial, with inheritance as an autosomal dominant trait. Clinically, they appear as a single or multiple smooth, mobile, firm and rounded intradermal or subcutaneous nodules. Although predominant distribution is scalp (%90) few cases have been reported localized on the face, trunk and extremities. A 50-year-old woman presented with a nodular lesion on her left arm which had grown slowly over the last year. Past history was unremarkable and none of the family members had similar lesions. Physical examination revealed a well-demarcated, yellowish, hairless, rubbery, non-tender and mobile nodule. The lesion was excised totally and histopatological examination was consistent with trichilemmal cyst. Here, we report this case due to the occurrence of the lesion in an unusual localization.

KEYWORDS: hair follicle, trichilemmal cyst, unusual location

Figure 1

Yellowish, hairless, rubbery, non-tender and mobile nodule

Figure 2



Fibrous capsule that surround cyst, trichilemmal keratinization and absence of granular cell layer

PP-048

ONYCHOMADESIS FOLLOWING HAND-FOOT-AND-MOUTH DISEASE

Mehmet Çopur[1], Emek Kocaturk[1], Utkan Kızıltaç[1], Ecenur Değirmentepe[1], Ahmet Dilber[2], Sinem Ayşe Örnek[1]
[1]Department of Dermatology, Okmeydanı Research and Education Hospital
[2]Department of Plastic Surgery, Okmeydanı Research and Education Hospital

Hand, foot and mouth disease (HFMD) is a common infection caused by a group of viruses including non polio enterovirus, several strains of coxsackie virus and few strains of ECHO virus. It typically begins with a fever and feeling generally unwell. After the prodominal phase, a distinctive exantheme appears as flat, discolored papules or vesicles on the acral regions. Delayed cutaneous manifestations such as onychomadesis and desquamation of skin are possible. Oychomadesis is believed to be an extreme form of Beau lines in which the whole thickness of the nail plate is affected, resulting in its separation from the proximal nail fold and shedding of the nail plate. A 28-year-old male presented with new-onset loss of 3 fingernails. The patient had a history of a viral infection 2 months ago and cutaneous manifestations were oral ulcers, palmoplantar papular rash, truncal erythematous maculopapular rash. The diagnosis of onychomadesis was made as a delayed complication of hand, foot and mouth disease. When onychomadesis is noted, historical review of viral illnesses within 1 to 2 months prior to nail changes often will identify the causative disease.

KEYWORDS: coxsackie virus, Hand-foot-and-mouth Disease, Onychomadesis

Figure 1

PP-049

IDIOPATHIC GRANULOMATOUS MASTITIS ASSOCIATED WITH ERYTHEMA NODOSUM

Mehmet Çopur, Emek Kocaturk, Ralfi Singer, Tulin Yüksel, Ecenur Değirmentepe, Kübra Kızıltac
Department of Dermatology, Okmeydanı Research and Education Hospital

Idiopathic granulomatous mastitis (IGM) is a rare, benign, chronic inflammatory breast disease that first described by Kes¬sler and Wolloch in 1972. IGM is reported to occur pre¬dominantly in premenopausal women shortly after their last childbirth. IGM has no confirmed etiology; however, it is as¬sociated with breastfeeding, smoking and the use of oral con¬traceptives. It is clinically characterized by hard breast lumps with local inflammation, galactorrhea, tumorous indu¬rations and skin ulcerations. Erythema nodosum (EN) is an extremely rare systemic manifestation of IGM. EN is an inflammatory condition characterised by inflammation of the fat cells under the skin, resulting in tender red nodules or lumps that are usually seen on both shins. A 35-year-old female patient was admitted to our clinic with a history of a tender mass in the right breast. On physical examination, the right breast con-tained a hard, tender mass in the upper half with in-drawing of the nipple. She had erythema nodosum affecting both lower extremities. The association between granulomatous mastitis and erythema nodosum is rarely described in the literature. IGM should be considered in the differential diagnosis of EN.

KEYWORDS: breast disease, Erythema Nodosum, Idiopathic Granulomatous Mastitis

Figure 1

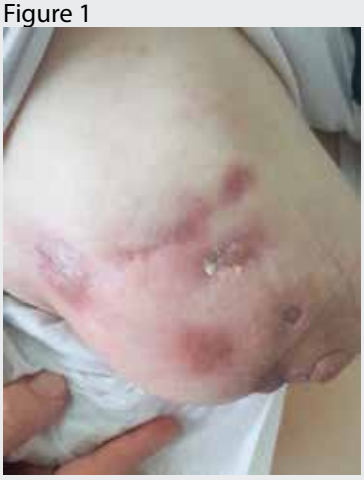
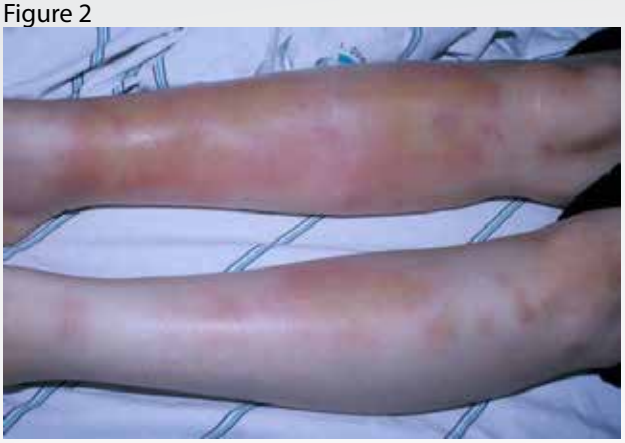


Figure 2



PP-050

A CASE OF LATE DIAGNOSED TUBERCULOSIS CUTIS VERRUCOSA

Işıl Ezgi Urgancı[1], Sıla Şeremet Uysal[1], Fatma Şule Afşar[1], Ali Karakuzu[1], İlhan Afşar[2]
[1]Department of Dermatology, Katip Çelebi University Atatürk Training and Research Hospital, İzmir, Turkey
[2]Department of Medical Microbiology, Katip Çelebi University Atatürk Training and Research Hospital, İzmir, Turkey

Tuberculosis cutis verrucosa is a type of secondary tuberculosis from an exogenous source. We report a case of a 28-year-old male patient diagnosed as a tuberculosis cutis verrucosa after misdiagnosed as a verruca vulgaris over ten years.

INTRODUCTION: Cutaneous tuberculosis is difficult to diagnose due to its varied clinical presentations and limitations of diagnostic methods. And we report here a case of tuberculosis verrucosa cutis which is misdiagnosed as a verruca vulgaris over ten years.

CASE: A 28-year-old male patient presented with over ten years history of warty, hyperkeratotic lesions on his hands. Dermatological examination revealed multipl, hyperkeratotic, verrucose, papul and plaques on his hands (Figure 1). He works as a garbage man. He had multipl skin biopsy reports and non of them are remarkable, so he was diagnosed as a verruca vulgaris on the basis of the clinical appearance. Criotherapy was used many times, but he was nonresponsive to the treatment. Skin punch biopsy was performed again from the verrucose lesions. The histopathological evaluation revealed well formed granulomas and Langhans type giant cells in the dermis. One more skin biopsy was performed and divided into two portions, one part was used for inoculation for isolation of mycobacteria and the other part was performed for polymerase chain reactin (PCR) study. Depending on clinical, laboratory and histopathological findings, patient was diagnosed as tuberculosis cutis verrucosa. Anti tuberculosis therapy was started and his respond to the treatment was dramatically good (Figure 2).

DISCUSSION: Cutaneous tuberculosis can be classified as primary and secondary, and also as tuberculosis from an exogenous or endogenous source. Tuberculosis verrucosa cutis is a type of secondary tuberculosis from an exogenous source. It is characterized by the presence of verrucose plaques, usually on extremities. Aspecially health care proffessionals, butchers, farmers under high risk of exogenous tuberculosis. Our patient is working as a garbageman and also as a butcher, so probably he was infected by contaminated materials. Isolation of Mycobacterium tuberculosis in culture is accepted gold standart for the diagnosis of tuberculosis. Standart therapy regimes for cutaneous tuberculosis is the same as pulmonary tuberculosis. Drug resistance is the most problem and because of this, combined therapies are used. Two months of quadruple therapy isoniazid, rifampicin, pyrazinamide, ethambutol, follwed by a further four months with isoniazid and rifampicin. In a short time, a clinical response of our patient was dramatically good after anti-tuberculosis treatment.

CONCLUSION: In this case, our patient was diagnosed and treated as a verruca vulgaris for over ten years. When we see a patient with recalcitrant verrucose plaques, we must consider tuberculosis verrucosa cutis, especially in countries where tuberculosis is a common infection, to prevent missed or delayed diagnoses.

KEYWORDS: mycobacterium tuberculosis, tuberculosis verrucosa cutis, verruca vulgaris

Figure 1

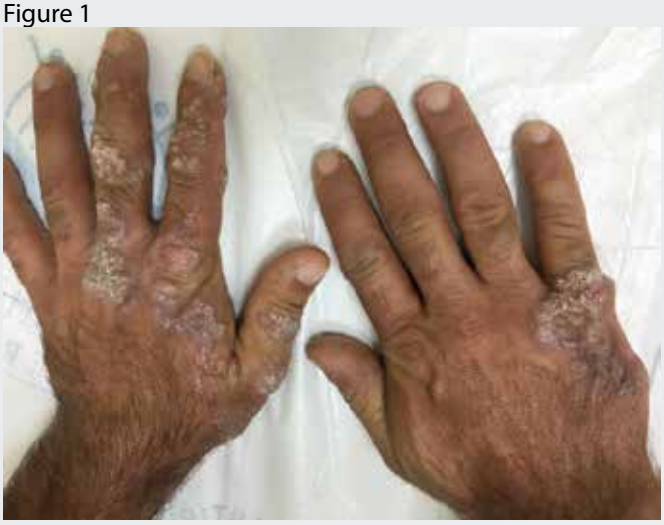


Figure 2

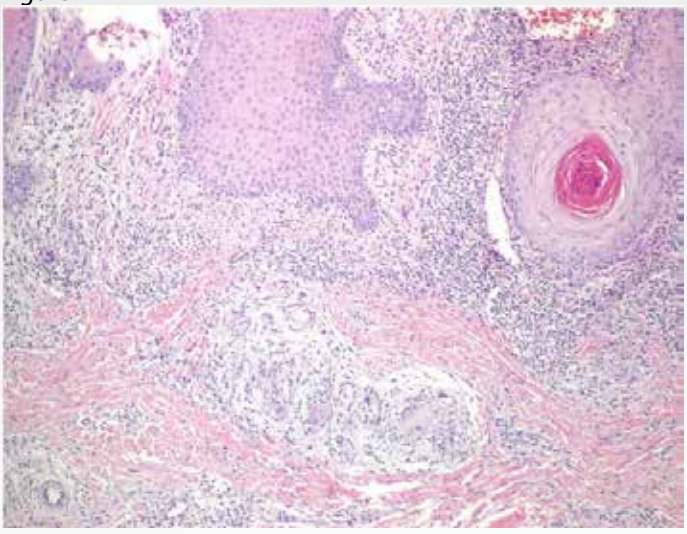
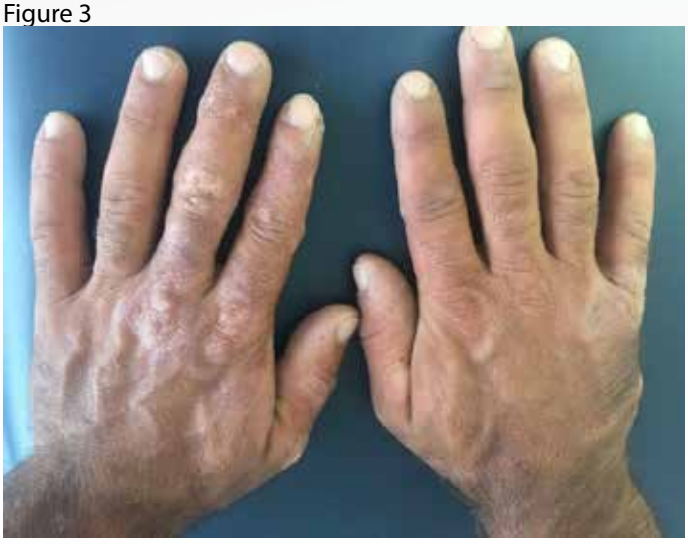


Figure 3



PP-051

EXPERIENCE OF OMALIZUMAB TREATMENT IN DERMATOLOGY DEPARTMENT OF MERSIN UNIVERSITY

Büşra Altun Deniz, Ufuk Kavuzlu, Ümit Türsen
Department of Dermatology, Mersin University, Mersin, Turkey

Chronic idiopathic urticaria is a common dermatological disease characterized by wheals and/or angioedema that persists at least six weeks. Omalizumab is a humanized monoclonal antibody that binds immunoglobulin E antibodies. In 2014 FDA approved omalizumab for patients with chronic urticaria unresponsive to antihistamines. It has been also used in some dermatological diseases as off-label such as atopic dermatitis. In this study patients who were treated with omalizumab in dermatology department of Mersin University between January 2012 and December 2016 were reviewed retrospectively. The findings were discussed with respect to literature.

KEYWORDS: chronic, omalizumab, urticaria

PP-052

A ONE YEAR OLD DIFFUSE CUTANEOUS MASTOCYTOSIS: PSEUDOXANTHOMATOUS VARIANT

Ceyda Gündüzoğlu[1], Şenay Ağırgöl[1], Ahmet Tarlacı[2], Zafer Türkoğlu[1]1Departmant of Dermatology, Haseki Research and Training Hospital, Istanbul, Turkey
[2]Departmant of Pathology, Haseki Research and Training Hospital, Istanbul, Turkey

INTRODUCTION & OBJECTIVES: Mastocytosis is a group of diseases that are characterized by the abnormal increase in mast cells in one or more organs. There are two types of diffuse cutaneous mastocytosis; bullous and pseudoksantomatosis. Pseudoxanthomatous or xanthelasmoid mastocytosis is an extremely rare variant.

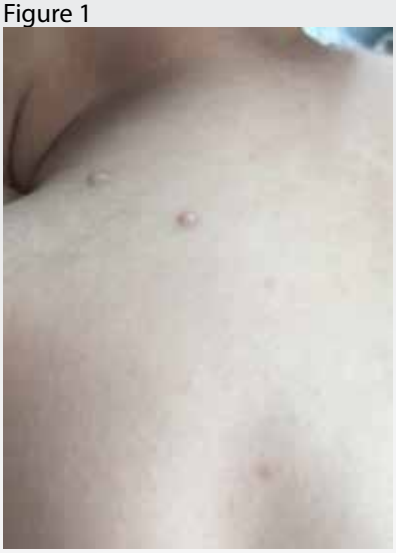
MATERIALS & METHODS: A 12-month-old male patient was admitted to our clinic with skin lesions on the body. In his dermatological examination; there were papulonodular lesions of yellowish color ranging from 0.5-3cm in diameter on the occipital region, proximal upper trunk and back, right inguinal folds and back of the cruris. Darier's sign was negative. The patient had no symptoms and the systemic examination was normal.

RESULTS: Skin biopsy was taken, and histopathologic examination revealed proliferation of mast cells which was compatible with mastocytosis. Examination for systemic mastocytosis was normal.

CONCLUSIONS: Pseudoxanthomatous mastocytosis is an extremely rare variant of diffuse cutaneous mastocytosis. When we look at the cases reported in the literature, it can be said that this case is different from the other pseudoxanthomatous mastocytosis cases with its early age of onset.

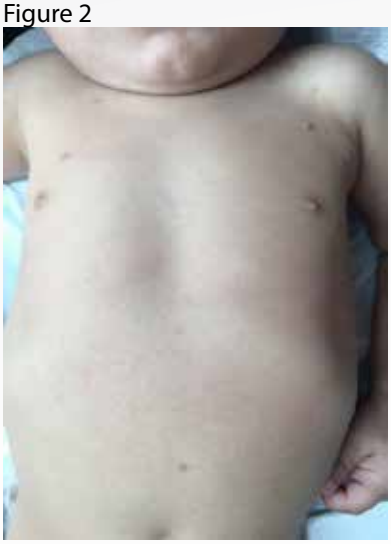
KEYWORDS: mastocytosis, pseudoxanthomatous, xanthelasmoid

Figure 1



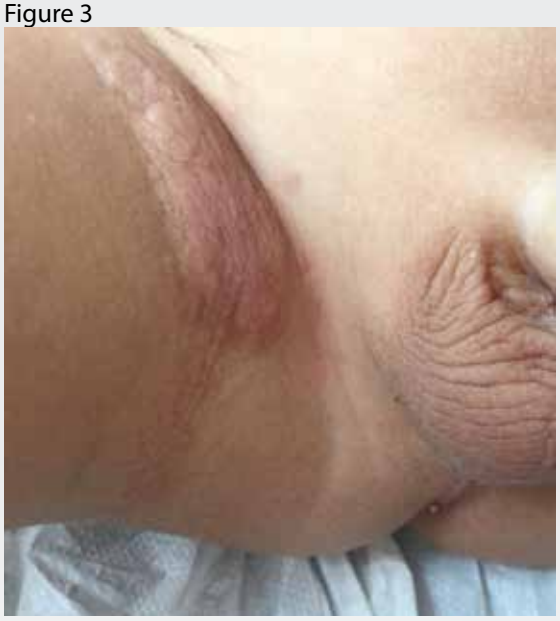
Skin colored-yellowish papulonodular lesions on the occipital region.

Figure 2



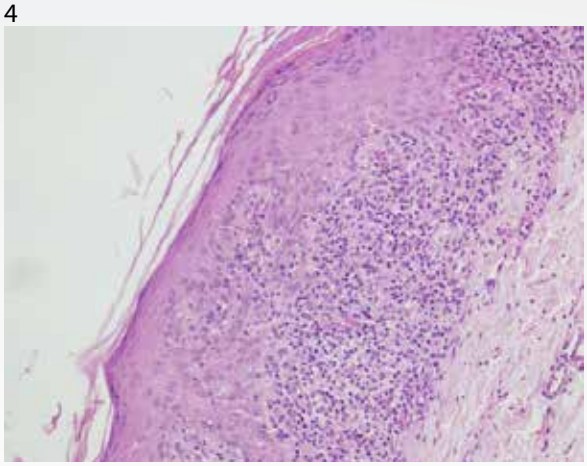
Yellowish papulonodular skin lesions on the proximal upper trunk.

Figure 3



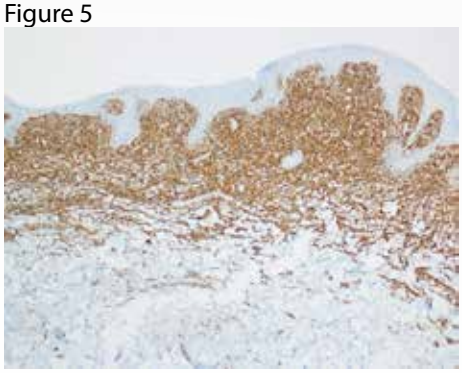
Yellowish papulonodular skin lesions on the right inguinal folds.

4



Epidermal thinning, thinning and elongation of rete ridges, diffuse dense infiltrate of mast cells that granules do not select filling up the papillary dermis and superficial dermis. (HE * 200)

Figure 5



CD117 positive mast cells. (CD117* 100)

PP-053

TRASTUZUMAB INDUCED PAPULOPUSTULAR ERUPTION

Şenay Ağırgöl[1], Ceyda Gündüzoğlu[1], Kezban Nur Pilancı[2], Cem Leblebici[3], Zafer Türkoğlu[1]
[1]Departmant of Dermatology, Haseki Research and Training Hospital, Istanbul, Turkey
[2]Departmant of Oncology, Haseki Research and Training Hospital, Istanbul, Turkey
[3]Departmant of Patology, Istanbul Research and Training Hospital, Istanbul, Turkey

INTRODUCTION: Trastuzumab is a HER-2 (Human epidermal growth factor receptor-2) inhibitor commonly used in breast cancer treatment. Papulopustular eruptions are common skin side effects of epidermal growth factor receptor inhibitors. Although the HER-2 inhibitors are frequently used chemotherapeutic agents, the reported cases of papulopustular rash are quite rare.

MATERIALS & METHODS: A 38-year-old female patient referred to our hospital with papulopustular eruptions that were widespread all over the body, which started after the introduction of trastuzumab therapy. Contrary to the widespread rash on the trunk and extremities, there was no facial involvement.

RESULTS: The patient received oral doxycycline 200 mg / day and started using topical clindamycin cream. There was regression of lesions after treatment. Acneiform rashes due to targeted agents are seen on the face and upper parts of the trunk, whereas in our patient, the lesions were more localized on the lower extremities. There was no facial involvement.

CONCLUSIONS: Trastuzumab induced papulopustular eruptions are rare. These eruptions can be treated with systemic or topical agents. Thus, the interruption of the oncologic treatment of the patient can be avoided. The symptoms of the patient affecting quality of life such as itching and pain can be prevented.

KEYWORDS: epidermal growth factor, papulopustular eruption, trastuzumab

PP-054

LICHEN PLANUS PIGMENTOSUS-INVERSUS: A REPORT OF 2 CASES

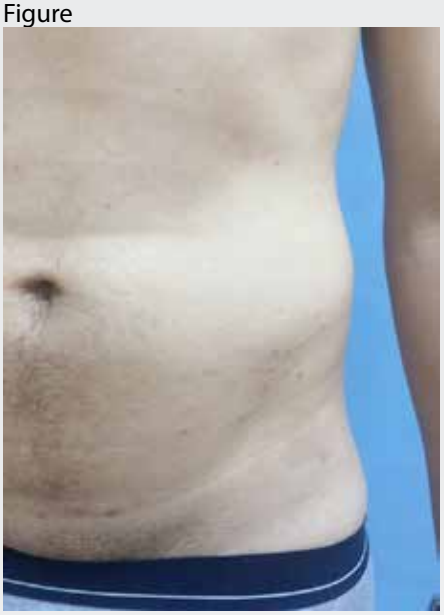
Serkan Demirkan[1], Özgür Gündüz[1], Tuba Devrim[2]
[1]Kırıkkale Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Kırıkkale
[2]Kırıkkale Üniversitesi Tıp Fakültesi, Patoloji Ana Bilim Dalı, Kırıkkale

Lichen Planus Pigmentosus-Inversus: A Report of 2 Cases Liken planus pigmentosus (LPP) inversuswas primarily diagnozed by Pock et al. on sunless intertriginous areas such as axilla and inguen in some East European patients, and its occurance was rarely detected on the other areas of skin. Since lesions were similar to lichen planus (LP)pigmentosus in clinical and histological a small portion of the cases (approximately 10 %),classical lichen planus or lichen planuspigmentosus lesions could be available out of flexural areas.Pock et al.reported in their first statements that large lesions had a tendency of linear or angular configuration. This condition is generally asymptomatic but there may be occasionally a mild pruritus. There is no occurance on mucosa, hairy skin and nails. While some cases can regress without any treatment within a few weeks, some cases can continue for years. Approximately 50 cases have been reported to date and we present two new cases of LPP-inversus.

Case 1: 23 years old male patient complained of stains on his body for 2 months. He has had no treatment so far. He had no diagnosed illness or any drug to be used constantly. There were papules and plaques at inguinal and suprailiac areas on bilateral body sides. Some of which were erythematous and some of which were hyperpigmented (Figure 1). There were no pathological finding in on mucosas, hairy skin and nails. There were diffused brown patches in dermoscopic examination (Figure 2). Skin biopsy showed interstitial lymphocytes and melanophages on superficial dermis, lymphocytes on deep dermis, Focal lymphocytic infiltration on the near cutaneous adnexals (Figure 3). He has derived no benefit from 0,1 % topical steroid and ve tacrolimus treatment.
Case 2: 50 years old female patient has had colour change on inframammary areas, axillar regions, and skin folding areas of abdomen for 6 months. She has had antifungal and antibiotic treatments but she has derived no benefit so far. There were hyperpigmented macules and plaques on inframammary areas, axillar regions, and skin folding areas of abdomen ranging 1 and 4 cm in dimension (Figure 4). There were no findings at the end of the analysis of Wood's light examination. There were no mycotic elements at the end of direct mycotic analyses with potassium hydroxide. There were no pathological finding in on mucosas, hairy skin and nails. There were diffused brown patches in dermoscopic examination (Figure 5). Skin biopsy showed interstitial lymphocyte on superficial dermis, (Figure 6). She has derived no benefit from topical steroid and ve tacrolimus 0,1 % treatment.

KEYWORDS: lichen planus, inversus, intertriginous area, skin folding area

Figure 1

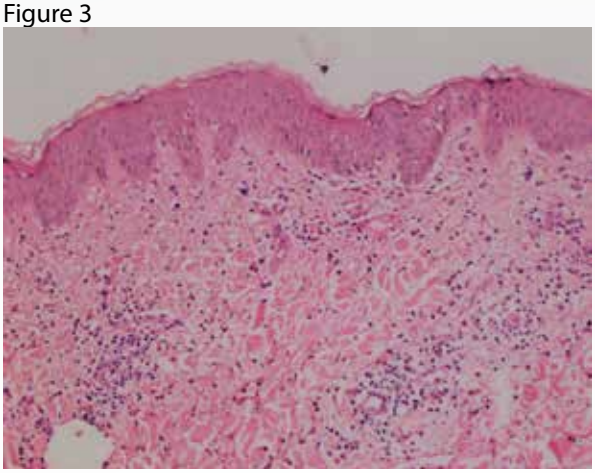


Papules at inguinal and suprailiac areas on bilateral body sides

Figure 2

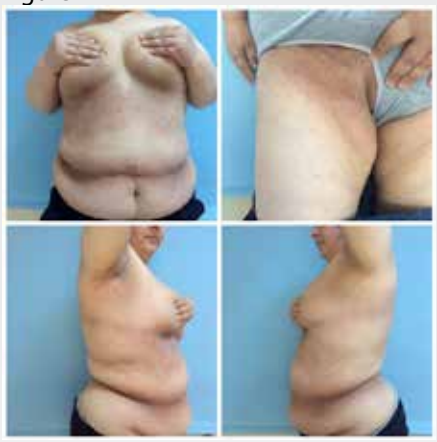
Diffused brown patches in dermoscopic examination

Figure 3



Interstitial lymphocytes and melanophages on superficial dermis, lymphocytes on deep dermis, focal lymphocytic infiltration on the near cutaneous adnexals

Figure 4

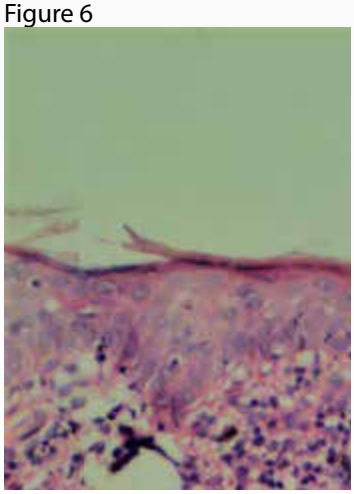


Hyperpigmented macules and plaques on inframammary areas, axillar regions, skin folding areas of abdomen, and inguinal areas ranging 1 and 4 cm in dimension.

Figure 5

Diffused brown patches in dermoscopic examination

Figure 6



Interstitial lymphocyte on superficial dermis

PP-055

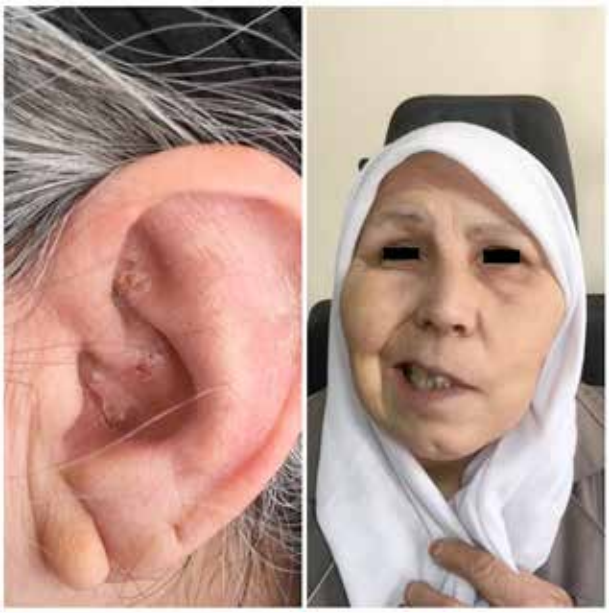
WE HAVE TO CONSIDER THE VESICULAR ERUPTION ON THE AURICULA

Serkan Demirkan, Ahmet Uluat, Özgür Gündüz
Kırıkkale Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Kırıkkale

Ramsay Hunt syndrome was first described in 1907 by James Ramsay Hunt in a patient who had otalgia associated with cutaneous and mucosal rashes, which he ascribed to infection of the geniculate ganglion by human herpesvirus 3 (ie, varicella-zoster virus [VZV]). Ramsay Hunt syndrome is defined as VZV infection of the head and neck that involves the facial nerve, often the seventh cranial nerve (CN VII). Other cranial nerves (CN) might be also involved, including CN VIII, IX, V, and VI (in order of frequency). This infection gives rise to vesiculation and ulceration of the external ear and ipsilateral anterior two thirds of the tongue and soft palate, as well as ipsilateral facial neuropathy (in CN VII), radiculoneuropathy, or geniculate ganglionopathy. Herein we present 3 cases of Ramsey Hunt Syndrome to take attention about vesicular rash on auricula.

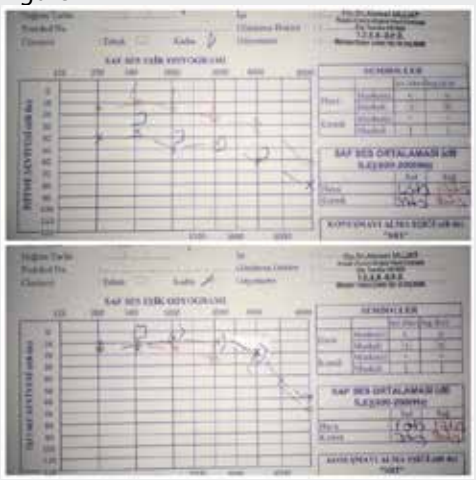
KEYWORDS: Ramsey Hunt Syndrome, auricular rash, neuralgia, facial paralysis, otalgia

Figure 1



Vesicular rash on auricula and prominent facial paralysis with grinning

Figure 2

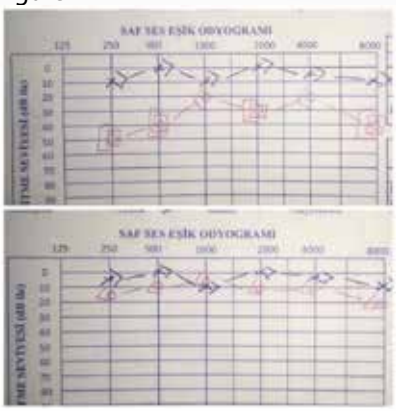


Audiometry test before and after steroid treatment

Figure 3

Vesicular rash on auricula and prominent facial paralysis with grinning

Figure 4



Audiometry test before and after steroid treatment

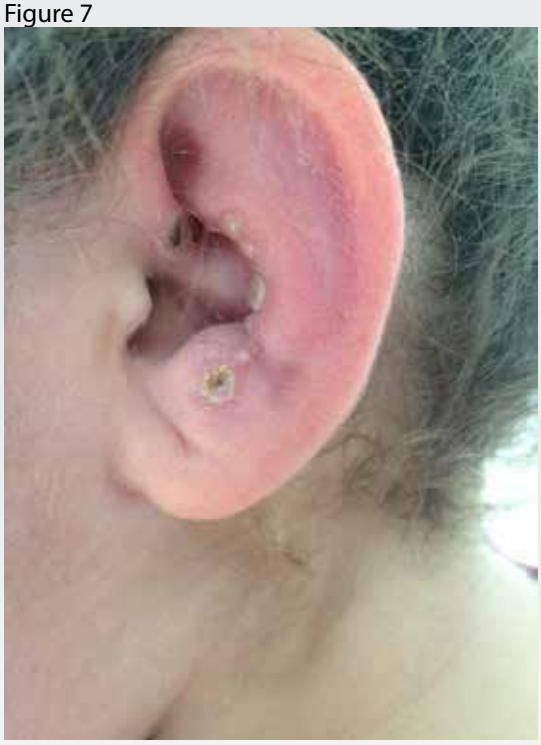
Figure 5

Vesicular rash on auricula and prominent facial paralysis with grinning

Figure 6

Audiometry test before and after steroid treatment

Figure 7



Vesicular rash on auricula

PP-056

CHRONIC RECALCITRANT DERMATOSIS: EROSIVE PUSTULAR DERMATOSIS OF SCALP TREATED WITH ACITRETIN AND TOPICAL TACROLIMUS

Pınar İncel Uysal[1], Devrim Tuba Ünal[2], Önder Bozdoğan[2], Başak Yalçın[1]
[1]Department of Dermatology, Ankara Numune Training and Research Hospital, Ankara, Turkey
[2]Department of Pathology, Ankara Numune Training and Research Hospital, Ankara, Turkey

Erosive Pustular Dermatosis of Scalp (EPDS) is an uncommon disorder of scalp which causes chronic sterile pustules and non-healing erosions leading cicatricial alopecia and skin cancer, consequently. Here, we describe 78-year old male patient with chronic recalcitrant ulceration on scalp for 4 years who has been misdiagnosed and treated inappropriately with various topical agents. Use of acitretin 50 mg/day orally and tacrolimus ointment led to complete and permanent resolution.

KEYWORDS: acitretin, erosive pustular disease, pustular, scalp dermatoses, tacrolimus

Figure 1

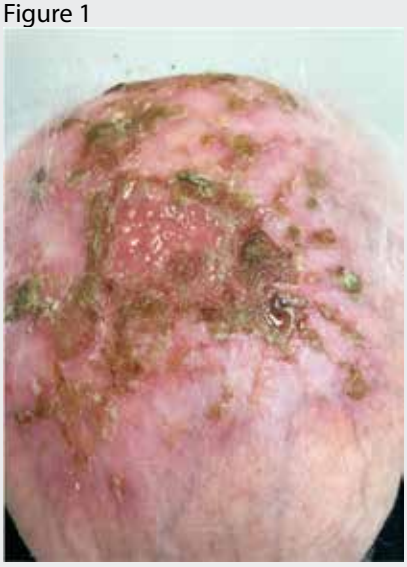


Figure 1. Dirty yellow thick crusts and erosions on the scalp before treatment.

Figure 2

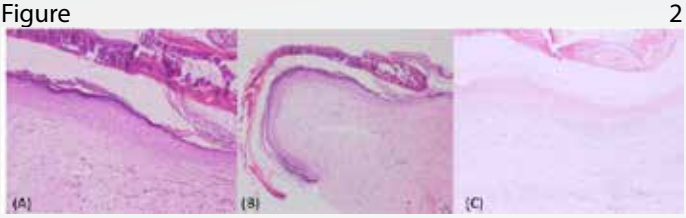


Figure 2. Sub-corneal pustule formation is easily detected (Figure 2A,B). Dermis shows significant edema, (Figure 2B) and Alcian blue revealed faint positivity of under the epidermis (Figure 2C). H&E, Original magnification, A,C x100, B, X40

Figure 3

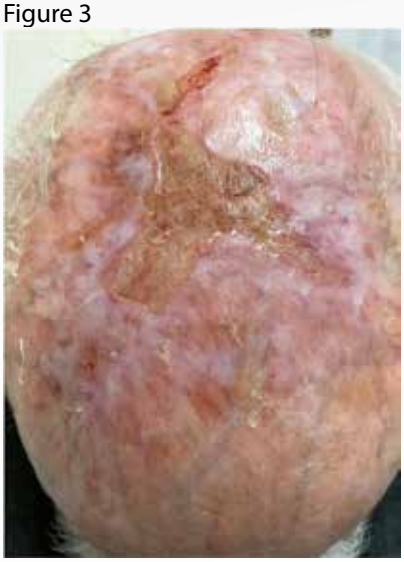


Figure 3. Resolution of the lesions after treatment.

PP-057

A UNIQUE KERATOSIS PATTERN IN A CASE OF EPIDERMOLYTIC HYPERKERATOSIS: REPORT OF A CASE IN 46,XX,9QH+ KARYOTYPE

Zerrin Ogretmen[1], Fatma Sılan[2], Ozdemir Oztürk[2]
[1]Department of Dermatology Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey
[2]Department of Medical Genetics Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey

OBJECTIVE: Epidermolytic hipercetarosis is a rare congenital ichthyosis associated with unique histopathologic alteration of the skin characterized by hyperkeratosis and occurs with a prevalence of 1:200.000.

CASE: We report a case of a 15 years old and review the literature findings with respect to Epidermolytic hipercetarosis (EH) in the current results. In the clinical diagnosis she presented an hypertrophic verrucous plaques in the neck, under arm, buttocks, knees, pelvis, legs, dorsum of the right foot and elbows. Diffuse warty-like hyperkeratotic lesions were observed in the flexural region. Rutin laboratory findings (sedimentation, blood count and TSH) were in normal ranges for the presented case. The karyotype analysis revealed 46,XX,9qh+ after peripheral lymphocyte cell culture and GTG banding technique. Case was diagnosed as epidermolytic hyperkeratosis with unique keratosis pattern. CONCLUSION: Homozygous centromeric DNA polymorphism was detected in SPAT gene that located long arm of the chromosome 9 (9qh++) in the current case. The SPAT A31A7 mutation in In kerstinocyte cells was reported in 60% EH patients. The dermatological, histological anad genetics examinations of the current case with skin lesions showed typical changes of epidermolytic hyperkeratosis.

KEYWORDS: Unique keratosis pattern- epidermolytic hyperkeratosis- chromosome 9qh+ -icthyosis

Figure 1

Figure 2

Figure 3

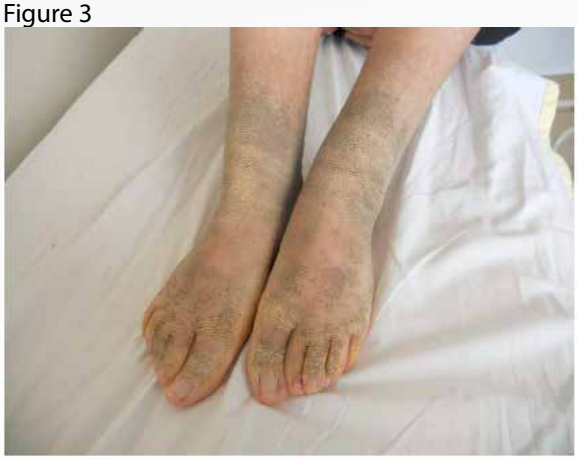


Figure 4

Figure 5

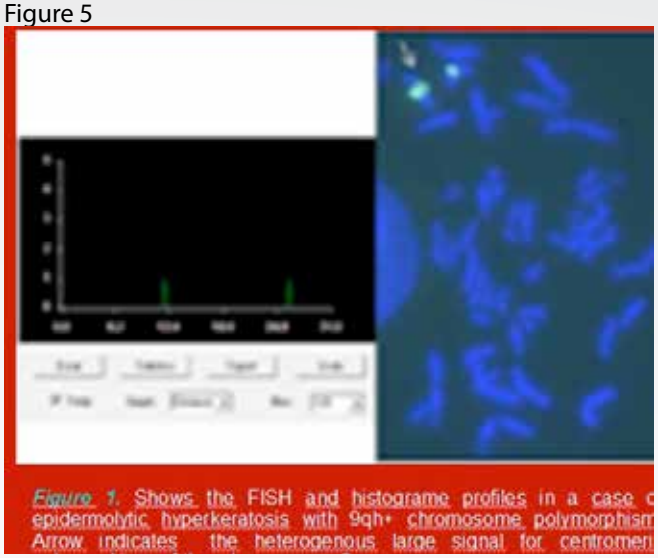


Figure 1. Shows the FISH and histograme profiles in a case o epidermolytic hyperkeratosis with 9qh+ chromosome polymorphism Arrow indicates the heterogenous large signal for centromer

Figure 6

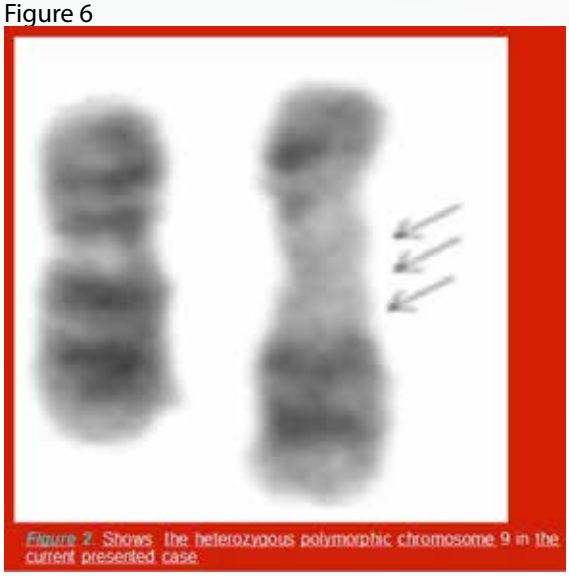


Figure 2. Shows the heterozygous polymorphic chromosome 9 in the current presented case

PP-058

EPIDERMAL GROWTH FACTOR RECEPTOR INHIBITOR INDUCED ACNEIFORM ERUPTION: TWO CASE REPORTS AND REVIEW OF THE LITERATURE

Ersoy Acer, Hilal Kaya Erdogan, Nurhan Saraçoğlu
Department of Dermatology, Eskisehir
Osmangazi University, Eskisehir, Turkey

Epidermal growth factor receptor (EGRF) is expressed highly in a great number of epithelial tumours. The agents that target EGFR are used for the treatment of various cancers such as colorectal, lung, breast, head and neck cancers. The agents that target EGFR has been frequently associated with cutaneous side effects such as acneiform eruption, paronychia, itching, dryness and abnormalities of hair growth. **Case 1:** A 70-year-old man was presented to our clinic with the complaints of itchy rashes on his face and scalp. He had been started erlotinib treatment (150 mg/day, orally) 20 days ago for his lung adenocarcinoma. On dermatologic examination multiple, erythematous, papules and pustules on face and scalp were detected (Figure 1). Our case was diagnosed with erlotinib induced acneiform eruption. Erlotinib therapy was not stopped. Complete improvement of the lesions was observed with a 3-week topical 5% benzoyl peroxide and 3% erythromycin treatment.

Case 2: A 71-year-old man was presented to with the complaints of itchy rashes on his face, trunk and scalp. He had been started cetuximab, folinic acid, irinotecan, 5-fluorouracil treatment for his metastatic colorectal cancer. Patient's complaints had started after second cure of this treatment. Dermatologic examination revealed multiple, erythematous, papules and pustules on his face, trunk and scalp (Figure 2). Our case was diagnosed with cetuximab induced acneiform eruption. Cetuximab therapy was not stopped. Complete improvement of the lesions was observed with a 3-week topical 5% benzoyl peroxide, 3% erythromycin and 10% sodium sulfacetamide treatment. Herein we present two cases with EGFR inhibitors (erlotinib, cetuximab) induced acneiform eruption and review the literature.

KEYWORDS: acneiform eruption, erlotinib, cetuximab

Figure 1

Multiple erythematous papules and pustules

Figure 2

Multiple erythematous papules and pustules

PP-059

HYDROXOCOBALAMIN INDUCED ACNEIFORM ERUPTION: A CASE REPORT

Ersoy Acer, Hilal Kaya Erdogan, Zeynep Nurhan Saraçoğlu
Department of Dermatology, Eskisehir Osmangazi University, Eskisehir, Turkey

Acneiform eruptions can be induced by various drugs. It is known that hydroxycobalamin can induce acneiform eruption for a long time, however, so far, a few cases of hydroxycobalamin induced acne has been reported. A 35-year-old man was referred to our clinic with the complaints of itchy rashes on his face and neck. He had pernicious anemia and had been treated with intramuscular hydroxocobalamin, twice weekly. Lesions occured after fourth hydroxocobalamin injection. On dermatological examination, multiple papulopustules on the face and on the lateral aspects of the neck were detected (Figure 1,2). Our case

was diagnosed with hydroxycobalamin induced acneiform eruption. Hydroxycobalamin therapy was stopped. Complete improvement of the lesions was observed with a 4-week topical 5% benzoyl peroxide and 1% clindamycin treatment. Herein we present a man with hydroxycobalamin induced acneiform eruption and review the literature.

KEYWORDS: acneiform eruption, hydroxycobalamin, papulopustules

Figure 1

Multiple papulopustules on the forehead

Figure 2

Multiple papulopustules on the neck

PP-060

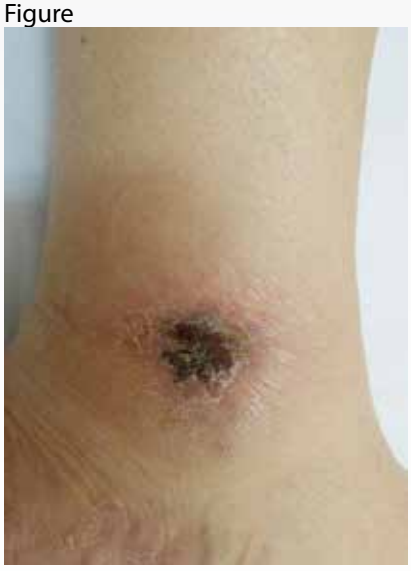
HYDROXYUREA INDUCED LEG ULCER IN MULTIPLE MYELOMA

Ersoy Acer, Hilal Kaya Erdogan, Zeynep Nurhan Saraçoğlu Department of Dermatology, Eskisehir Osmangazi University, Eskisehir, Turkey

Hydroxyurea is an antineoplastic drug commonly used to treat chronic myeloproliferative disorders. Hydroxyurea has been frequently associated with dermatological side effects such as skin atrophy, xerosis, actinic keratosis, acquired ichthyosis, acral erythema, oral ulcers, hyperpigmentation of skin, nails and mucosa. However leg ulcer following hydroxyurea treatment is an uncommon cutaneous adverse effect. A 76-year-old man was presented to our clinic with the complaints of painful ulcer on his left ankle. He had been treated with 1000 mg/ day hydroxyurea for 10 months for multiple myeloma. There was no hypertension, diabetes mellitus or peripheral venous insufficiency in his medical history. Dermatologic examination revealed superficial, painful ulcer with an adherent, fibrinous necrotic base on the medial aspect of his left ankle (Figure 1). Our case was diagnosed with hydroxyurea induced leg ulcer. Hydroxyurea therapy was stopped and ulcer healed completely. Herein, we present a patient with hydroxyurea induced leg ulcer and discuss cutaneous side effects of hydroxyurea.

KEYWORDS: hydroxyurea, leg ulcer, side effect

Figure 1



Superficial, painful ulcer with an adherent, fibrinous crust and necrotic base

PP-061

VISFATIN LEVELS IN PSORIASIS PATIENTS

İsmail Dağ[1], Zerrin Ogretmen[1], Dilek Ülker Çakır[2], Erdem Akbal[3], Mustafa Reşorlu[4]
[1]Department of Dermatology Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey
[2]Department of Medical Biochemistry Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey
[3]Department of Gastroenterology Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey
[4]Department of Radiology Çanakkale Onsekiz Mart Unversty, Çanakkale,Turkey

OBJECTIVE: Psoriasis is a chronic inflammatory skin disease, Visfatin is an adipokine and its high concentrations is known to be in a relationship with abdominal obesity and chronic inflamation.In our study, the relationship with serum visfatin levels and the presence of non-alcoholic fatty liver disease at psoriasis and its comorbidities were investigated.

METHOD: In this study, we evaluated 80 severe and moderate psoriasis patients which are requested Dermatology Department outpatient clinic. They divided into 2 groups as patients with metabolic syndrome and without diagnosis of metabolic syndrome. A healthy control group, 40 people with no history and diagnosis of psoriasis and metabolic syndrome are also included. The body mass index (BMI),waist and hip circumference were calculated. The score of PASI, grade of non alcoholic fatty liver disease and levels of SGOP, SGPT were noted. For quantification of the visfatin, ELISA based assay was used in clinical biochemistry department.

RESULTS: In our study, visfatin levels have been analysed in 40 psoriasis and metabolic syndrome patients, 40 psoriasis patients without metabolic syndrome (healthy psoriasis patients) and 40 healthy volunteers. 64 patients have modarate psoriasis and 16 patients have severe psoriasis. The avarage age is 52 and the mean BMI score of psoriasis group is 28,74. Visfatin levels were found istatistically higher in the healthy psoriasis group versus control group. Neither healthy psoriasis patients nor psoriasis patients with metabolic syndrome, a significant difference could be observed both group (p=0,980). Eventually we have evaluated the serum visfatin levels in psoriasis patients with metabolic sydrome components such as obesity, diabetes, hypertension, hyperlipidemia and/or NAFLD versus healthy controls but no corelation detected (p=0,246; p=0,884; p=0,684; p=0,521; p=0,259). The ultrasonografic examination revealed no steatosis in 4 patients (%5), grade 3 hepatosteatosis in 8 patients (%10). Non alcoholic fatty liver disease and the severity of hepatosteatosis were determined significantly higher in psoriasis patients with metabolic syndrome (p<0,001). On the other hand the prevelance of the non alcoholic fatty liver disease has showed no difference between healthy controls and healthy psoriasis patients (p=0,469).

CONCLUSIONS: Visfatin levels detected significantly higher in psoriasis patients independetly from metabolic syndrome and its components. These findings suggest that high visfatin levels might play role in chronic inflammation seen in psoriasis. Prevalance of non alcholic fatty liver disease was observed to be higher in psoriasis patients. However there were no difference between controls and healthy psoriasis patients for prevalance of non alcholic fatty liver disease. Therefore we think that this result supports the metabolic syndrome and psoriasis relationship.

KEYWORDS: Psoriasis, metabolic syndrome, non alcoholic fatty liver disease, visfatin, adipokine.

Table 1

Table 1: The distribution of the body measurements of patients within groups.

	Psoriasis patients with MetS		Psoriasis patients without MetS		p
	med±sd	Min-max	med±sd	Min-max	
Waist circumference	89,48±12,01	64,00-132,00	104,28±8,15	91,00-133,00	<0,001
Hip circumference	98,67±10,85	86,00-145,00	106,65±8,62	91,00-129,00	<0,001
Height (cm)	169,60±8,58	150,00-190,00	162,67±9,45	139,00-180,00	0,001*
Weight (kg)	76,30±17,81	51,00-150,00	82,00±14,86	58,00-120,00	0,124*
BMI	26,45±5,85	20,00-53,10	31,03±5,56	21,30-53,30	<0,001

Table 2

Table 2: Comparison of hepatic steatosis on ultrasound findings in patients

	MS (-)		MS (+)		Total		p
USG	n	percent	n	percent	n	percent	
No steatosis	4	100,0	0	0,0	4	100,0	<0,001
Grade-1	30	61,2	19	38,8	49	100,0	
Grade-2	4	21,1	15	78,9	19	100,0	
Grade-3	2	25,0	6	75,0	8	100,0	

	MS (-)		Control		Total		p
USG	n	percent	n	percent	n	percent	
No steatosis	4	57,1	3	42,9	7	100,0	
Grade-1	30	46,9	34	53,1	64	100,0	0,469
Grade-2	4	57,1	3	42,9	7	100,0	

PP-062

Subungual Melanoma: a case report

Nurhan Döner[1], Sıla Şeremet Uysal[1], Kıymet Handan Kelekçi[1], Ali Karakuzu[1], Aylin Orgen Çallı[2]
[1]Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey
[2]Department of Pathology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Subungual melanoma is a form of acral melanoma that develops in the nail bed. This form accounts for about 1-3 % of melanomas types. Nail changes of subungual melanoma can cause color change, thickening, splitting or ridging, ulceration and pain. Black-brown pigmentation, described as "Hutchinson'ssign" in the nail fold, is an important finding that points to the diagnosis of subungual melanoma. However, it should not be forgotten that the cases may be amelanocytic. Clinically rarely findings lead to delayed diagnosis, which leads to a lower survival rate.
CASE: A 64-year-old woman was admitted to the outpatient clinic with the complaint of deformity starting 3 years ago in the right hand finger nail and developing a brown color change for the last 1 year. Dermatologic examination revealed discoloration of the nail plate, epinasty and brown pigmentation on the nail fold(Figure 1). Lymphadenopathy was not detected in the right axillar region. She did not have a feature on her family history. Her personal history was not significant, and she had no history of drug intake. The patient was diagnosed with subungual melanoma with the presence of atypical melanocytes stained with HMB-45. The biopsy taken with 3mm punch from the nail bed.

CONCLUSION: The patient was hospitalized for plastic surgery to evaluate total excision and sentinel lymph node biopsy. Due to extreme rarity in melanoma is often overlooked and cases are missed in their earlier stages. A rare case of delayed diagnosed subungual melanoma discussed based on the literature. Early detection in subungual melanoma is important for improved treatment outcomes and prognosis.

KEYWORDS: case, melanoma, subungual
Subungual melanoma

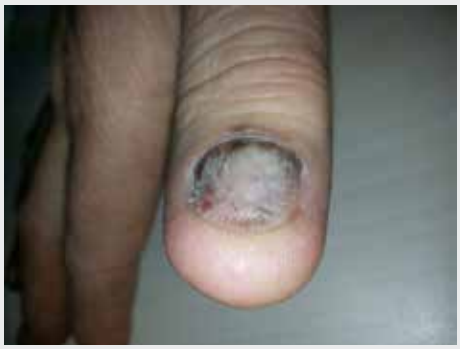
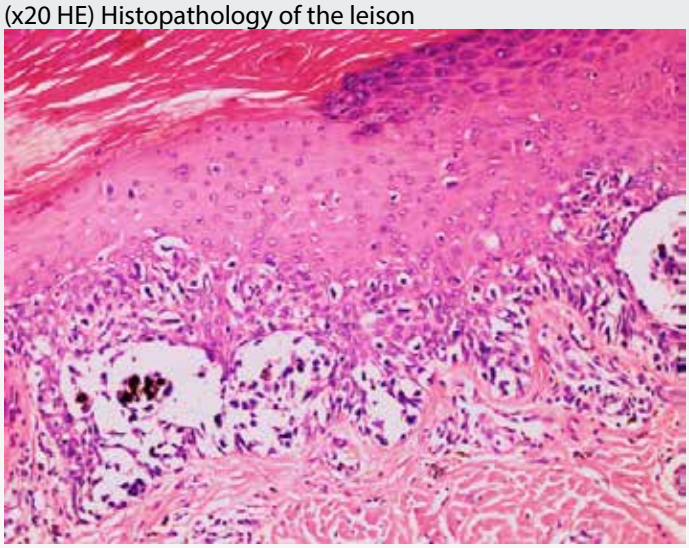


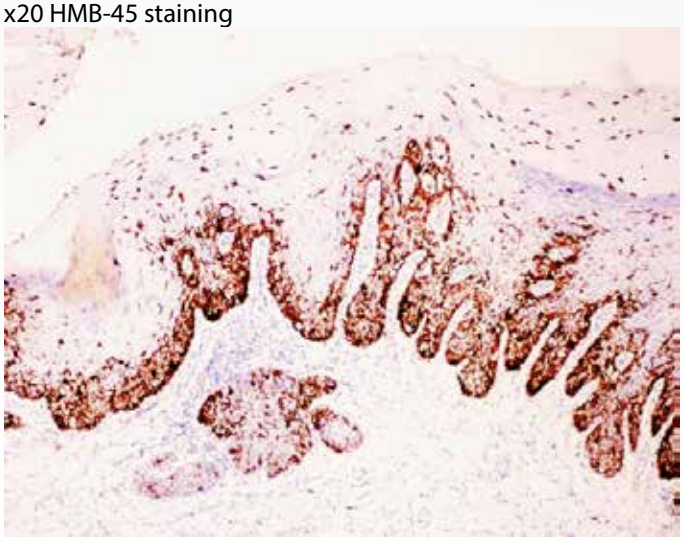
Figure 1

(x20 HE) Histopathology of the leison



Atypic melanocytes at basal side. Infiltrating papiller dermis locally and pagetoid spread

x20 HMB-45 staining



HMB-45 positivity

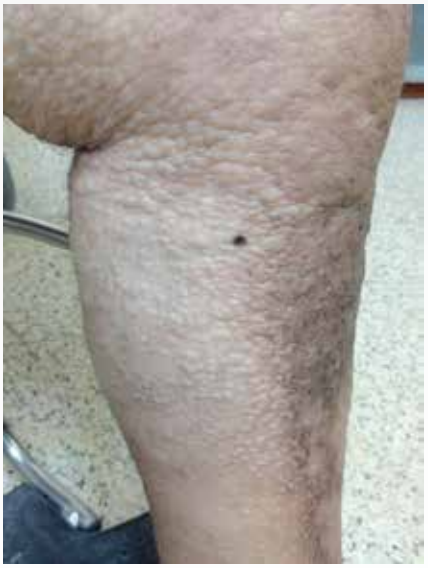
PP-063

PAPULAR MUCINOSIS: A CASE REPORT

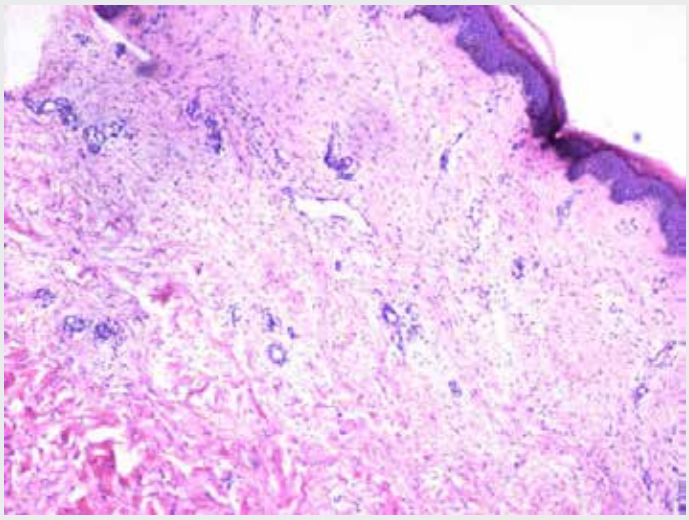
Selami Aykut Temiz[1], Arzu Ataseven[1], İlkay Özer[1], Recep Dursun[1], Sıddıka Fındık[2]
[1]Department of Dermatology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey

PAPULAR MUCINOSIS: A CASE REPORT Papular mucinosis (Lichen myxoedematosus) is a rare, chronic, idiopathic disorder characterized by lichenoid papules, nodules and plaques due to dermal mucin deposition and a variable degree of fibrosis. Papular mucinosis is generally associated with monoclonal gammopathy. A 75-year-old man presented with asymptomatic, flesh-colored papules mainly distributed over his left leg. These lesions first appeared 5 months ago. In the patient's medical history, he had type 2 diabetes mellitus and gonarthrosis. The patient had left knee operation eight times due to recurrent prosthetic infection. The patient's protein electrophoresis and bone marrow biopsy were normal. Histopathological examination revealed hyperkeratosis, atrophic changes, vascular proliferation and widespread mucin accumulation in papillary dermis. The final diagnosis was papular mucinosis. Herein, we wanted to present a 75-year-old papular mucinosis male patient which is very rare condition without monoclonal gammopathy.

KEYWORDS: Papular mucinosis, scleromyxedema, case Flesh-colored papules mainly distributed over his left leg

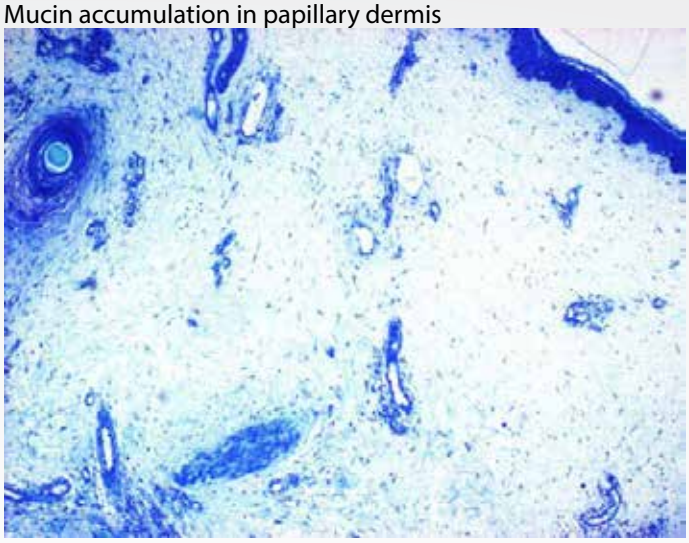


Mucin accumulation in papillary dermis



Hematoxylin-Eosin staining

Mucin accumulation in papillary dermis



Toluidin blue stainin

PP-064

CUTANEOUS PARADOXICAL ADVERSE REACTION: GRANULOMA ANNULARE FOLLOWING TUMOR NECROSIS FACTOR-ALPHA INHIBITORS TREATMENT

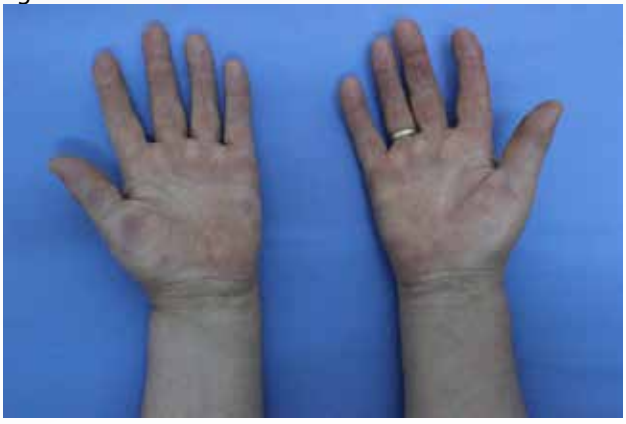
Koray Durmaz[1], Arzu Ataseven[1], Recep Dursun[1], İlkay Özer[1], Sıddıka Fındık[2]
[1]Department of Dermatology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey

Granuloma annulare (GA) is a benign, asymptomatic, papular eruption that can occur at all ages. The primary skin lesion

usually is grouped papules in an enlarging annular shape, with colour ranging from flesh coloured to erythematous. It may be localized or disseminated in distribution. Although GA tends to be idiopathic, but it has been reported after treatment tumor necrosis factor-alpha (TNF-α) inhibitors, such as etanercept, infliximab, and adalimumab. These agents have anti-inflammatory property therefore cutaneous paradoxical adverse reaction like side effects can be seen for example GA. We describe a 51-year-old Turkish woman who developed an erythematous pruritic eruption on the dorsum of her hands. She has a 6 year history of rheumatoid arthritis (RA) disease. She had received infliximab for two months due to this disease but patient did not tolerate. Rheumatologist decided to begin adalimumab treatment with RA indication instead of infliximab. One day after the first dose of adalimumab injection she had noticed pink erythematous papules and macules with mild pruritus on her two hands. Routine laboratory tests including glucose, liver enzymes, thyroid hormones, complete blood count, were normal. CRP level was:59 and ESR level was:22. The clinical dermatologic examination showed on extensive, mild pruriginous eruption with small, flesh coloured, erythematous annular papules and plaques on the dorsum of her hands. It showed hyperkeratosis and acanthosis histopathologically. Alcian-blue stain demonstrated increased amount of mucin between CD68(+) histiocytes and multinuclear giant cells in papillary dermis. The patient was treated with local corticosteroid, emolients and systemic antihistamines with resolution of the eruptions after 1 months and adalimumab treatment was stopped. In the literature there are descriptions of GA after TNF-α inhibitors treatments but, this condition is very rare. So, we present this case as a paradoxical cutaneous adverse reaction following TNF-α inhibitors injection. Because TNF inhibition may trigger GA development.

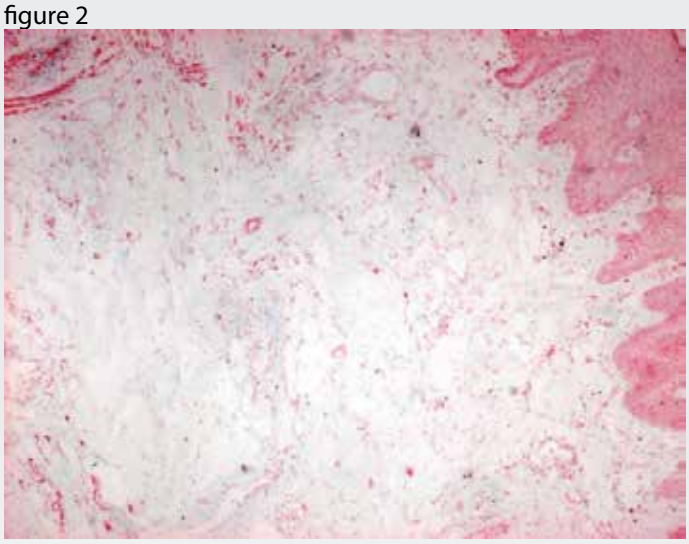
KEYWORDS: granuloma annulare, tumor necrosis factor-alpha inhibitors, cutaneous paradoxical adverse reaction

figure 1



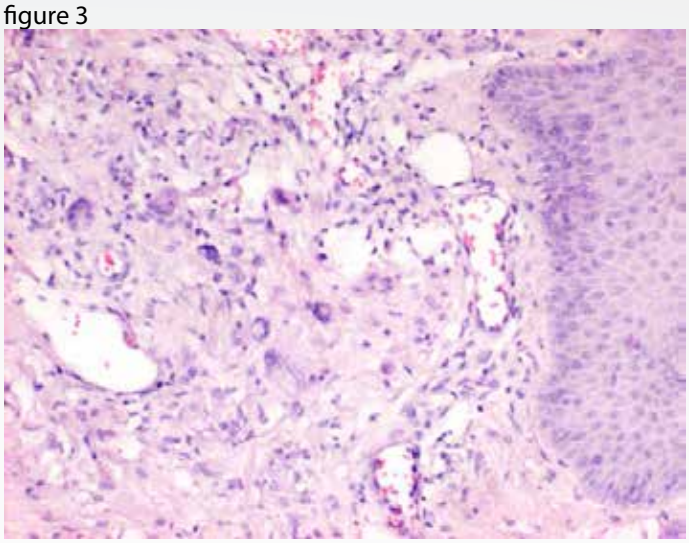
pink erythematous papules and macules on bilateral hands

figure 2



alcian-blue stain demonstrated increased amount of mucin (x40)

figure 3



granuloma formation and multinuclear giant cells (Haematoxylin and eosin, x100)

PP-065

VITILIGO CAUSED BY TOPICAL DIPHENCYPRONE (DCP) TREATMENT IN A PATIENT WITH ALOPECIA TOTALIS

Ebru Celik, Asena Cigdem Dogramaci, Ebru Ozturk
Department of Dermatology, Mustafa Kemal University School of Medicine, Hatay,Turkey.

INTRODUCTION & OBJECTIVES: Alopecia areata is a common organ-restricted disease, charactarized by non-scarring patterned hair loss. Autoimmunity is emphasized in pathophysiology of alopecia areata. Vitiligo shares autoimmune etiology with alopecia areata, these conditions also overlap and occur simultaneosly in the same patient. Treatment modalities are very diverse that include corticosteroids, photochemotherapy, contact immunotherapy and biological drugs. Diphenylcyclopropenone (diphencyprone, DCP) is a contact sensitizer used in alopecia treatment with some side effects. Vitiligo is one of the rare adverse effect of DCP. We report here on one case of vitiligo that was induced by diphencyprone during therapy for alopecia totalis.

CASE A: 50-year-old male patient presented with an 9-year history of hair loss on the whole scalp, eyebrows, eyelashes and beard. The laboratory exams, including thyroid functional tests, CBC and biochemical tests were normal. He had been treated with systemic, topical corticosteroids and local PUVA treatment in to last 8 years. Then the patient had been started contact immunotherapy with DCP. After 3 weeks of sensitization with a concentration of 2%, DCP treatment was started with a concentration of 0,001%. Treatment continued according to DCP application protocol. The scalp showed erythema and crusts formation during therapy with no signs of hair regrowth. After 6 months of therapy all hair was observed at the same time, but it was observed that vitiligo developed simultaneously in the site of patient application. DCP treatment was terminated and local PUVA treatment planned.

RESULT: Topical immunotherapy has some adverse effects. The development of vitiligo by DCP is a rare, but documented, unwanted side effect. **CONCLUSION:** In literature there are some case like diphencyprone-induced vitiligo. In this context patients should be informed about DCP treatment's adverse effect like vitiligo. And this situation requires new study for explain the mechanism of vitiligo caused by DCP. Also further studies should be done to determine the incidence of DCP-induced vitiligo with large study groups.

KEYWORDS: Diphenylcyclopropenone (diphencyprone, DCP), Vitiligo, Alopecia areata

figure 1

Photographs of the alopecia totalis patient after the appearance of vitiligo to the application of DCP.

PP-066

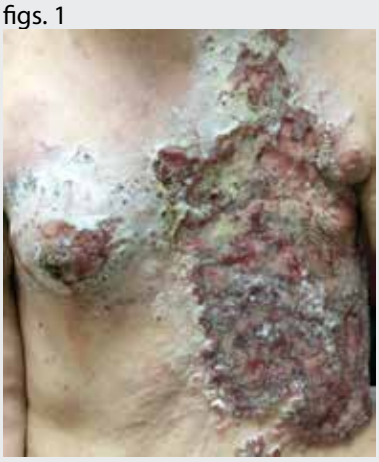
A Case of Zosteriform Cutaneous Metastasis of Breast Cancer

Özge Yöntem[1], Şenay Ağırgöl Durdu[1], Filiz Topaloğlu Demir[1], Candan Elmalı[2], Tuğba Özkök Akbulut[1], Zafer Türkoğlu[1]
[1]Department of dermatology,Haseki research and training hospital,İstanbul,Turkey
[2]Department of pathology,Haseki research and training hospital,İstanbul,Turkey

Breast cancer is the most common reason for cutaneous metastasis in women and these metastasis can be local, lymphatic or haematogenous. Cutaneous metastasis in breast cancer oftenly occurs in anterior thoracic wall due to it's proximity to primer malignancy area. Recurrances after mastectomy occur mostly in bone, muscle, skin or subcutaneous tissue of thoracic wall. The most common relapse after mastectomy occurs in less than 2 years on average. Cutaneous metastasis presents itself with asymmetrical nodules on mastectomy scar, telangiectasia on erythematous rash, itchiness, bleeding, ulceration, necrotic exudate, morphea or symptoms and signs mimicking scleroderma. Here presented a 58 year old patient of cutaneous metastasis with plaque of ulcer and nodules which started 4 years after mastectomy characterised as zosteriform and spread to almost the entire thoracic wall and right breast in 3 months. When the patient's dermatological and histopathological symptoms were evaluated, s/he was diagnosed invasive ductal breast carcinoma and radiotherapy was planned. Metastasis of breast cancer occurs in the first 5 years and we believe every new developing lesion should be considered as metastasis until otherwise is proved.

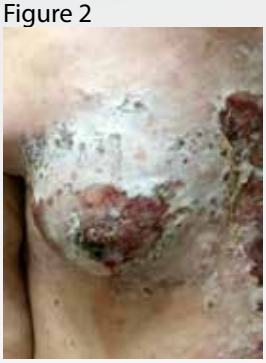
KEYWORDS: Breast cancer, cutaneus metastasis,zosteriform eruption

figs. 1



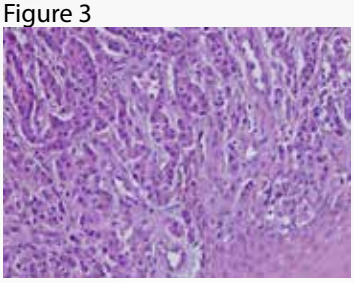
Ulcere lesion on anterior body and papular lesions around the ulcer region

Figure 2



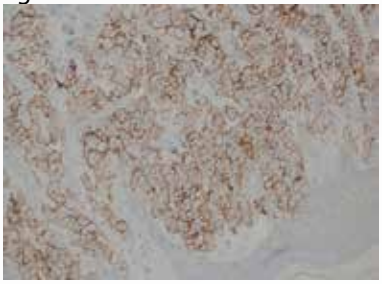
ulcere lesion on left breast

Figure 3



pleomorphic tumour cells in dermis

figs.4



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PP-067

PIYODERMA GANGRENOSUM IN A PATIENT WITH RENAL CELL CARCINOMA

Ceyda Gündüzoğlu[1], Filiz Topaloğlu Demir[1], Zafer Türkoğlu[1], Şenay Ağırgöl[1], Tuğba Özkök Akbulut[1], Cansu Benli Işık[2]
[1]Department of Dermatology, Haseki Training and Research Hospital, İstanbul, Turkey
[2]Department of Pathology, Haseki Training and Research Hospital, İstanbul, Turkey

INTRODUCTION & OBJECTIVES: Pyoderma gangrenosum is a neutrophilic dermatosis of unknown etiology characterized by progressive, suppurative, painful cutaneous ulcers. Pyoderma gangrenosum occurs in association with various systemic disorders, such as inflammatory bowel disease, rheumatoid arthritis and hematologic malignancies but its association with solid tumours is rare. There have been very few reports on the association of pyoderma gangrenosum with solid malignant tumors in the literature, such as gastric adenocarcinom, colorectal carcinom, breast carcinom.

MATERIALS & METHODS: We present a 57-year-old female patient with rapidly growing ulcer within 15 days on abdomen diagnosed with pyoderma gangrenosum. She was also diagnosed with renal cell carcinoma while seeking for conditions associated with pyoderma gangrenosum.

RESULTS: Pyoderma gangrenosum was associated with renal cell carcinoma. Because, it was detected simultaneously with renal cell carcinoma and the patient had no history of renal cell carcinoma before.

CONCLUSIONS: Pyoderma gangrenosum may be associated with solid malignancies as a paraneoplastic phenomenon. The relationship between pyoderma gangrenosum with solid malignancies, including renal cell carcinoma should be kept in mind.

KEYWORDS: Paraneoplastic dermatoses, pyoderma gangrenosum, renal cell carcinoma

PP-068

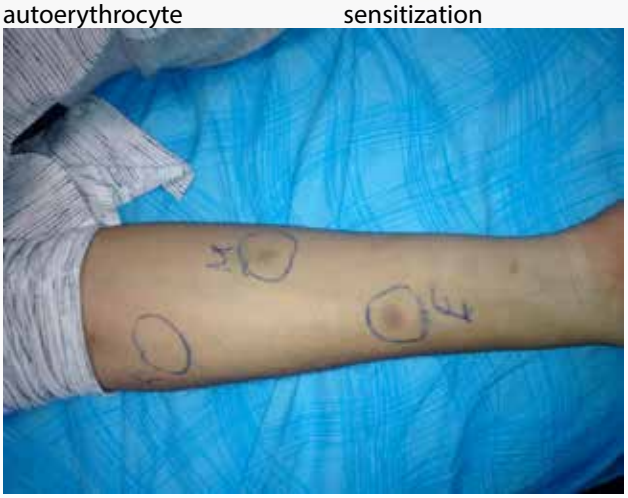
GARDNER-DIAMOND SYNDROME: CASE REPORT

Mehmet Kamil Mülayim
Department of Dermatology, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey

Gardner-Diamond syndrome is a condition, usually occurring in women, in which bruising occurs easily with resulting ecchymoses, causing pain and tenderness in the affected skin areas. The syndrome is characterized by recurrent, painful spontaneous bruising of the skin often precipitated by emotional stress. Psychiatric problems and the autoreactivity of the patients to their own blood are well known features of the disease, but the exact cause remains unknown. An 18-year-old female presented with a one-year history of recurrent episodes of painful ecchymotic lesions over the anterior aspects of the arms and legs. The lesions were sudden in onset, recurring every few weeks, and not associated with injury, self harm, insect bites, or intake of drugs. The patient's major complaint was pruritus. The patient had received various kinds of antihistamines, and topical and oral corticosteroids without any benefit. Herein we present an 18-year-old female patient diagnosed with Gardner-Diamond syndrome with autoeritrocyte sensitization test and characteristic features.

KEYWORDS: Autoerythrocyte sensitization syndrome, episodic ecchymoses, purpura

autoerythrocyte sensitization test



PP-069

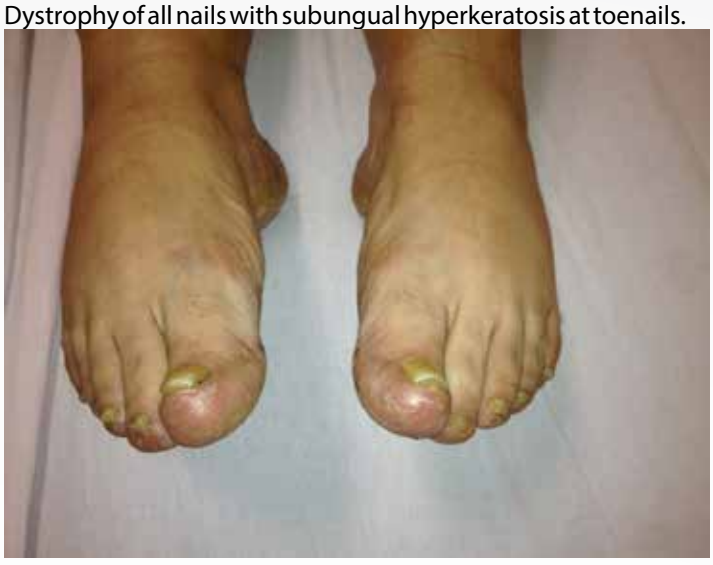
LATE ONSET PACHYONYCHIA CONGENITA: CASE REPORT

Mehmet Kamil Mülayim, Mine Müjde Kuş, Perihan Öztürk
Department of Dermatology, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey

Pachyonychia congenita is an autosomal dominant syndrome with the characteristic findings of dystrophic fingernails and toenails, palmoplantar keratosis and hyperhidrosis, oral leukokeratosis and follicular keratosis. Dystrophic finger and toe nails are present at birth. Hovever, clinical findings such as oral leukokeratosis, palmoplantar keratosis and folicular keratoisis appear at later stages. The disease usually develops in early infancy. There are two major clinical subtypes recognized: type I (Jadassohn-Lewandowsky type) with oral leukokeratosis and type II (Jackson-Lawler type) with multiple pilosebaceous cysts. Pathogenic mutations in keratins K6a or K16 are associated with the Pachyonychia congenita-1 phenotype whereas K6b and K17 mutations are associated with the Pachyonychia congenita-2 phenotype. In this case study, a 47-year-old woman wih the typical findings of the syndrome such as dystrophic fingernails and toenails, palmoplantar keratosis and oral leukokeratosis will be discussed.

KEYWORDS: Pachyonychia congenita, dystrophic nails, palmoplantar keratosis, oral leukokeratosis

Dystrophy of all nails with subungual hyperkeratosis at toenails.



Dystrophy of all nails with subungual hyperkeratosis at toenails.

PP-070

COEXISTENCE OF SCLERODERMA WITH VITILIGO

Mehmet Kamil Mülayim, Perihan Öztürk
Department of Dermatology, Kahramanmaras
Sutcu Imam University, Kahramanmaras, Turkey

Vitiligo and scleroderma are diseases of unknown etiology. Different factors have been claimed to play a part in their origin. Vitiligo has been associated with certain organ specific autoimmune diseases, such as thyroid diseases, diabetes mellitus, pernicious anemia, Addison's disease, hypoparathyroidism, myasthenia gravis, autoimmune hemolytic anemia, and regional enteritis. Some studies have also indicated an association of autoimmune diseases and an increased frequency of serum autoantibodies with scleroderma. Although an autoimmune etiology is thought to play a part in both of these diseases, they are rarely seen together. A 39-year-old woman patient followed-up with systemic scleroderma in the department of rheumatology was referred to our clinic for capillaryoscopy. White macules were detected in the face, hand and arms of the patient. It was observed that the white areas were depigmented on the wood light examination. The patient did not complain about these lesions which were clinically compatible with vitiligo. The patient is negative for other autoimmune diseases. The combination of vitiligo and systemic scleroderma was presented here because of its rare occurrence.

KEYWORDS: scleroderma, vitiligo, autoimmune disease
White macules on forehead, eyes and cheeks.

White macules on forehead, eyes and cheeks.

PP-071

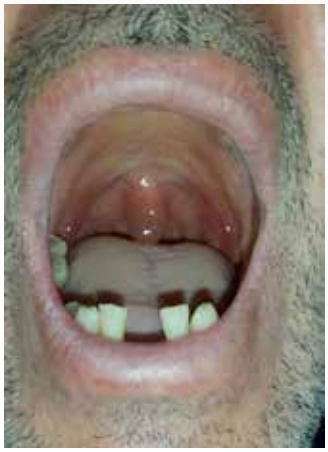
UVULAR EDEMA RESULTING FROM USE OF ECBALLIUM ELATERIUM

Reyhan Çetinkaya, Büşra Koku
Department of Dermatology, Sakarya University
Training and Research Hospital, Sakarya, Turkey

UVULAR EDEMA RESULTING FROM USE OF ECBALLIUM ELATERIUM: Ecballium elaterium is a plant that grows in the Mediterranean countries. It belongs to the Cucurbitacea family. It is also known as squirting cucumber.Usually the fruit of the Ecballium Elaterium is used to treat sinusitis. However the undiluted use of squirting cucumber causes severe upper airway edema. A 51 years old man presented to the Emergency Department with difficulty in breathingand dysphagia. The patient's history revealed that he applied an undiluted juice of squirting cucumber intranasally, because of his sinusitis and headache. Clinical examination confirmed uvular edema and erythema of the oropharenks(Picture 1). Oxygen was given by mask.45.5 mg of pheniramin maleate, 50 mg of ranitidine, 80 mg of prednisolone were administered intravenously. As there was no regression in their complaints, 40 mg of prednisolone was administered intravenously in addition. Shortness of breathe got better, but uvula edema retarded not much.The next day 40 mg of prednisolone was administered again.The patient's complaints recovered completely and was discharged at the third day of treatment.
The use of undiluted juice of Ecballium elaterium can cause severe advers effects like uvuler angioedema, renal toxicity, neurotoxicity.

KEYWORDS: eccballium,elaterium, uvular,edema

PICTURE 1



Uvular edema and oropharyngeal erythema

PP-072

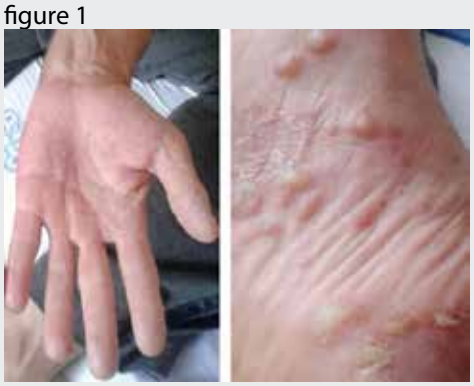
A CASE OF SUBCORNEAL PUSTULAR DERMATOSIS NO ASSOCIATED WITH GAMMOPATHY SUCCESFULLY TREATED WITH ACITRETIN AND NARROWBAND UVB

Koray Durmaz[1], Arzu Ataseven[1], Recep Dursun[1], İlkay Özer[1], Pembe Oltulu[2]
[1]Department of Dermatology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey

Subcorneal pustular dermatosis (SPD) or Sneddon-Wilkinson disease is a rare pustular skin disease that follows a chronic relapsing course. Clinically, patients present with sterile, superficial, flaccid pustules and vesiculo-pustules located mainly on the trunk, limbs and intertriginous areas but our case was palmoplantar localized. A well-known association exists between SPD and IgA monoclonal gammopathy of undetermined significance (IgA MGUS), which exists in up to 40% of cases. We present rare localized, no associated with gammopathy a SPD case. A 56-year-old male patient presenting with a one year history of symmetrical eruption of grouped pustules surrounded by erythema that located in bilateral hands and foots. There was a medical history of hypertension but no history of medication use. He does not have personal or family history of psoriasis and mucosal involvement. Direct microscopic examination of skin scrapings by using 10% KOH solution was negative. A swab culture should be performed to rule out infectious conditions. Pathological examination showed parakeratosis, acanthosis, spongiosis, decrease in thickness of the granular layer, pustule formation in keratine layer and lymphocytic infiltration in dermis. The patient was accepted subcorneal pustular dermatosis with these clinical and histopathological findings. His routine laboratory tests including complete blood count, glucose, liver enzymes, urea, creatinine, thyroid hormones, ferritin, vitamin B12, HIV, hepatitis markers were normal. Abdominal ultrasonography was normal. ANA test was two positive (granular). Anti-ENA profile was negative. We consulted the patient with these results for gammopathy and associated diseases to internal medicine department of the hospital. Protein electrophoresis was normal. They did not consider any rheumatologic, hematologic, or inflammatory bowel disease related with SPD for this patient. The patient have started on 25 mg per day acitretin, 3 times a week narrowband UVB, local steroids, emollients and systemic antihistamines, resulting in a rapid disapperance of the skin lesions. 3 weeks later, his bilateral hands returned normal apperance and foots were better. Here we describe a case of subcorneal pustular dermatosis no associated with gammopathy succesfully treated with acitretin and narrowband UVB.

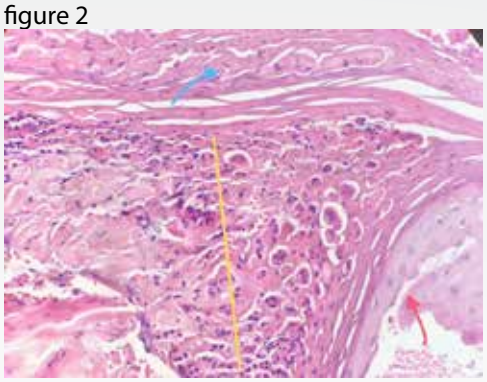
KEYWORDS: subcorneal pustular dermatosis, sneddon-wilkinson, gammopathy

figure 1



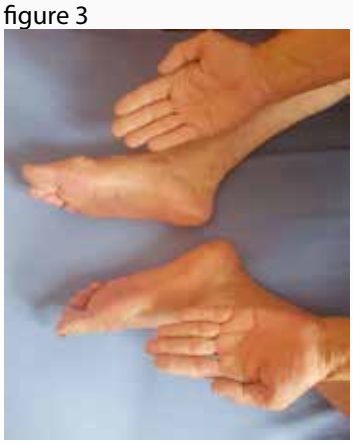
symmetrical eruption of grouped pustules surrounded by erythema that located in bilateral hands and feet (left hand on the left side, right foot on the right side)

figure 2



Histopathology (hematoxylin and eosin, 100x): stratified squamous epithelium (red arrow), stratum corneum layer (blue arrow) and pustule formation in subcorneum with neutrophils (yellow line),

figure 3



bilateral hands returned normal apperance and feet were better 3 weeks later the treatment

PP-073

THE TREATMENT OF PTERYGIUM INVERSUM UNGUIS: A RARE CASE REPORT

Vildan Manav[1], Soysal Baş[2]
[1]Department of Dermatology,Şanlıurfa Mehmet Akif İnan Training and Research Hospital,Şanlıurfa,Turkey
[2]Department of Plastic Reconstructive and Aesthetic Surgery,Şanlıurfa Mehmet Akif İnan Training and Research Hospital,Şanlıurfa,Turkey

Pterygium inversum unguis(PIU) is a rare abnormality of the nail bed that manifests as adherence of the distal portion of the nail bed to the ventral surface of the nail plate with obliteration of the distal groove. This disorder can be either congenital or acquired, with or without a family history. The acquired forms may be idiopathic or secondary to systemic connective tissue diseases or other causes such as stroke, neurofibromatosis, leprosy, or the use of nail fortifiers.The management of PIU is not well defined; different treatments including the use of keratolytics or topical steroids as well as surgical excision with electrocautery are reported to be ineffective. The most effective strategy is the treatment of the underlying cause of PIU. Herein, we report a rare case of PIU of all 10 fingernails in a 15-yeaar-old man, which is the first report in the Turkey.

KEYWORDS: Nail disorder,Pterygium,unguim

Figure 1

PP-074

THE POSSIBLE ROLE OF DIET IN ACNE

Meliha Merve Hiz[1], Sevilay Kılıç[2]
[1]Department of Medical Biology, Faculty of Medicine, Çanakkale Onsekiz Mart University
[2]Department of Dermatology and Venerology, Faculty of Medicine, Çanakkale Onsekiz Mart University

Introduction & OBJECTIVES: Acne is a multifactorial disease and the major etiologic factors fare accapted as excess sebum, hormones, bacteria and hyper proliferation of follicular cells. The debate between nutrition parameters effects on acne is still goes on. Depends on American Academy of Dermatology published recommendation there is no relationship between acne development and calori restriction, in contrast there is many literature supports to importance of nutrition in acne treatment. The aim of this study is the evaluate the eating habits and acne problems in Çanakkale region.

Materials & METHODS: Patients were recruited from Dermatology Clinics of Çanakkale 18 Mart University Medical Faculty Hospital. Eighty-four of the patients who diagnosed with acne were included to study between September 2016 and January 2017. All participants live in Çanakkale. The questionnaires were applied to patients who were agreed to join the study. A questionnaire takes ten to fifteen minutes and consisting of questions which describes the eating habits of patients. The questions are evaluated and the patients are divided in balanced diet, diabetic diet, karbonhydrate rich diet, protein rich diet, fastfood type.

RESULTS: We studied 78 patients aged 14 to 40 years with mild-to-moderate acne problem. Median age of patients was 21.19+/- 5.9 years. The patients were predominantly female (74.02%). The average of the weight 64.29+-12.69 was and ranged from 40 to 113kg. The avarage of BMI is 22.66 +/- 4.48 kg/m2. The results has been shown that on Table-1.

CONCLUSIONS: In this study we could not find any significant relation between eating types and acne severity.

KEYWORDS: Acne, nutrient, diet

PP-075

IMPORTANCE OF FAMILY HISTORY IN PATIENT WITH ATOPIC DERMATITITS

Meliha Merve Hï z[1], Sevilay Kılıç[2]
[1]Department of Medical Biology, Faculty of Medicine, Çanakkale Onsekiz Mart University
[2]Department of Dermatology and Venerology, Faculty of Medicine, Çanakkale Onsekiz Mart University

INTRODUCTION & OBJECTIVES: Atopic dermatitis (AD) is a pruritic inflammatory skin disease chracterised by itchy, red, dry and cracked skin. The cutaneous inflammatory hypersensitivity reaction are related genetic, immune and environmental factors. The "knockout" or "transgenic" techniques are widely explain the disease model in molecular level yet environmental factors effects on the genome via epigenetic alterations is still unclear. It has been shown that flagrin mutations is related the atopic dermatitis and many other genes such as SPINK5, FLG-2, SPRR3, CLDN1 has been linked to AD. In this study we would like to evaluate the importance of anamnesis of genetic background for the disease, thus we have been evaluated the AD risk in three generetaions.

MATERIALS & METHODS: Patients were recruited from Dermatology Clinics of University Medical Faculty Hospital. Sixty-nine of the patients who diagnosed with atopic dermatitis and seventy individuals without any dermatological problens were included to study. The questionnaires were applied to patients who were agreed to join the study. A questionnaire takes ten to fifteen minutes and consisting of questions which evaluated the atopic dermatitis familiar history.

RESULTS: The risk of atopic dermatitis is increased 10 times in case of familiar AD history [OR: 10.42; 95%CI:4.33 to 25; P < 0.0001]. When we compared the patients with AD and their children with kontrol groups with AD the risk increase 8.75 times more [OR:8.75; 95%CI: 2.33-33,92; P = 0.0013]. The results has shown the importance of family history during anamnesis.

CONCLUSIONS: Genetic predisposition of atopic dermatitis was strong as expected for that reason clinicans must be asked the disease history in family members.

KEYWORDS: Atopic dermatitis, familiar history, genetics

PP-076

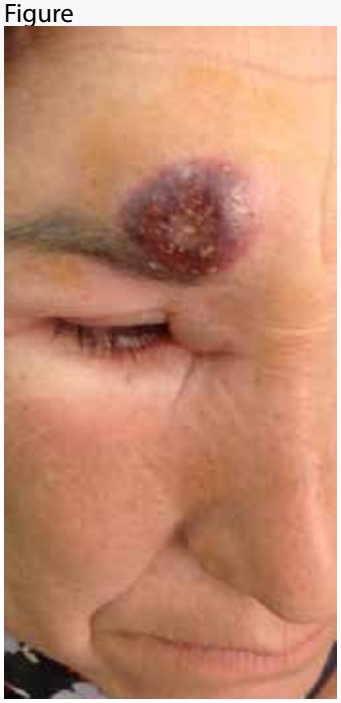
AN UNUSUAL LOCATION AND CLINICAL MANIFESTATION OF ANTHRAX

Muhammed Reşat Akkuş[1], Mustafa Atasoy[1], Kemal Özyurt[1], İlhami Çelik[2], Ragıp Ertaş[1]
[1]Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey
[2]Clinic of Infection Diseases, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey

We present a 42 years-old sheep and goat breeder woman who admitted to our Dermatology Outpatient Clinic with complain of wound on upper the right eyebrow. Dermatological examination revealed, periorbital edema and soft nodule fulfilled with pus on her left upper eyelid which was covered with a necrotic, black crust. Systemic examination was within normal limits. Even not being a distinctive lesion but existence of challenging medical history, anthrax was diagnosed with Gram stain and bacterial culture of aspiration material of lesion. Patient improved with therapy of penicillin and doxycycline combination. Presentation of this case is important for, first; unusual presentation of anthrax mimicking carbuncle or furuncle instead of typical escar and malign edema and also, to remind that it is still endemic in our country.

KEYWORDS: Anthrax, furuncle, carboncule, periorbital

Figure 1



PP-077

IATROGENIC CUSHING'S SYNDROME IN A CHILD MIMICKING MICHELIN TIRE-BABY SYNDROME

Kemal Özyurt[1], Yılmaz Ulaş[1], Mustafa Atasoy[1], İkbal Gökçek[2], Ayşe Betül Ergül[2], Ragıp Ertaş[1]
[1]Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey
[2]Clinic of Pediatrics, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey

Cushing syndrome is a hormonal disorder caused by prolonged exposure of body tissue to cortisol. We report a case of iatrogenic Cushing's syndrome in Syrian child following administration of methyl prednisolone tablet and topical clobetasol propionate ointment for 10 weeks. Therapy was conducted by a private doctor for atopic eczema. A 9-months old girl represented to our dermatology clinic with tachypnea, weeaknes and nutritional deficiency. Examination revealed facial puffiness (moon facies), depressed nasal root, oral moniliasis, hypertrichosis over forehead and back, stria in legs, erythematous and scaly patches over face, trunk and extremities. In addition, bilaterally symmetrical, deep gyrate skin folds were noticed on her limbs. She administered to the Pediatric Intensive Care Unit with diagnosis of pneumonia. For differential diagnosis; immün deficiency statuses, metabolic disorders were searched. Facial dysmorphism, hypertrichosis and deep gyrate skin folds gave rise to thought Michelin Tire Baby Syndrome. However, laboratory features of iatrogenic Cushing's syndrome with critical adrenal suppression were observed. Serum cortisol at presentation was 1,9ug/dl. Also, rickets was diagnosed, with radiography of bones, low vitamin and high levels parathormon.

KEYWORDS: Iatrogenic Cushing's syndrome, Michelin Tire-Baby Syndrome, rickets

Figure 1

Figure 2

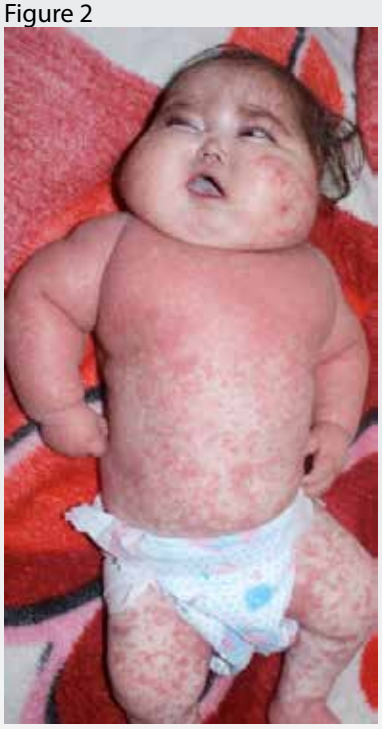
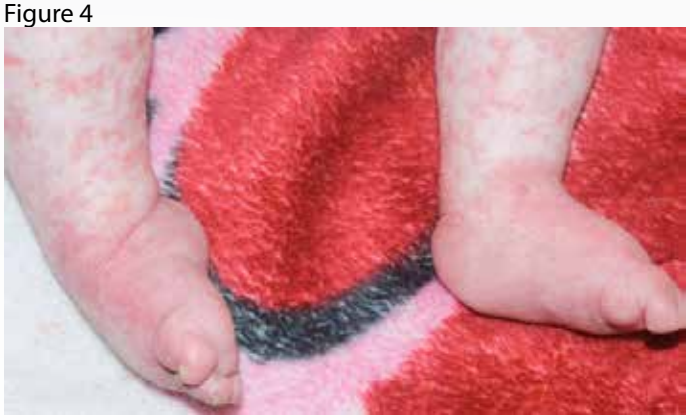


Figure 3

Figure 4



PP-078

INTERMAMMARY PILONIDAL SINUS

Kemal Özyurt[1], Halit Baykan[2], Mustafa Atasoy[1], Ragıp Ertaş[1], Yılmaz Ulaş[1], Muhammed Reşat Akkuş[1]
[1]Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey
[2]Clinic of Plastic and Reconstructive Surgery, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey

Pilonidal sinus is a cystic cavity lined with epithelial tissue usually localised in sacrococcygeal region. Axilla, groin, interdigital web, umbilicus, nose, intermammary areas, suprapubic area, clitoris, prepuce, penis are stated less frequently or rare location regions. The hair forms small cavities comprised of enlarged hair follicles which in time expand to sinuses. Sterile area is filled up with bacteria and debris causing local inflammation and formation of abscesses. Constantly draining small amounts of fluid observed from a open cavity of sinus in chronic status.. We report a rare location of pilonidal sinus in a 18 years-old girl to emphasize less frequent regions of involvement may lead misdiagnosis or delayed treatment.

KEYWORDS: Intermammary, Pilonidal Sinus,

Figure 1

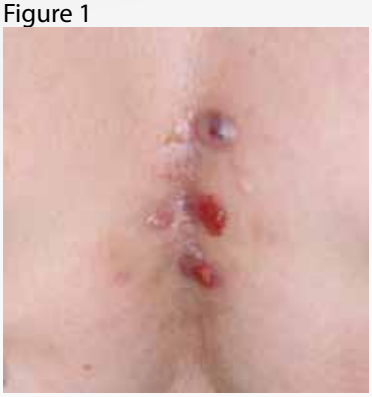


Figure 2

PP-079

NETHERTON SYNDROME MISDIAGNOSED AS HYPER IGE SYNDROME

Kemal Özyurt, Mustafa Atasoy, Ragıp Ertaş, Yılmaz Ulaş, Muhammed Reşat Akkuş
Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey

Netherton syndrome presented with erythroderma and sometimes a collodion membrane in newborns. Significant characteristic of Netherton syndrome is a predisposition to allergies, asthma, and eczema. Infants may also have recurrent skin infections, septicemia and elevated IgE levels. Herein we are representing a 4 years old boy with Netherton Syndrome with red and scaly skin in newborn and septicemia during the early days. He had elevated serum IgE levels and eczema in his subsequent life. In dermatological examination; erythematous and scaly patches were observed in various regions of his body. Patient was unrecognized from birth and misdiagnosed as Hyper IgE syndrome. He had resuming intravenous IgG therapy which began 2 years ago by Pediatric Immunologist. Finally, confirming clinical and laboratory data and mutation of the gene SPINK5, the patient was diagnosed as Netherton syndrome. Hyper IgE syndrome is a rare multisystem primary immunodeficiency disorder. The disorder is characterized by repeated bacterial infections of the skin and pneumonia, skeletal abnormalities and characteristic facial features. The first symptom is often the development of a eczema at birth or early during infancy. Herein we presented this case for being rare disease. Erythroderma in newborn, serious infections in infants and elevated IgE levels misdiagnosed as Hyper IgE syndrome. This resulted unnecessary therapy with potential serious side effects. And also, accurate diagnosis provided improvement of the patient in a few months.

KEYWORDS: Netherton syndrome, Hyper IgE syndrome, mutation of the gene SPINK5

Figure 1

Figure 2

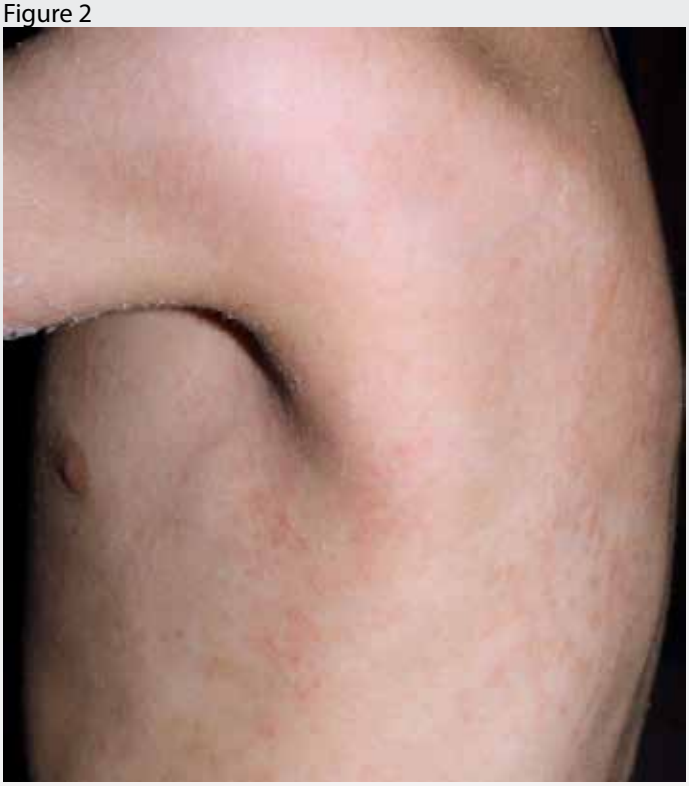


Figure 3

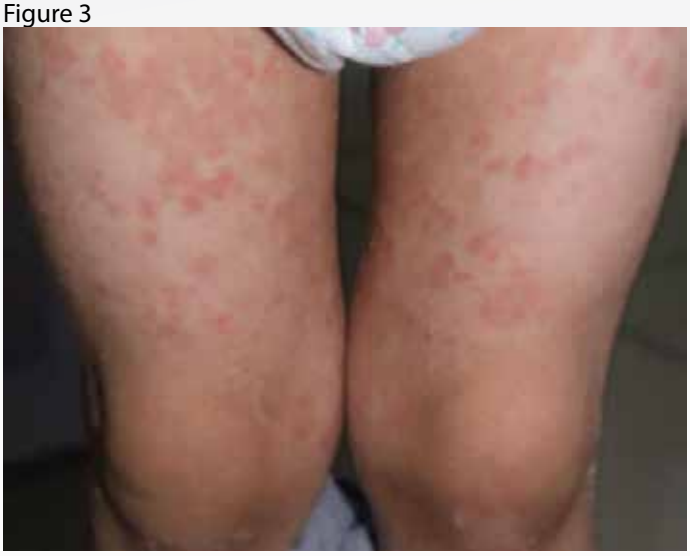


Figure 4

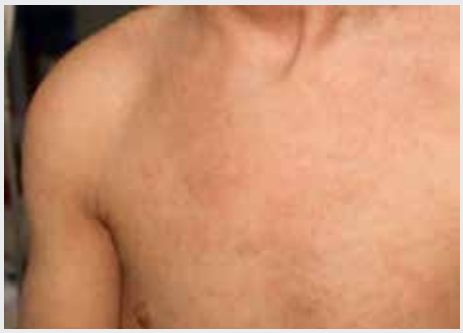


Figure 5

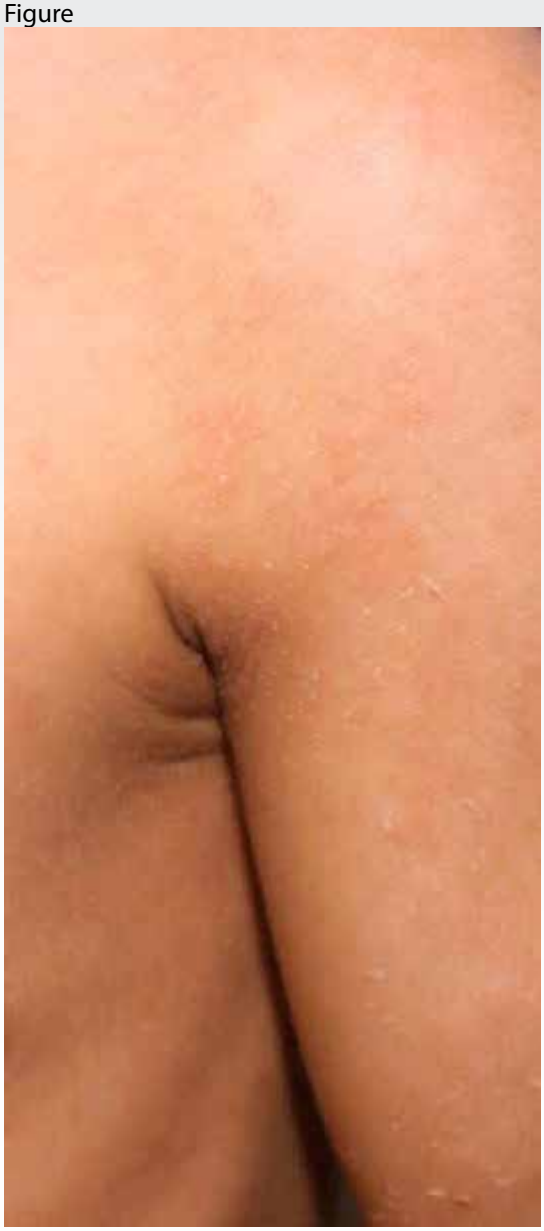


Figure 6

Figure 7

Figure 8

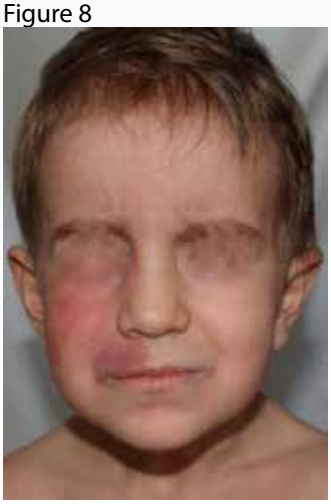


Figure 9

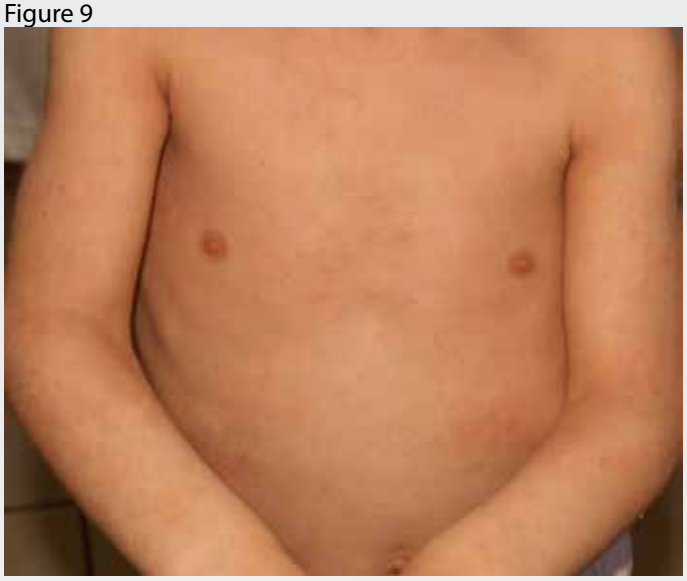


Figure 10

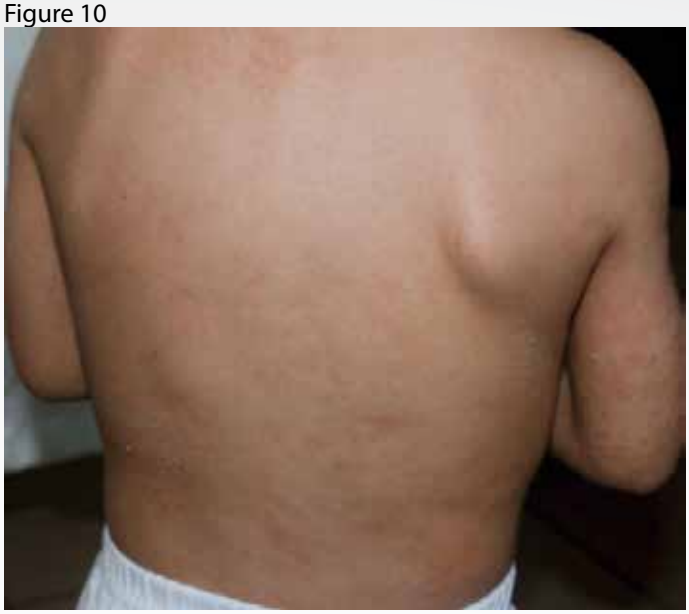


Figure 11

Figure 12

Figure 1

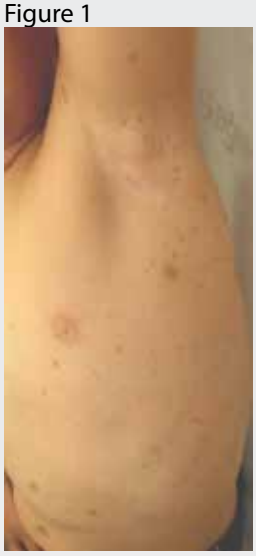


Figure 2

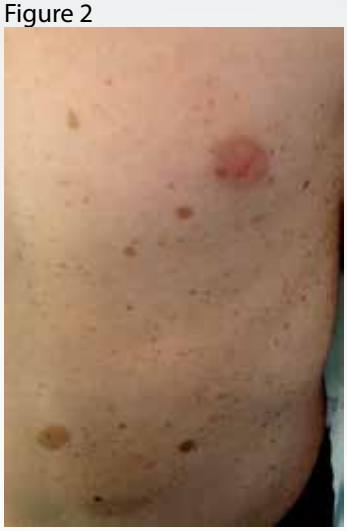
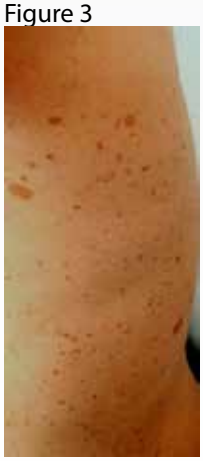


Figure 3



PP-080

A CASE OF SEGMENTAL NEUROFIBROMATOSIS

Kemal Özyurt, Mustafa Atasoy, Muhammed Reşat Akkuş, Ertaş Ragıp, Yılmaz Ulaş
Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey

Segmental neurofibromatosis (NF5) is a rare variant of neurofibromatosis characterized cafe au lait macules or neurofibromas in one or more dermatomes. The recognition of NF5 is important, as there have been reports of paraneoplastic manifestations and visceral involvement. We present here a 8 years-old boy with NF5 case. Our patient admitted to dermatology clinic with complaint of brown discolor in left half of his trunk and left arm which began in early months of his life. Patient did not tell pain, itch or another subjective complaints. Dermatological examination revealed, multiple cafe au lait macules in varying diameters of 0,1-2 cm, on left of middle line included neck, bracial, torocal, lumbal and sacral dermatomes. Consultations of cardiology, neurology and ophthalmology were presented normal examination signs. Clinical results, electroencephalography and cranial MR supported diagnosis of NF5.

KEYWORDS: Segmental neurofibromatosis, cafe au lait macules, dermatome

PP-081

PSEUDOPORPHYRIA IN A HEMODIALYSIS PATIENT

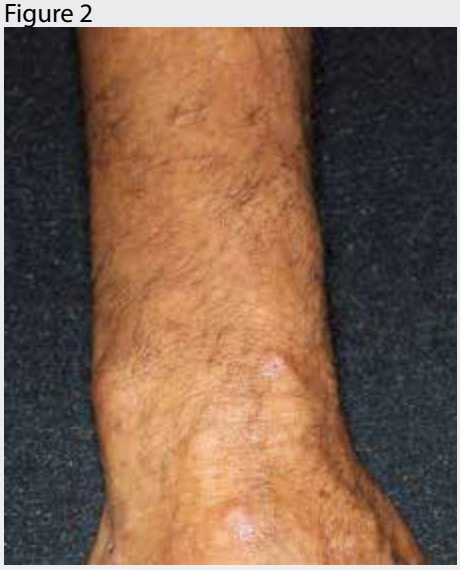
Kemal Özyurt, Mustafa Atasoy, Ragıp Ertaş, Yılmaz Ulaş, Muhammet Reşat Akkuş
Clinic of Dermatology, Saglik Bilimleri University, Education and Resarch Hospital, Kayseri, Turkey.

Patients with end-stage renal disorder mostly have given haemodialysis for renal replacement therapy. Hemodialysis is responsible for several skin problems, mostly; porphyria cutanea tarda and pseudoporphyria. These two blistering diseases are clinically and pathologically similar. However, pseudoporphyria is separated from porphyria with normal levels of porphyrin in serum, urine and stool samples. A 60-year-old male patient was admitted to our dermatology clinic with the complaints of skin fragility with a recurrent bullous eruption on the face and the dorsum of the hands for 2 years. He had diabetes mellitus and was under hemodialysis treatment for 5 years. Examination of the forehead and dorsum of the hands revealed multiple crusted erosions, white atrophic scars in various diameters and excoriated vesicles. Mucosal membranes were spared. Skin lesions have been diagnosed as pseudoporphyria based on the clinical and laboratory findings.

KEYWORDS: Pseudoporphyria, hemodialysis, porphyria cutanea

Figure 1

Figure 2



PP-082

AN UNCOMMON FORM OF PIGMENTED PURPURIC DERMATOSIS; MAJOCCHI'S DISEASE: A CASE REPORT AND REVIEW OF THE LITERATURE

Zeynep Gizem Kaya İslamoğlu[1], Fatma Tunçez Akyürek[1], Pınar Karabağlı[2]
[1]Department of Dermatology, School of Medicine,Selcuk University, Konya, Turkey
[2]Department of Pathology, School of Medicine,Selcuk University, Konya, Turkey

INTRODUCTION: Purpura annularis telangiectodes (Majocchi's disease) is a less common variant of pigmented purpuric dermatoses characterized by punctate telangiectatic macules progressing to annular, hyperpigmented patches with central clearing and infrequent atrophy on the lower extremities and buttocks. Majocchi's disease usually presents in female patients especially adolescents and young adults. Histopathology and immunopathogenesis of this disease are similar to the other subtypes of pigmented purpuric dermatoses. **CASE PRESENTATION:** A 61 year old female patient presented with asymptomatic, bilateral, annuler, infiltrate reddish patches with central clearing on the lower extremities and a few lesions on arms about 6 months. There was no other addiction. This lesions are minimal responsive to topikal and systemic corticosteroids. But it did not improve completely. During this time, two different punch biopsies were taken and this biopsy results were compatible with Majocchi's disease. We began topical tacrolimus and ascorbic acid twice a day and waiting for the answer.

DISCUSSION: Pigmented purpuric dermatoses are usually chronic and persistent dermatoses. Majocchi's disease is a rare variant of pigmented purpuric dermatoses. The aetiology is still unclear. There is a need to exclude cutaneous T-cell lymphoma.

RESULT: We present this case in order to emphasize that Majocchi's disease is rare, our patient age does not correspond to the common age range, clinical appearance may interfere with many diseases and review of the literature.

KEYWORDS: Pigmentation disorders, Majocchi, tacrolimus.

Figure 1,2

On the left; first visit and on the right; second visit after tacrolimus treatment

PP-083

COMPARISON OF QUERIES IN PUB MED "TURKEY AND DERMATOLOGY" VERSUS "CHINA, INDIAN, USA, INDONESIA, IRAN, THAILAND AND DERMATOLOGY"

Kemal Özyurt, Atıl Avcı, Ragıp Ertaş, Yılmaz Ulaş, Muhammed Reşat Akkuş, Mustafa Atasoy
Clinic of Dermatology, Saglık Bilimleri Universiy, Education and Resarch Hospital, Kayseri, Turkey

Pub Med is one of the current biomedical databases (http://www.pubmed.gov) for free access to the largest biomedical resource. Functional researches focused on unique questions are practicable in Pub Med with quick and efficient manner. China, Indian, USA and Indonesia are the most crowded populations of the world, respectively. Population ranking results locate Turkey's population as; Congo, Germany, Turkey, Iran and Thailand in a descending order. We thought it may be worthwhile to compare medical literature in dermatology field between chosen countries by taking into consideration of populations. Current study compared results of queries in Pub Med; "Turkey and Dermatology" and "Country and Dermatology", countries included; China, Indian, USA, Indonesia, Congo, Germany, Iran and Thailand. Publication date of articles was between 01.01.2015 to 31.12.2016. Article types which were searched consisted of Case Reports (CR), Clinical Phase Trials (CPT), and Randomized Controlled Trials (RCT), Observational Studies and Evaluation Studies. We investigated the number and subject of CRs, trials and studies of each country. And also, we insisted on the query results, for the country of first name author in a article. In country based publications, number of CRs; China: 184, Indian: 190, USA:288, Indonesia: 2, Congo:3, Germany:184, Turkey: 118, Iran:17 and Thailand:8. Number of CPTs; China: 5, Indian: 0, USA: 37, Indonesia: 0, Congo: 0, Germany: 49, Turkey: 3, Iran: 0 and Thailand: 0. RCTs were China: 25, Indian: 5, USA: 40, Indonesia: 0, Congo: 0, Germany: 87, Turkey: 4, Iran: 13 and Thailand: 11. Only two printed RCTs from Turkey were about hyperbaric oxygen therapy in hidradenitis supurativa and Erbium Yag Laser therapy in skin tumors. The most frequent subject of trials in all study was psoriasis (55 of 214) And the most frequent target of trials was concerned on therapy of various dermatological diseases with biological agents (51 of 214). Results of current study revealed that publication numbers of CR of a country are not correlated with number RCT or CPT. Iran and Thailand both, had more RCTs and less CRs in dermatology, than Turkey ($p<0.05$). Biological agents are the most popular subject for trials.

KEYWORDS: Queries in Pub Med, Case Reports, Clinical Phase Trials, Randomized Controlled Trials, Observational Studies, Evaluation Studies.

Table 1

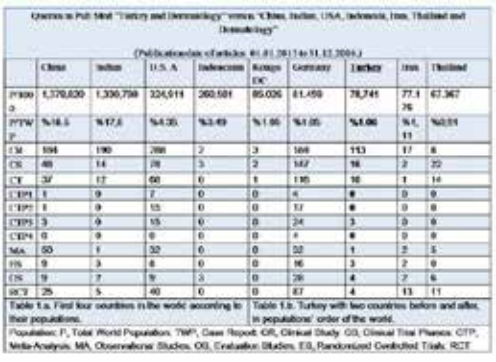


Table 2

	First author in own country	First author from different country
China	26	3
Indian	9	1
U.S. A	39	9
Germany	63	16
Turkey	7	2
Iranian	3	0
Thailand	9	1

Table 2. Distributions of Clinical Phase Trials, Randomized Clinical Trials, Evaluation and Observational Studies

Table 3

	CTP 1	CTP 2	CTP 3	CTP 4	RCT	OS	ES	Total
China	1	3	0	0	17	1	7	29
Indian	0	0	0	0	5	2	3	10
U.S.A	5	12	14	0	7	4	6	48
Germany	2	12	20	4	39	17	9	103
Turkey	0	0	2	0	2	4	1	9
Iranian	0	0	0	0	3	0	0	3
Thailand	0	0	0	0	10	1	0	11

Table 3. Distribution of Clinical studies according to countries
Clinical Trial Phases: CTP, Observational Studies: OS, Evaluation Studies: ES, Randomized Controlled Trials: RCT

Table 4

	Frequency	Percent %
Alopesia areata	2	,9
Psoriasis	49	23,0
Acne vulgaris	10	4,7
Atopic dermatitis	12	5,6
Androgenetic alopesia	2	,9
Malign melanoma	18	8,5
Vitiligo	2	,9
Cosmetically problems	15	7,0
Fumfal infections	7	3,3
Bacterial infections	9	4,2
Dermatitis	4	1,9
Bullous skin diseases	3	1,4
Melanin	12	5,6
Hidradenitis suppurativa	5	2,3
Warts	5	2,3
Chronic urticaria	14	6,6
Technical device	15	7,0
Actinic keratosis	8	3,8
Other	21	9,9
Total	213	100,0

Table 4. Distribution of clinical studies according to main issues

Table 5

	CTP1	CTP 2	CTP 3	CTP 4	RCT	OS	ES	Total
Alopecia areata	2	0	0	0	0	0	0	2
Psoriasis	1	12	16	2	15	1	2	49
Acne vulgaris	0	0	0	0	5	5	0	10
Atopic dermatitis	0	4	0	0	8	0	0	12
Androgenetic alopecia	0	0	0	0	2	0	0	2
Malign melanoma	1	4	8	0	0	5	0	18
Vitiligo	0	0	0	0	2	0	0	2
Cosmetically problems	0	0	1	0	11	1	2	15
Fungal infections	0	0	0	0	2	0	5	7
Bacterial infections	0	0	0	0	2	3	4	9
Dermatitis	0	0	0	0	4	0	0	4
Bullous skin diseases	0	1	1	0	0	0	1	3
Melanoma	2	3	0	1	5	1	0	12
Hidradenitis suppurativa	0	0	3	0	1	1	0	5
Warts	1	0	1	0	3	0	0	5
Chronic urticaria	0	1	1	1	4	5	2	14
Technical device	1	0	1	0	6	0	7	15
Actinic keratosis	0	2	2	0	4	0	0	8
Other	0	0	2	0	9	7	3	21
	8	27	36	4	83	29	26	213

Table 5. Distribution of clinical studies according to main issues
Clinical Trial Phases: CTP, Observational Studies: OS, Evaluation Studies: ES, Randomized Controlled Trials: RCT

Table 6

	China	Indian	U.S.A	Germany	Turkey	Iran	Thailand	
Alopesia areata	1	0	1	0	0	0	0	2
Psoriasis	7	1	13	27	0	0	1	49
Acne vulgaris	1	0	1	5	1	0	2	10
Atopic dermatitis	4	0	1	6	0	1	0	12
Androgenetic alopesia	1	0	0	1	0	0	0	2
Malign melanoma	0	0	5	13	0	0	0	18
Vitiligo	1	0	0	0	0	1	0	2
Cosmetically problems	1	0	3	6	0	0	5	15
Fumfal infections	5	1	0	1	0	0	0	7
Bacterial infections	3	4	0	1	0	0	1	9
Dermatitis	1	1	0	0	0	0	2	4
Bullous skin diseases	1	0	1	1	0	0	0	3
Melanoma	2	0	4	5	1	0	0	12
Hidradenitis suppurativa	0	0	1	2	2	0	0	5
Warts	0	0	3	1	0	1	0	5
Chronic urticaria	0	2	4	8	0	0	0	14
Technical device	0	0	7	7	1	0	0	15
Actinic keratosis	0	0	0	8	0	0	0	8
Other	1	1	4	11	4	0	0	21
	29	10	48	103	9	3	11	213

Table 6. Distribution of main issues according to countries

Table 7

	number	percentage
Biological agents	69	32,4
Treatment	56	26,3
Imaging, Quality Index etc.	27	12,5
Laser	20	9,4
Cosmetic treatment	9	4,2
Herbal Treatment	5	2,3
Other	27	12,5
	213	100

Table 7. Secondary issues of clinical studies

Table 8

	Factor p	Factor s
China	1,56	0,15
Indian	0,56	0,05
U.S. A	11	0,16
Germany	98	0,56
Turkey	8,5	0,08
Iranian	2,7	0,17
Thailand	12	1,37

Table 8.

Factor p= Total number of CTP, RCT, OS and ES / (Population/Total world population)

Factor s= Number of CR / Total number of CTP, RCT, OS and ES

Case Reports:CR, Clinical Trial Phases: CTP, Observational Studies: OS, Evaluation Studies: ES, Randomized Controlled Trials: RCT

PP-084

GREEN NAIL SYNDROME: A CASE REPORT

Gözde Ulutaş Demirbaş, Fatma Tunçez Akyürek, Gülcan Saylam Kurtipek, Zeynep Gizem Kaya İslamoğlu
Department of Dermatology Selcuk University, Konya, Turkey

INTRODUCTION: Green nail syndrome (GNS) is an infection of the nails that leads to a onycholysis and green-black discoloration of the nails, also known as chromonychia. This condition is often associated with chronic paronychia. Pseudomonas aeruginosa is the most commonly identified organism in cultures from the affected area.

CASE: A 66-year-old woman developed an asymptomatic greenish discoloration of the nail plate of the toe nails over a period of 1 year and then her finger nails affected for 3 months. Dermatologic examination showed greenish-black discoloration, mild onychodystrophy of the entire nail plate, and distal onycholysis. Bacteriologic culture of nail scrapings was negative for Pseudomonas aeruginosa. But Wood's light examination showed a yellow-green fluorescence. fungal coinfection was excluded by potassium hydroxide preparation and culture. We started topical bacitracin+neomycin sulfate and oral ciprofloxacin treatment.

DISCUSSION: The green-black discoloration of the nail is due to pyocyanin and pyoverdin an antibiotic pigment produced by the P. aeruginosa. Major risk factors are long duration of exposure to water or moist conditions and onycholysis. Other predisposing factors are microtrauma, onychotillomania, and rarely, certain nail disorders such as psoriasis. The condition is usually confined to one or two nails and can involve fingernails or toenails. The nail is usually not painful; however the skin around the nail may be swollen, tender, or red. Gram staining and culture of swabs or pieces of nail may confirm the diagnosis however, culture can be negative, as the green discoloration may be found a distance away from the infected site. Wood's light examination will occasionally show a yellow-green fluorescence, which is characteristic of Pseudomonas. The differential diagnosis of green nail includes aspergillus, candidal infections, subungual old hematoma, nevus, malignant melanoma. Green nail syndrome may be treated singly or in combination with antiseptics, antibiotics, and sometimes, surgical removal of the involved nail. Green coloration of the nails can be a sign of Pseudomonas infection. Treatment with an oral quinolone (ciprofloxacin) could be a valuable option.

KEYWORDS: ciprofloxacin, green nail syndrome, pseudomonas nail infection

Figure 1

Dermatologic examination showed greenish-black discoloration, mild onychodystrophy of the entire nail plate, and distal onycholysis

Figure 2

PP-085

ACRAL PSEUDOLYMPHOMATOUS ANGIOKERATOMA OF CHILDREN ON INGUINAL LOCATION IN A ADULT WOMAN

Kıymet Handan Kelekçi, Sedat Akdeniz, Ali Karakuzu
Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Acral pseudolymphomatous angiokeratoma is a rare benign, cutaneous disease, mostly affecting children. It is characterized by multiple asymptomatic erythematous-violaceous papules and nodules, usually located unilaterally with acral distribution. Initially considered a vascular malformation, today it is classed as a distinct type of pseudolymphoma. Currently, this denomination is under debate, as there are reported cases in the literature of adults with the condition, located in other parts of the integument.

CASE: 45-year-old woman presented with a 1-year history of multiple discrete red firm papules situated on her left inguinal area. He did not have any history of skin or systemic diseases or drug use. Physical examination was normal except the skin lesions. Dermatologic examination revealed asymptomatic, 4mm sized, round, hyperpigmented erythematous-violaceous papules of angiomatous character and a keratotic surface (Fig. 1). Three of this area lesion was performed totally excision. Examination of the mucous membranes, hair, and nails did not reveal any significant findings. Histopathological examination of a hematoxylin and eosin-stained section revealed dilated follicle structures under the epidermis showing hyperkeratosis in the sections. Lymphoid infiltration is present, which infiltrates the follicular epithelium markedly and the surface epithelium less frequently. Immunohistochemical studies showed that lymphoid epithelial cells were more stained with CD4 than with CD8 in dermal lymphoid tissue. In these cells, staining with CD3, CD5 and CD7 was also detected. It is also present in CD38 (+) plasma cells with CD20(+) B lymphocytes. In our case, the heavy infiltrate of benign lymphocytes, proliferation of blood vessels, and inguinal location in a woman were consistent with the diagnosis of acral pseudolymphomatous angiokeratoma of children (APACHE).
CONCLUSION: Herein, we reported a woman patient diagnosed as acral pseudolymphomatous angiokeratoma. Unlike the previously reported cases, our female patient presented in adulthood with a multipl lesion on the inguinal area.

KEYWORDS: acral, angiokeratoma, pseudolymphoma

Figure 1

PP-086

ALLOPURINOL INDUCED DRESS SYNDROME: A CASE REPORT

Sultan Gamze Cihan, Recep Dursun, Ramazan Uçar, Arzu Ataseven, İlkay Özer
Department of Dermatology, Meram Faculty of Medicine, Necmettin Erbakan University, Konya, Turkey

INTRODUCTION: Drug Rash with Eoshinophilia and Systemic Symptoms (DRESS) is a rare, potentially life-threatening, drug-induced hypersensitivity reaction that includes skin eruption, hematologic abnormalities (eosinophilia, atypical lymphocytosis), lymphadenopathy, and internal organ involvement (liver, kidney, lung). Anti-epileptics (carbamazepine, phenytoin, phenobarbital), and sulfonamides are most frequently reported medications. In recent years, the number of allopurinol induced DRESS reports has been increased. We aimed to report a patient with DRESS syndrome secondary to allopurinol which was commenced for asymptomatic hyperuricemia.

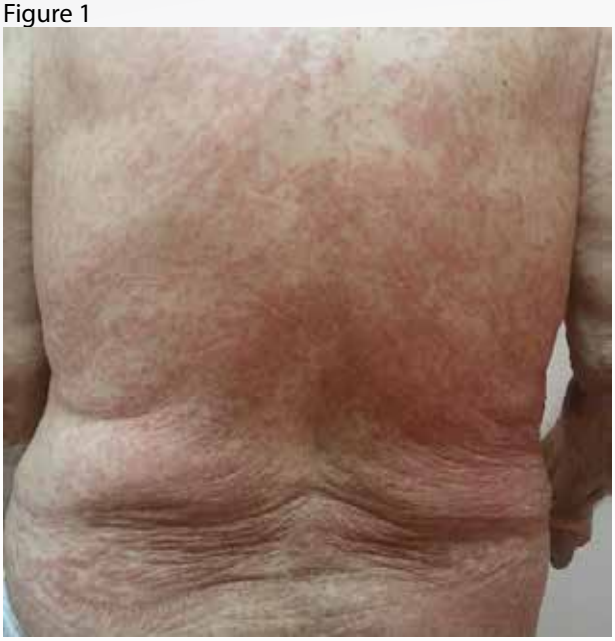
CASE: A 89-year-old man admitted to our outpatient clinic with widespread erythematous rash and pruritus. Allopurinol was commenced to the patient because of hyperuricemia which was asymptomatic. On medical history, he had type 2 diabetes mellitus, hypertension, coronary artery disease, chronic obstructive pulmonary disease, benign prostate hyperplasia, cholecystectomy and inguinal hernia operation. He was on dabigatran etexilate, furosemide, spironalactone-hydrochlorotiazide, atenolol-chlortalidone, ramipril, bisoprolol, tamsulosin, insulin lispro, ipratropium-bromide and salbutamol treatment. There was no drug allergy in medical history, including family. He had diffuse facial erythema and edema, coalescent

erythematous maculopapuler rashes on his arms and trunk, a few purpuric macules on his legs, subungal hyperkeratosis on feet nails and candidiasis in oral mucosa in dermatologic examination (Figure 1). He had a lympadenopathy (1x1 cm) on left submandibular region. Body temperature was 38.3°C. On laboratory, abnormal values were as follows; Eosinophil 6900/mm3, urea 82 mg/dl, creatinine 1.65 mg/dl, ALT 351 u/L, AST 181 u/L, LDH 587 u/L. We could not identify any infection foci. On peripheral blood smear, there was 45% neutrophil, 40% eosinophil and 15 % lymphocyte. Histopathologic examination of skin biopsy revealed that mild hyperkeratosis in epidermis, endothelial edema, lymphocyte infiltration including a few eosinophils in perivascular region and extravasated erythrocytes. Direct immunofleurosent was negative. The patient was finally diagnosis with DRESS syndrome with clinic, laboratory and histopathology. We started methylprednisolone 1 mg/kg, and patient's complaints resolved and laboratory normalized (Figure 2).

DISCUSSION: Allopurinol is a xanthine oxidase inhibitor that is mostly used in gout disease and symptomatic hyperuricemia, and may cause cutaneous drug reactions particularly in elder patients. The clinicians should be more careful when commencing allopurinol in elder patients with multisystem comorbidities especially when the indication is not clear.

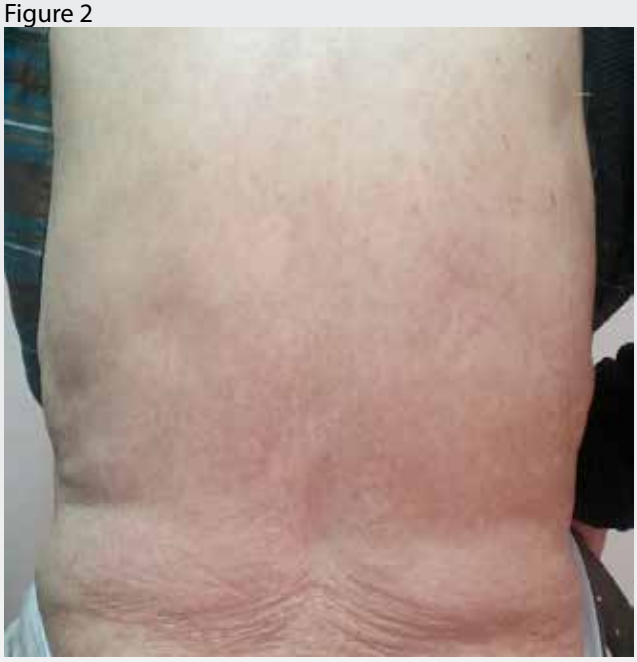
KEYWORDS: allopurinol, DRESS syndrome, drug hypersensitivity, eosinophilia

Figure 1



Erythematous maculopapuler rashes on the back of the patient

Figure 2



Regression of lesions after the treatment

PP-087

ACUTE LOCALIZED EXANTHEMATOUS PUSTULOSIS: A CASE REPORT

Nursel Dilek[1], Yunus Saral[1], Aziz Ramazan Dilek[2], Büşra Acar[1], Mahmure Şehirli[1], Recep Bedir[3]
[1]Dermatology Department of Recep Tayyip Erdogan University, Rize, Turkey
[2]Microbiology Department of Recep Tayyip Erdogan University, Rize, Turkey
[3]Pathology Department of Recep Tayyip Erdogan University, Rize, Turkey

Introduction: Acute localized exanthematous pustulosis (ALEP) is a localized variant of acute generalized exanthematous pustulosis, which is characterized by the eruption of multiple scattered pustules following drug administration. In the current article, we present a case of a woman with a cutaneous drug reaction consistent with ALEP that occurred subsequent to administration of antibiotics.

Case: A 78 -year-old woman applied to our clinic with an acute outbreak of asymptomatic multiple pustules and surrounding erythema affecting the left leg. Three days ago she took antibiotics (Ceftriaxone and Tigecycline) for the uriner tract infection. The pustules were superficial and nonfollicular with a surrounding erythema. white cell count of patient increased neutrophil count (80%). The erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP) were

elevated (ESR: 21 mm, CRP: 5 mg/dl). Bacterial cultures were negative. Histopathological findings showed subcorneal pustules with scattered apoptotic keratinocytes adjacent to the pustules. The dermis was prominent mixed inflammatory cells infiltrated in the dermis, with leukocytoclastic vasculitis. The patient was discontinued use of the antibiotics and was treated with systemic corticosteroid (0,5 mg/kg/day). The pustules of patient were resolved over several days.

DISCUSSION: ALEP is a less common form of pustular drug eruption, lesions are consistent with the characteristics of AGEP but are typically localized to the face, neck or chest. ALEP first defined in 2005. ALEP is mostly caused by antibiotic and nonsteroid use. In present case, the lesions developed rapidly after administration of antibiotics and were resolved with in several days of discontinuing the treatment. Herein, a case of a woman with a cutaneous drug reaction consistent with ALEP on the leg that occurred subsequent to administration of antibiotics was presented.

KEYWORDS: Drud, reaction, localized exanthematous pustulosis, leg

PP-088

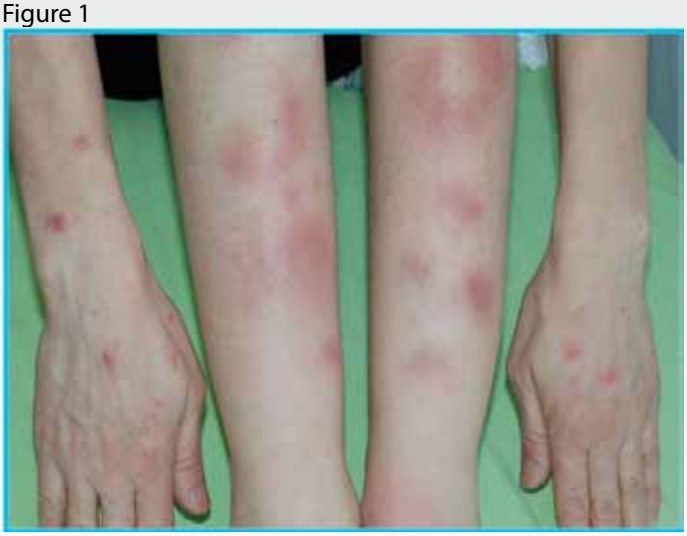
A CASE OF SWEET'S SYNDROME AND ERYTHEMA NODOSUM LIKE LESIONS ASSOCIATED WITH OROPHRANGEAL TULAREMIA

Mualla Polat[1], Bengü Altunay Tuman[1], Tekden Karapınar[1], Fahri Yılmaz[2]
[1]Abant İzzet Baysal Üniversitesi, Tıp Fakültesi, Dermatoloji Ana Bilim Dalı
[2]Abant İzzet Baysal Üniversitesi, Tıp Fakültesi, Patoloji Ana Bilim Dalı

Tularemia is a zoonotic infectious disease caused by Francisella tularensis, an aerobic gram-negative, cocobacillus. It can be transmitted to humans through reservoir animal meat, infected animal bites, contaminated water or soil and bite of mosquitoes or ticks. Cutaneous findings of tularemia can be divided into the primary lesion (ulcerative lesion associated with the point of entry) and secondary lesions. The secondary lesions may be papular, maculopapular, erythema nodosum, vesicular, pustular and phototoxic reactions. A 30 year-old woman was admitted to infectious disease clinic with tender, erythematous lump on her neck, one month ago. Patient started treatment with ciprofloxacin after the diagnosis of oropharyngeal tularemia was made. One week later she developed painful red eruptions on her hands and legs. Physical examination revealed a 3x2 cm lymphadenopathy on the right anterior cervical region and painful, erythematous, edematous papules on the back of her hands and erythematous subcutaneous nodules were seen on both pretibial areas. A punch biopsy was performed from her hand revealed a perivascular neutrophilic infiltrate, leukocytoclasis and marked edema in the papillary dermis. Punch biopsy taken from the leg revealed dense neutrophilic infiltrate in subcutaneous lobules and perivascular mixed inflammatuary infiltration. The clinical and histopathologic findings supported the diagnosis of Sweet's syndrome and erythema nodosum like lesions accompanying tularemia. We report this case because of its rarity and draw attention to skin lesions associated with tularemia.

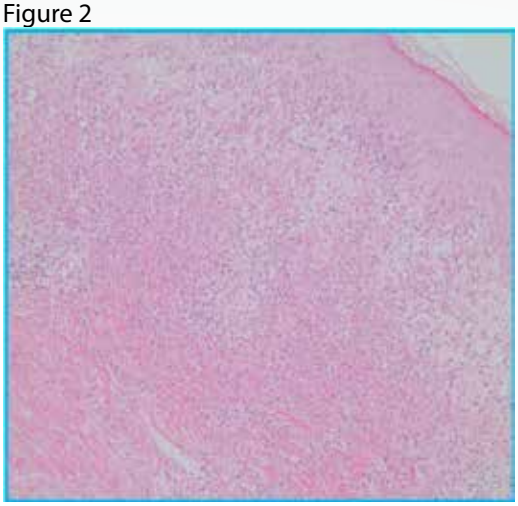
KEYWORDS:Tularemia,Sweet'sSyndrome,ErythemaNodosum

Figure 1



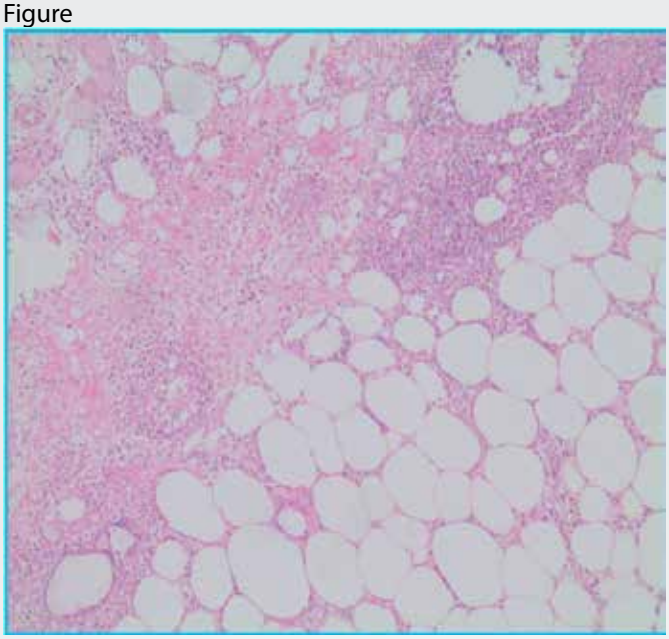
Erythematous, edematous papules on the back of hands and erythematous subcutaneous nodules on both pretibial areas.

Figure 2



Perivascular neutrophilic infiltrate, leukocytoclasis and marked edema in the papillary dermis.

Figure 3



Dense neutrophilic infiltrate in subcutaneous lobules and perivascular mixed inflammatuary infiltration.

PP-089

WOLF'S ISOTOPIC RESPONSE: A CASE OF ANNULAR ELASTOLYTIC GIANT CELL GRANULOMA

Mualla Polat[1], Bengü Altunay Tuman[1], Anıl Makara[2], Tekden Karapınar[1], Fahri Yılmaz[3]
[1]Abant İzzet Baysal Üniversitesi, Tıp Fakültesi, Dermatoloji Ana Bilim Dalı
[2]Özel Çağsu Hastanesi
[3]Abant İzzet Baysal Üniversitesi, Tıp Fakültesi, Patoloji Ana Bilim Dalı

The Wolf isotopic response describes the occurrence of a new, unrelated disease that appears at the same location as a previously healed disease. All reported cases of Wolf isotopic response have occurred after herpes virus infections. Although granulomatous reactions are the most commonly reported eruptions of isotopic response; nongranulomatous processes like lichen planus, morphea and malignancies may also occur. A 66-year old female patient admitted to our clinic with three weeks history of purple lesions on the neck region. Patient's past history was significant for a diagnosis of herpes zoster which localized same region six months ago. Dermatologic examination revealed purple, smooth-surfaced, annular papul and plaques from C2 to C4 dermatomes. A punch biopsy was performed from her neck revealed absence of collagen fibers in dermis, replacing by fibrosis and multinuclear giant cells. The clinical and histopathologic findings supported the diagnosis of anular elastolytic giant cell granuloma and this case accepted as Wolf's isotopic response because of localized previously healed herpes zoster lesions. Topical corticosteroids was given and regression of lesions were seen on clinical follow up.

KEYWORDS: Wolf's Isotopic Response, Elastolytic Giant Cell Granuloma, Herpes zoster

Figure 1

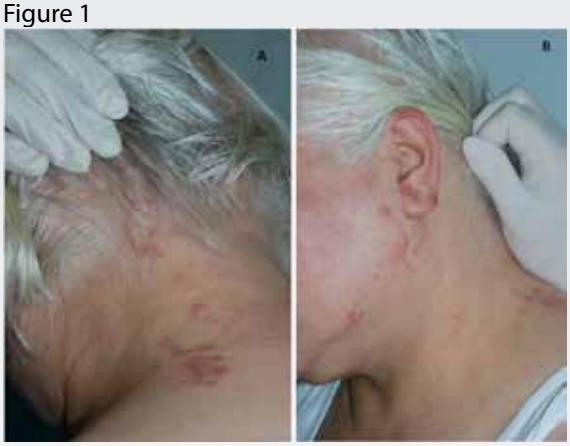


Figure 1A.B. Purple, smooth-surfaced, 5-10 mm diameter-sized annular papul and plaques.

Figure 2

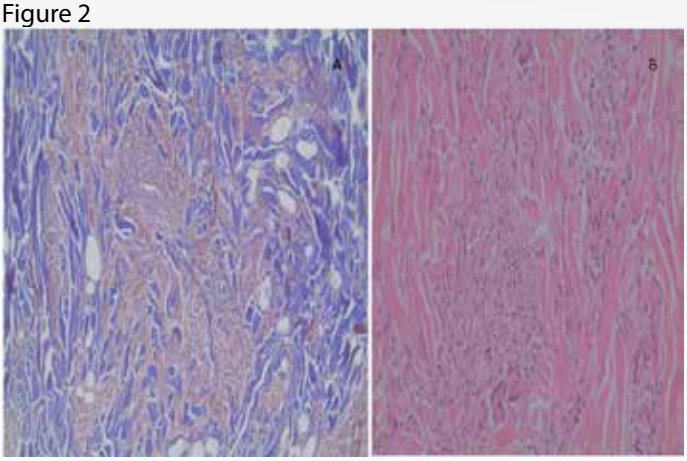


Figure 2. Absence of collagen fibers in dermis, replacing by fibrosis and multinuclear giant cells A. M&T x100 B. H&E x200

PP-090

A CASE REPORT OF A PATIENT, WHO HAD DIAGNOSIS PITYRIASIS LICHENOIDES CHRONICA AND LICHEN PLANOPLARIS WHILE TAKING HEPATITIS C INFECTION TREATMENT

Büşra Deniz, Güliz İkizoğlu, Ümit Türsen
Department of dermatology,Mersin university medical school,Mersin,Turkey

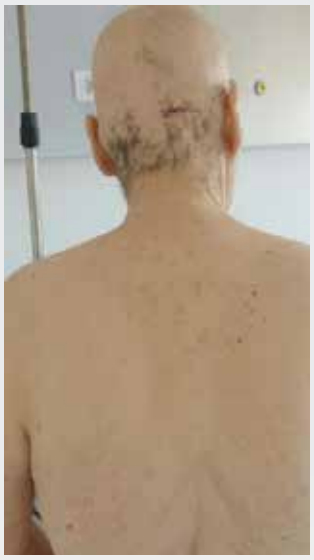
In the literature, it is described that hepatitis C infection has association with lichen planoplaris and rarely pityriasis lichenoides chronica. It is proposed that the pathophysiology of association may be direct extrahepatic tissue invasion of hepatitis C virus and/or immunologic mechanism. In this paper,we presented a 76 years old female patient who admitted to our outpatient clinic with rash and ichting while taking hepatitis C infection treatment.Her antiviral theraphy was Ledipasvir and Sofosbuvir. In dermatological examination,there was hyperemic, squamous papules scattered to whole body especially on the extremities and papules around hair follicles on the alopesic scalp lesions. We presented this case because this is the first case who had diagnosis pityriasis lichenoides chronica, lichen planoplaris and hepatitis C infection.

KEYWORDS: hepatitis C infetion,pityriasis lichenoides chronica,lichen planoplaris,pruritus

resim 1

Back and legs

resim 2



Scalp and shoulders

PP-091

COEXISTENCE OF DERMATITIS HERPETIFORMIS AND PSORIASIS: A CASE REPORT

Mualla Polat[1], Aslıhan Geyik[1], Tekden Karapınar[1], Fahri Yılmaz[2]
[1]Abant Izzet Baysal University, Faculty of Medicine, Department of Dermatology
[2]Abant Izzet Baysal University, Faculty of Medicine, Department of Pathology

Psoriasis vulgaris and dermatitis herpetiformis both have high prevelance in the general population and both depend on environmental and genetical factors. Recent studies have indicated that some patients with psoriasis have "celiac -antibodies". But there are a few case reports about the coexistence of psoriasis lesions and dermatitis herpetiformis. A 43-year-old female presented with itchy lesions on her trunk, arms and legs for six months. On examination, the patient had excoriated edematous papules on her trunk and erythematous scaly plaques on intertriginous areas. We performed two punch biopses from axillar with suspected diagnosis psoriasis and seborrhoeic dermatitis, from trunk with possible diagnosis dermatititis herpetiformis and prurigo nodularis. The biopsy result for the first area was reported as subacute spongiotic dermatittis and for second area as dermatitis herpetiformis, verified with immunofluorescence microscopic evaluation. The patient was diagnosed as dermatitis herpetiformis and started oral Dapsone 100 mg/ day. After three weeks she applied for control examination and suffered from itchy reddish lesions for four days on her body. She had erythematous scaly guttat papules and plaques on her back and trunk. We performed a biopsy from

this new lesions again with suspected diagnosis psoriasis and pityriasis rosea. It is confirmed the diagnosis of psoriasis. We presented this case to emphasize rare coexistence of dermatitis herpetiformis and psoriasis.

KEYWORDS: Coexistence, Dermatitis herpetiformis, Psoriasis

Figure 1

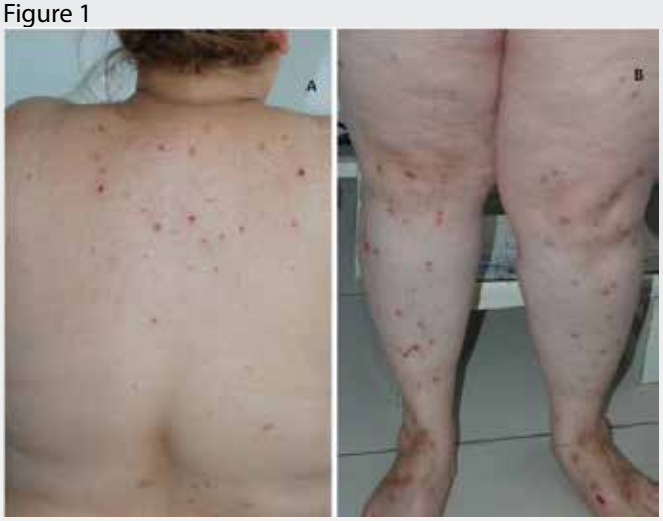


Figure 1
A,B. Excoriated edematous papules on her trunk and legs.

Figure 2

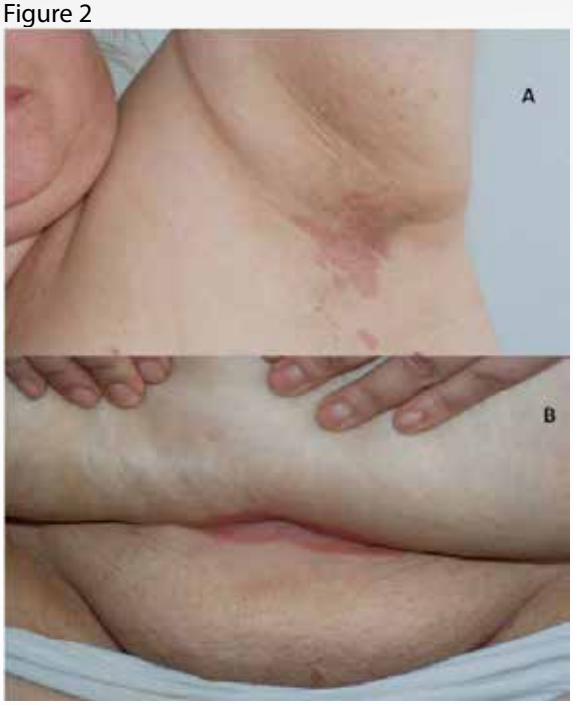


Figure 2A,B. Erythematous scaly plaques on intertriginous areas.

Figure 3

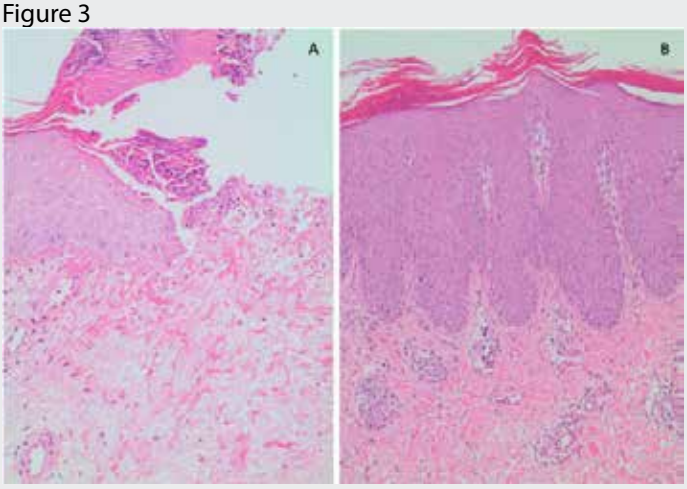


Figure 3A. Subepidermal separation with a collection of neutrophils (H&E x 40). B. Parakeratosis, acanthosis with regular elongation of rete ridges, superficial perivascular lymphocytic infiltrate (H&E x 20).

Figure 4

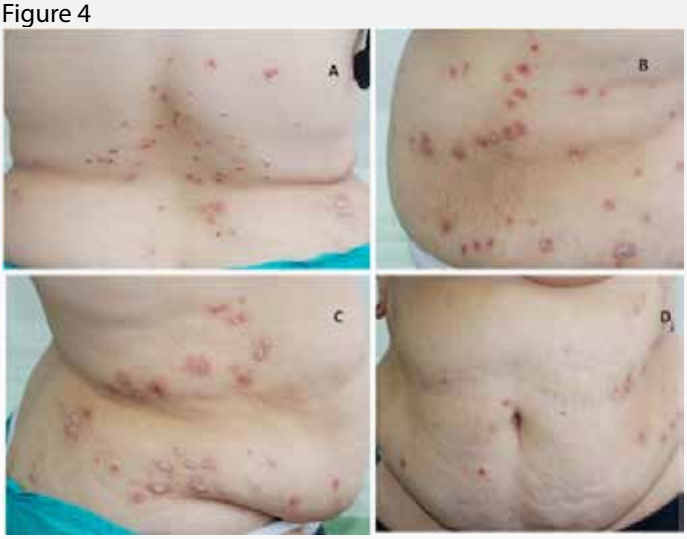


Figure 4. A. Well-demarcated, erythematous, scaly guttat papules and excoriated edematous papules on her back. B.C.D. Erythematous scaly guttat papules and plaques.

PP-092

CURRENT CELL-BASED THERAPY IN MODERN REGENERATIVE MEDICINE: SECRETOMES

Meliha Merve Hiz[1], Sevilay Kılıç[2], Begüm Dermenci[3]
[1]Department of Medical Biology, Faculty of Medicine, Çanakkale Onsekiz Mart University
[2]Department of Dermatology and Venerology, Faculty of Medicine, Çanakkale Onsekiz Mart University
[3]Division of System Biology, Institute of Health Sciences, Çanakkale Onsekiz Mart University

INTRODUCTION & OBJECTIVES: Regeneration of the tissue which lost its function plays critical role in both dermatological problems like wound healing, aging, burnt and pathological conditions like tissue regeneration after MI, organ damages, stroke, chronic heart failure. Cell-based therapies in tissue regeneration in modern regenerative medicine is researching for almost two decades to either regenerate human cells, tissues, organs and restore normal function. Stem cell therapies are taking place in these researches by means of the plasticities and differantiating potantial of stem cells. Human umbilical cord blood, placenta and bone marrow-derivated mesenchimal stem cells are well known stem cell resources. Cell-based therapies provided biological effects with secreted paracrin factors.These factors are named as 'secretome'. composition of secretomes according to main molecular characteristics as proteins (cytokines and growth factors), extracellular vesicles (microparticles and exosomes) and lipids. These paracrin factors released by apoptotic PBMC's induces angiogenesis, antimicrobial activity, re-epitelisation, M1-M2 polarisation, inhibits platelets, releases neurotrophic factor, enhances cytoprotective capacity and shows immunomodulator activity.

MATERIALS & METHODS: Secretomes are produced via apoptozis of peripheral blood mononuclear cells (PBMC) with gamma radiation.Then secretomes are isolated from numerous protocols. In this poster we will compare the protocols.

CONCLUTIONS: Isolation and administration of specific stem cell-derived regenerative factors for future paracrin pharmacological therapy may represent an extremely promising strategy with the clinical advantage of limiting many of the safety concerns associated with the transplantation of viable replicating cells. Indeed the approach represents a more tractable model through the delivery of soluble molecules. As well, this strategy removes the invasive or additional surgical procedures generally required for cell therapy or tissue engineering methods, together with the risks associated with them.

KEYWORDS: secretome, stem cell, regenerative therapy

PP-093

CALCINOSIS CUTIS: A CASE REPORT

Aslı Şahin[1], Tekden Karapınar[2], Ali Gökkaya[3]
[1]Department of Dermatology, Izzet Baysal Training and Education Hospital, Bolu, Turkey
[2]Department of Dermatology, Abant Izzet Baysal University, Bolu, Turkey
[3]Department of Plastic and Reconstructive Surgery, Abant Izzet Baysal University, Bolu, Turkey

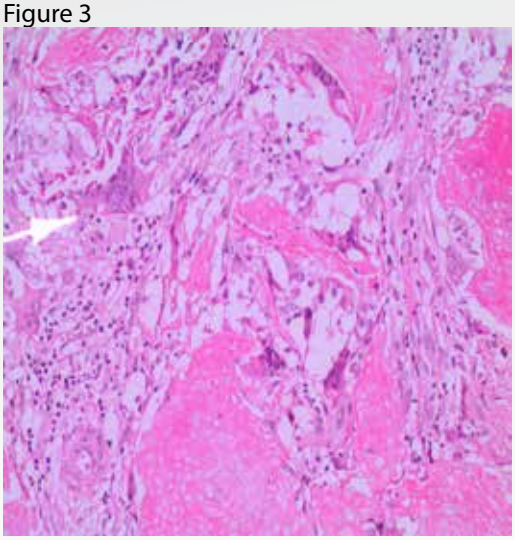
Calcinosis cutis is an uncommon disorder characterized by deposition of insoluble calcium salts in the skin. Disease is divided into four major groups: metastatic, dystrophic, idiopathic and iatrogenic. The pathophysiology is unclear. There is not an effective treatment for the disease. A 8 years old female presented with yellowish-white nodule on her right arm enduring for a month. Nodule was mobile and touching on the nodule was painful. There was no property in her background story. Clinically, we thought Calcinosis Cutis. The lesion was visualized by superficial ultrasound. There was 158x8m uniformly bounded, hypoechogenic soft tissue tumor and millimetric calcifications in it. Lesion was excised totally by Plastic and Reconstructive Surgery. For clarifying the etiology, laboratory tests; including calcium, phosphate, alkalene phosphatase, urea, creatine, creatine kinase, parathormone, vitamin D, tiroid stimulating hormone, hemogram, sedimentation, tumor markers, otoantibodies (ANA, Anti-ds DNA, Anti-SM, AMA), urine test; were performed. We present this case to emphasize to remember from characteristic clinical appearance and it is important to investigate other systemic disorders.

KEYWORDS: calcinosis cutis, calcium, salts

Figure 2

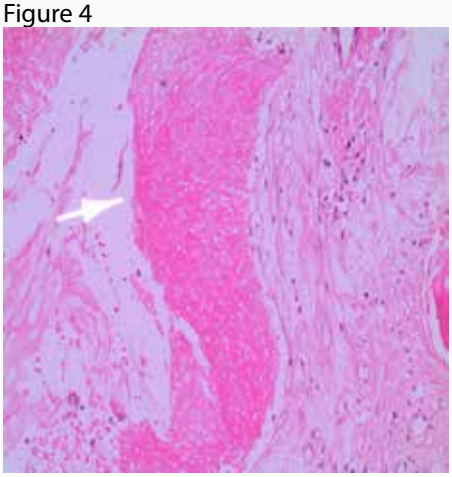
Well-circumscribed tumor with islands of basaloid cells, the central anucleate ghost cells (HE, 40X)

Figure 3



Foreign body giant-cells (HE, 200X)

Figure 4



Ghost cells (HE,200X)

PP-094

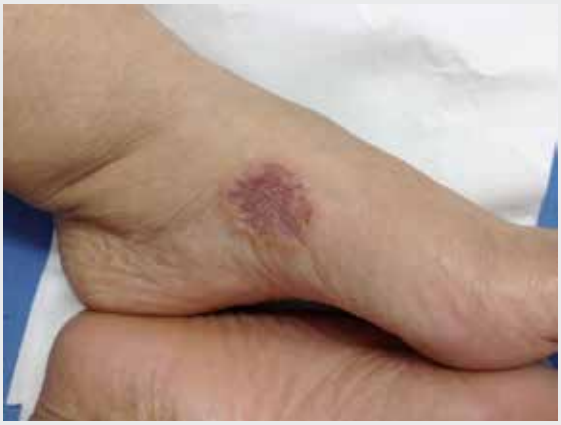
LOCALIZED ANNULAR LICHEN PLANUS ON LEFT FOOT

Selami Aykut Temiz[1], İlkay Özer[1], Mustafa Cihat Avunduk[2], Recep Dursun[1], Arzu Ataseven[1]
[1]Department of Dermatology, Meram Faculty of Medicine, Necmettin Erbakan University, Konya, Turkey
[2]Department of Pathology, Meram Faculty of Medicine, Necmettin Erbakan University Konya, Turkey

Lichen planus (LP) is an inflammatory mucocutaneous condition of unknown etiology with typical plentiful violaceous polygonal flat papules and plaques. LP is generally localized to flexures, extremities, genitalia, and oral mucosa. Localized left foot annular lichen planus is a rare and less known manifestation of LP. A 50-year-old woman presented with erythematous violaceous plaque over medial side of her left foot. This lesion first appeared one year ago. She was diagnosed as tinea pedis and nummular dermatitis, clinically. The patient was given topical antifungal and corticosteroid therapy for these reasons. Cutaneous examination revealed erithematous violaceous plaques over her left foot medial side. In the patient's medical history, he had type 2 diabetes mellitus for seventeen years and essential hypertension for two years. Histopathological examination revealed focal parakeratosis, increase in the granular cell layer, a band-like lymphocytic infiltrate in dermis. Periodic acid-Schiff [PAS] stain was negative. The final diagnosis was lichen planus. Herein, we wanted to present a 50-year-old patient localized left foot annular lichen planus. It is rarity of such case have prompted this report.

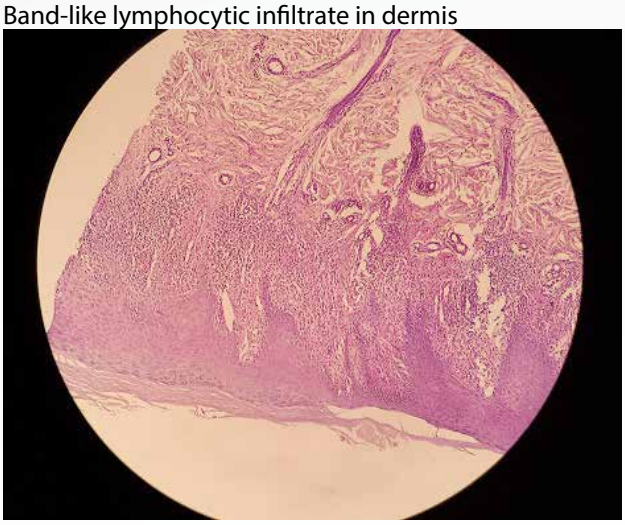
KEYWORDS: Lichen planus, Localized Annular Lichen Planus, Tinea Pedis

Erythematous violaceous plaque over medial side of her left foot



Band-like lymphocytic infiltrate in dermis

Band-like lymphocytic infiltrate in dermis



PP-095

HAPPLE TINSCHERT SYNDROME: A CASE REPORT AND REVIEW OF THE LITERATURE

Begüm Ünlü, Tamer İrfan Kaya, Ümit Türsen, Güliz Ikizoğlu
Department of Dermatology, Mersin
University School of Medicine, Mersin,Turkey

Happle Tinschert Syndrome is a rare syndrome that is described by Rudolf Happle and Sigrid Tinschert in 2018. At this syndrome; in addition to cutaneous lesions, that unilaterally follows blaschko lines and defined as basaloid follicular hamartoma in histopathologic examination,there is also various extracutaneous anomalies. The extracutaneous signs manifest as skeletal,dental and cerebral anomalies that are mostly localized ipsilaterally. Some rare signs of this syndrome have been described in the literature as mildly dysplastic ears, cataract, ipsilateral lipodermoid of the conjunctiva, imperforate anus. There is 14 cases in the english literature and all of them are sporadic cases. In this paper, we presented a case 9 years old male patient who has unilaterally scattered skin coloured papules, hypertrichosis, skeletal and cerebral anomalies in the left side of the body.The diagnosis was confirmed by histopathological examination. The patient has no family history of any symptom that suggests it has sporadic transmission.

KEYWORDS: Happle Tinschert, hamartoma,unilateral

Figure 1

Skin coloured papules on left eyelid

Figure 2

Hypertrichosis on proximal part of left leg

PP-096

IMATINIB INDUCED LICHENOID DRUG ERUPTION: A CASE REPORT

Begüm Ünlü, Büşra Deniz, Kıymet Inan, Ayşın Köktürk
Department of Dermatology, Mersin
University School of Medicine, Mersin,Turkey

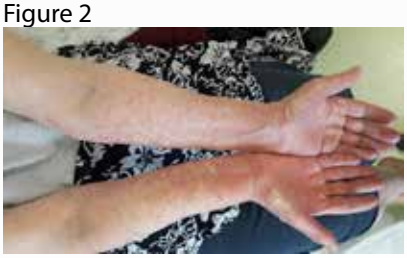
Imatinib mesylate is an oral anticancer targeted theraphy drug. Imatinib mesylate makes it action by binding to kinase domain of tyrosine kinase proteins and inhibiting function of the protein. Tyrosine kinases are cellular signaling proteins that take part in cell proliferation. Oncogenic tyrosine kinase proteins play major role in pathogenesis of chronic myelogenous leukaemia (CML), gastrointestinal stromal tumours (GISTs) and other rare neoplastic diseases. There are many oncogenic tyrosine kinase proteins: Bcr-Abl (a fusion protein), c-Kit receptor (CD117), platelet-derived growth factor receptor (PDGFR), colony-stimulating factor receptor-1 (CSF-1R) and discoidin domain receptor (DDR). Various drug eruptions due to imatinib is described in the literature. In this case; we report a 35 year old female patient who has diagnosis of CML. The patient was admitted to our dermatology clinic;because of rash that has begun 2 months ago. The rash was pink to violaceous, squamous plaques that localized mainly on extremities. The patient took systemic steroid for treatment and imatinib theraphy cessated. In result, although the cutaneous side effects of imatinib treatment is quite common, it is not hard to be handled by steroid treatment.

KEYWORDS: Imatinib, lichen, eruption

Figure 1

The rash on her legs.

Figure 2



The rash on her arms flexures

PP-097

FREQUENCY OF FOOD ALLERGY IN ATOPIC DERMATITIS

Sevilay Kılıç[1], Meliha Merve Hiz[2]
[1]Department of Dermatology and Venerology, Faculty of Medicine, Canakkale Onsekiz Mart University
[2]Department of Medical Biology, Faculty of Medicine, Canakkale Onsekiz Mart University

Introduction & OBJECTIVES: Atopic dermatitis; Is a chronic inflammatory skin disease that affects both children and adults, increasingly prevalent throughout the world, accompanied by remissions and attacks, of unknown etiopathogenesis.. The initial period is often early infantile and childhood, and food allergies play an important role in these periods. The most frequently reported food allergy are opposed to foods such as cow's milk and eggs are based on clinical trials.

Materials & METHODS: Patients were recruited from Dermatology clinics of Çanakkale18 Mart University Medical Faculty Hospital. Sixty-nine of the patients who diagnosed with atopic dermatitis due to hanifin rajka criteria and seventy individuals without any dermatological and allegical problems were included to study. Pre-prepared questionnaires were sought to question clinical and sociodemographic characteristics in order to identify the risk factors affecting the development of the disease. As a result of the questionnaire, the presence of food allergy in the patient group was evaluated and in particular, which diet was affected.

RESULTS: 50 (25%) of the atopic dermatitis patients had food allergies, 17 (73%) had no food allergies and 2 (2%) of the patients did not know whether they had food allergies. The most frequently reported by patients with food allergies; Cow milk, egg whites, wheat, spices, nuts, peanuts, walnuts, strawberries, bananas and oranges. As a result; According to the control group, food allergy was statistically more significant in atopic dermatitis patient group ($p < 0,05$).

CONCLUSIONS: The food prefarances must be evaluated clearly to determine possible food allergy risk.

KEYWORDS: Atopic dermatitis, food allergy, nutritions

PP-098

ATOPIC DERMATITIS AND RISK FACTORS: A CASE-CONTROL STUDY FROM CANAKKALE, TURKEY

Sevilay Kılıç[1], Sibel Oymak[2], Meliha Merve Hız[3]
[1]Department of Dermatology and Venerology, Faculty of Medicine, Canakkale Onsekiz Mart University
[2]Department of Public Health, Faculty of Medicine, Canakkale Onsekiz Mart University
[3]Department of Medical Biology, Faculty of Medicine, Canakkale Onsekiz Mart University

INTRODUCTION & OBJECTIVES: Atopic dermatitis is an issue for occupational work hygiene and also is one of the leading causes of occupational morbidity and other allergic health problems.We aimed to investigate the risk factors associated with atopic dermatitis in case and control groups.

MATERIALS & METHODS: This case-control study included 69 patients with atopic dermatitis and 70 healthy individuals (n=139). The questionnaire prepared by the researchers according to the literature was applied to the patient and control groups with face-to-face interview method in the dermatology clinic. SPSS 20.0 statistical package program.

RESULTS: The mean age of patients with atopic dermatitis was 20.4±16.6 years. 68.3% of those with allergy history and 40.7% of those without allergy history were 11 years or older. There was no correlation between allergy history and gender, education level and working status in our study group ($p > 0.05$). There was a statistically significant relationship between atopic dermatitis and preschool history, allergy history, probiotic use, probiotic use in pregnancy ($p < 0.05$). Atopic dermatitis was found to be greater in 71.8% of those with preschool history, 91.1% of those with allergies, 50.9% of those who did not use probiotics, and 38.5% of those who did not use probiotics during pregnancy. Although atopic dermatitis was higher in those who did not have a pet at home (52.2%), those who did not wear gloves while cleaning (41.3%), those who did not use gloves and masks at work (29.3%) and those who did not receive protective training at work (26.9%), there was no statistically significant relationship between these independent variables and atopic dermatitis ($p > 0.05$). There was no statistically significant difference between the control and the patient groups, although atopic dermatitis was more relevant in the participants who did not live in a house with garden, who didn't pet owners, and who used detergents in each cleaning.

CONCLUSIONS: In the past atopy was more relevant in the majority of those who were in preschool and those with allergies. However, those who do not use prebiotics have a higher atopy frequency compared to the control group in those who do not have a pet at home, especially those who do not use gloves, masks and other protective clothing while working in the home and work environment, those who do not have protective training in the workplace, those who do not live in garden homes, and those who use frequent cleaning materials. One of the limitations of our work is that the average age is low, which may have masked the actual effect of the education level and work status on the atopy. Another limitation is the possibility that the atopic frequency is less likely to be seen in the working people due to the healthy worker effect.

KEYWORDS: worker effect, work hygiene, Atopic dermatitis

PP-099

UNILATERAL BREAST HYPOPLASIA AS A CLINICAL MANIFESTATION OF BECKER NAEVUS

Güzin Sarı[1], Özgür Gündüz[1], Serkan Demirkan[1], Hakan Arslan[1], Gülşah Koçak[1], Pınar Atasoy[2]
[1]Department of Dermatology, Kırıkkale University, Kırıkkale, Turkey
[2]Department of Pathology, Kırıkkale University, Kırıkkale, Turkey

INTRODUCTION: Becker naevus is a rather common dermatological condition among postpubertal males, which usually manifests as a light to dark-brown patch or plaque located on the shoulder, chest and/or scapular regions. It can rarely be observed on other parts of the body. A frequent accompanying feature is hypertrichosis. In rare instances, muscular, skeletal (and other) abnormalities may be observed. This characteristic phenotype of Becker nevus associated with abnormalities is referred to as Becker nevus syndrome.

CASE: A 14-year-old woman presented with complaints of small size and increased hair growth in the left breast. On dermatologic examination, a light-brown hyperpigmented, mildly hypertrichotic patch was observed extending from a hypoplasic left breast to the left mid-axillary line. Further physical examination revealed no other cutaneous or mucosal abnormalities. The patient's personal and familial medical histories were noncontributory. Complete blood count, liver enzymes, creatinine, blood urea nitrogen, full hormone panel were in normal range. An incisional skin biopsy from the patch was performed and the result was consistent with Becker nevus. A chest X-ray was performed and no abnormal findings were found.

Conclusion: Becker nevus is rarely seen in females. An accompanying breast hypoplasia is even much less reported. Since localized high androgenic activity was implicated in

Becker's nevus etiopathogenesis, early treatment of the Becker naevi patches/plaques with the medical lasers with ablative capabilities may be of benefit in preventing a breast hypoplasia.

KEYWORDS: Becker naevus, Becker naevus syndrome, hypoplasia of fatty tissue

Figure 1

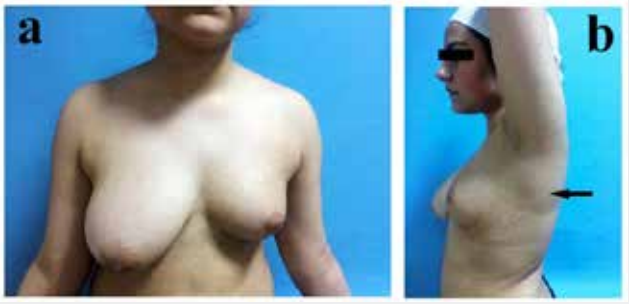


Figure 1. (a) Light-brown hyperpigmentation of the periareolar region of the hypoplastic left breast (b) Light-brown colored patch extending from the left breast to the left midaxillary line (arrow).

PP-100

SQUAMOUS CELL CARCINOMA RELATED KERATOACANTHOMA OF THE LOWER LIP: A CASE REPORT

Kıymet Handan Kelekçi, Ali Karakuzu, Sedat Akdeniz
Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Squamous cell carcinoma (SCC) of the lower lip is a common malignant tumor. It occurs most frequently in male patients (male-female ratio, 6:1) aged 50 years or over who have been exposed to sunlight for long periods of time. As with other malignant tumors, tobacco and alcohol abuse also play a role as etiological factors. Keratoacanthoma is a common low-grade skin tumour that is unlikely believed to metastasize or invade.

CASE: A 61-year-old male was admitted lower lip lesion that had been present for two years and had been gradually increasing in size. The lesion was painless squamous lesion but could bleed on occasion. The patient reported that he smoked for along time. The patient had also diabetes mellitus. A clinical examination revealed a raised crusted oval shaped lesion of the lower left lip around 20x8mm (Figure 1) and no palpable lymph nodes. Her routine tests were normal except for glucose. In the lung of the patient, detailed investigation revealed mass and metastatic lesions on thorax tomography. Previous lip biopsy results from the patient's diagnosis were compatible with keratoacanthoma. Histopathology of second lip biyopsy exhibited hyperkeratosis and acanthosis with mild pleomorphism and the presence of chronic inflammatory infiltrate of neoplastic keratinocytes invading dermis. This findings complied with well-differentiated squamous cell carcinoma.

CONCLUSION: The differential diagnosis of a lesion on the lower lip should include squamous cell carcinoma which is another similar lesion associated with sun exposure. In addition, patients diagnosed with skin cancer should be monitored for other malignancies elsewhere in the body.

KEYWORDS: carcinoma, keratoacanthoma, squamous

Figure 1

PP-101

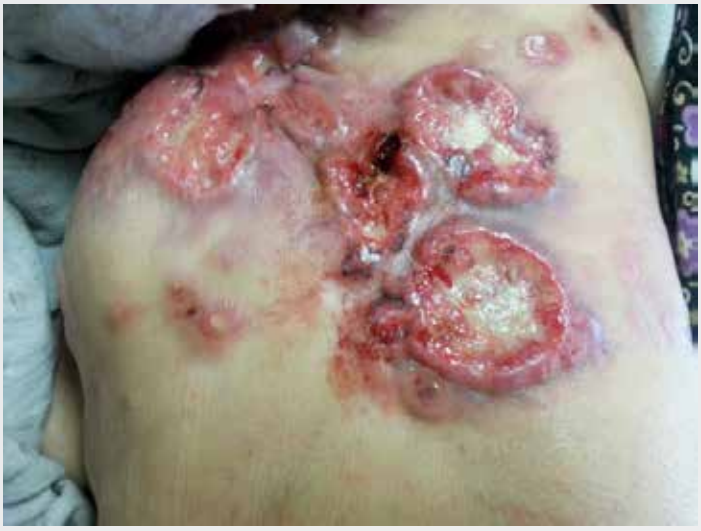
BREAST CANCER PRESENTING WITH GIANT CUTANEUS TUMOURS

Mehmet Demirel[1], Tamer İrfan Kaya[1],
Ayşın Köktürk[1], Yasemin Yuyucu Karabulut[2]
[1]Department of Dermatology, Mersin University, Mersin, Turkey
[2]Department of Pathology, Mersin University, Mersin, Turkey

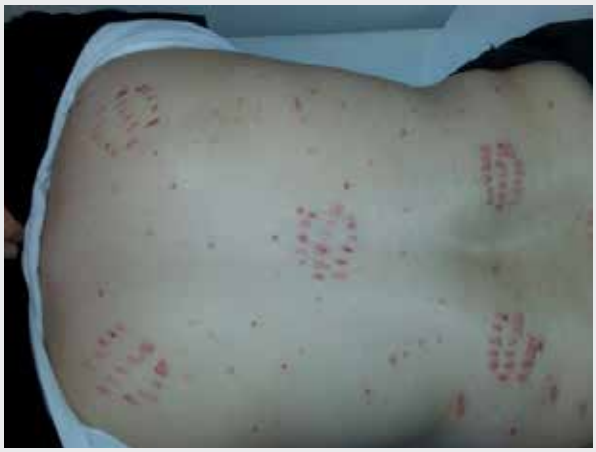
Breast cancer is the most common cancer among women. Breast cancer can metastasize to the skin. Skin metastases of breast cancer are generally occurs on the chest. We present a 82 years old female patient. She has erythematous plauques, nodules and ulcerating tumours on her chest and axilla for 5 years. Most of her chest was covered with tumours. Because of her phobia from doctors and biopsy; she has not looked for treatment for 5 years. Finally, we convinced her to make a biopsy. According to pathology results; this lesions are metastasis of a invasive ductal carsinoma. We refer the patient to the oncology department. Since this case has clinically dramatic tumours covering the chest with unknown origin, we decided to present the case.

KEYWORDS: Breast Cancer, Cutaneus metastasiz, Cutaneus tumor

Metastatic lesions



Nodules and ulcerated lesions on chest of patien



Koener fenomenon due to hijama

Hijama performed sites

Koebner fenomenon due to hijama

PP-102

ARABIC/TURKISH TRADITIONAL TREATMENT "HACAMAT" INDUCED PSORIASIS LESIONS

Mehmet Demirel, Tamer Irfan Kaya,
Ayca Cordan Yazıcı, Umit Tursen
Department of Dermatology, Mersin University, Mersin, Turkey

Hijama (Hacamat) is a traditional treatment for Turkish and Arabic people. In this treatment, blood is drawn by vacuum from small skin incisions for therapeutic purposes. Hijama can be performed almost anywhere on the body, but often it is performed on back side of the body. It can be used to ease the pain or to treat different diseases but actually this method creates minimal traumas and some congestion on the skin. So hijama must not be performed for the treatment of the diseases which have Koebner fenomenon like psoriasis vulgaris, lichen planus. A 45 years old women patient who have psoriasis vulgaris admitted to our outpatient clinic. She have chronic psoriatic lesions on her knees and elbows. She has used hijama method on the back side of the her body for healing. However due to the Koebner phenomenon a lot of new psoriatic lesions were developed on her Hijama performed sites of the skin. So we presented this case to emphasize that unscientific traditional treatment methods may be harmful to the patients, and these usage of these methods must be strictly regulated by the law.

KEYWORDS: Hijama, Hacamat, Psoriasis Hijama performed sites

PP-103

DEMODICOSIS IN A PATIENT WITH RHEUMATOID ARTHRITIS: DERMOSCOPY IS A PRACTICAL AND USEFUL TOOL

Fatma Tunçez Akyürek, Abdullah Demirbaş
Department of Dermatology Selcuk University, Konya, Turkey

INTRODUCTION: Demodex folliculorum and Demodex brevis are mites belonging to the class of arachnids. They are saprophytic mites in the hair follicles and in the pilosebaceous glands. Although Demodex mites can be found on normal skin in almost all adults, only a small number develop the clinical symptoms of demodicosis. Immunosuppressed or immunosuppressed therapy allows the mite to settle and increase, favoring an inflammatory reaction, or there could exist an impaired cutaneous immunologic response to the parasites. Dermoscopy is a noninvasive technique used primarily for

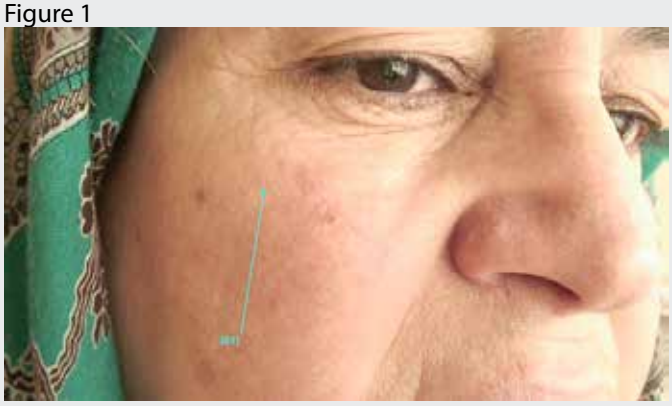
the diagnosis of pigmented skin lesions but is also used in neoplastic, vascular, inflammatory and infectious diseases.

CASE: A 57-year-old woman presented to our clinic with complaints of itchy erythema on her face for one month. She had history of rheumatoid arthritis for 13 years and was receiving sulfasalazine, leflunomide, golimumab treatment for the last one year. Dermatologic examination of the patient revealed erythematous papules over the cheeks, nose and eyelids. The patient was first evaluated by dermoscopy. We found two features in the dermoscopic image of the patient: "Demodex tails" and "Demodex follicular openings". Microscopic examination of the contents of the papules showed demodex mites. Topically permetrine and oral metronidazole were offered.

DISCUSSION: The term 'demodicosis' generally refers to a group of eruptions characterized by spinulosis, erythema, papules, pustules and dermatitis at various grades, often accompanied by a burning or itching sensation. It has been implicated in the development of follicular pityriasis, rosacea-like demodicidosis, pustular folliculitis, blepharitis, and granulomatous rosacea. Demodex folliculorum is an obligate parasite and commonly detected in patients with immune system deprivation. At present, Demodex mites are primarily identified microscopically by skin scrapings, by using the "skin surface biopsy technique,"or a skin biopsy. More recently, dermoscopy has begun to be used for the diagnosis of infections. We examined the dermoscopic properties of the demodex intent of this case and the contribution of dermoscopy to the diagnosis of the clinical manifestations of demodicosis. The Demodex tails were seen as a gelatinous, white creamy yarn several millimeters in length. The Demodex follicular openings were seen as round follicular openings with yellow / grayish plugs surrounded by an erythematous halo. We should be aware that immunosuppressed therapy might increase the number of demodex mites and dermoscopy is a powerful tool for diagnosing demodicosis and evaluating the patient's response to treatment.

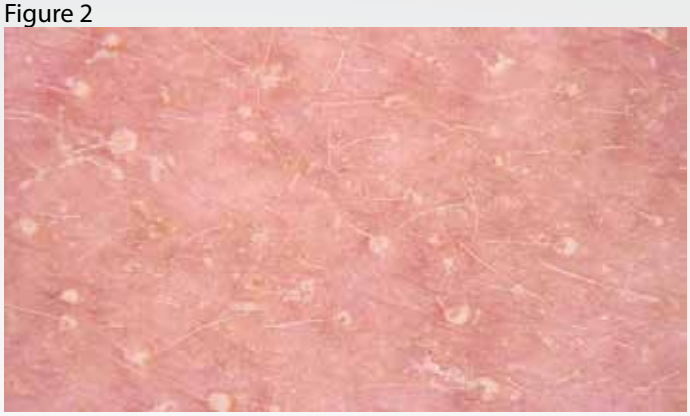
KEYWORDS: demodicosis, dermoscopy, immunosuppressed therapy, pityriasis folliculorum, rheumatoid arthritis

Figure 1



Erythematous papules over the cheeks

Figure 2



Dermoscopic picture: Demodex follicular openings, Demodex tails

Figure 3

Microscopic visualization of the mites

PP-104

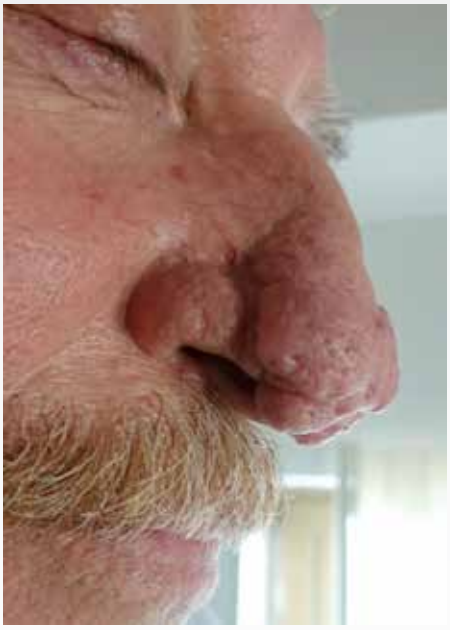
SUCCESFULLY TREATMENT OF RHINOPHYMA WITH RADIOFREQUENCY ABLATION

Mehmet Demirel, Tamer Irfan Kaya, Guliz Ikizoglu, Kiymet Inan Baz
Department of Dermatology, Mersin University, Mersin, Turkey

Rhinophyma is a disruption of sebaceous glands on nose. Etiologically related to rosacea and it results hypertrophy of the sebaceous glands of the nose. It leads to a progressive thickening of the skin. Sometimes it can be a severe cosmetic problem, on the other hand it can even create severe dysfunction. We present a 55 years old man, who have rhinophyma. He wanted treatment for only cosmetic reasons. We treated him with radiofrequensy ablation and we observed very good result. So radiofrequensy ablation can be effective option for treatment of rhinophyma.

KEYWORDS: Rhinophyma, Ablation, Radiofrequency

Before



After radiofrequensy ablation

PP-105

XANTHOMA DISSEMINATUM WITH HIGH SERUM LIPID LEVELS

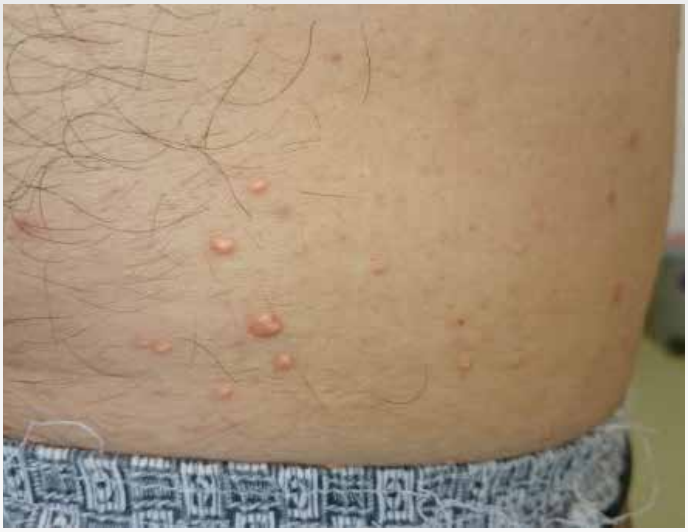
Mehmet Demirel[1], Kıymet İnan Baz[1], Tamer İrfan Kaya[1], Ayşe Polat[2]
[1]Department of Dermatology, Mersin University, Mersin, Turkey
[2]Private Mersin Pathology Laboratory

Xanthoma disseminatum is a rare subtype of non-Langerhan's cell histiocytosis. It is in class II histiocytosis group with unknown etiology, and with just over 100 cases reported in the literature; although association with hyperlipidemia is extremely rare. There is a 48 years old man who has multiple discrete skin-colored and yellow dome-shaped papulonodules trunk and extremities aproximately last one year. After biopsy and blood tests, we diagnosed xanthoma disseminatum and it accompanied hypertriglyceridemia and hypercholesterolemia. We treated xanthomas successfully with radiofrequency ablation.

KEYWORDS: Lipid, Xanthoma, Xanthoma Disseminatum

Xanthoma lesions on the leg

Xanthoma lesions on the back



PP-106

A CASE OF ERYSIPELAS IN WHICH PSORIATIC LESIONS ARE EXCLUDED

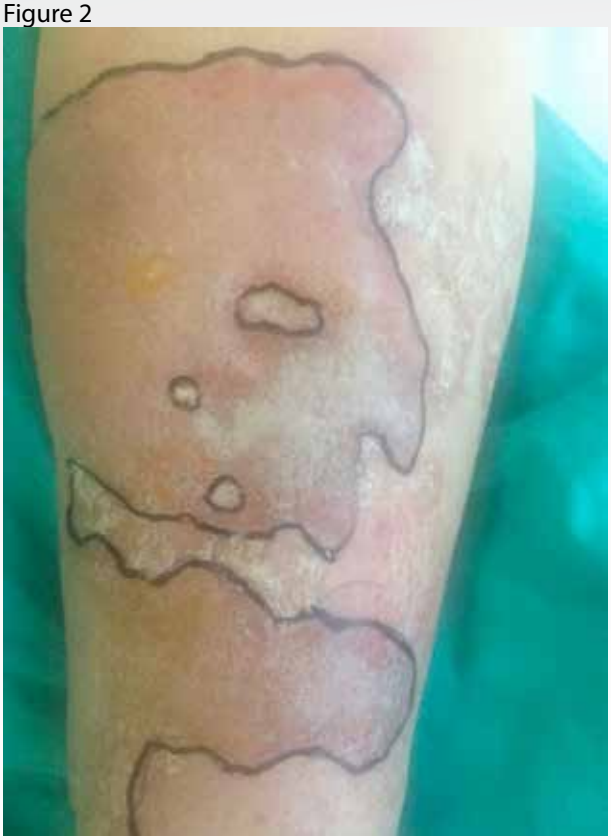
Ali Karakuzu, Sedat Akdeniz, Fatma Şule Afşar, Kıymet Handan Kelekçi, Sıla Uysal, Merve Velioğlu
Department of Dermatology, Faculty of Medicine, İzmir Katip Çelebi Universty, İzmir, Turkey

Erysipelas is a prevalent infection that affects the dermis and the hypodermis. It is usually caused by group A streptococci, but may also be associated with the B, C, or G groups, and dermatomycosis constitutes a very common portal of entry. Erysipelas is a type of superficial cellulitis of the skin with lymphatic involvement. Streptococcus pyogenes is the major agent of erysipelas, but also Staphylococcus aureus may be the causative micro-organism. The most frequent site in adults is on the legs, usually unilaterally. Beginning with fever and chilling in patients who have risk factors such as lymphedema, diabetes and may be recurrent in some individuals in spite of receiving antibiotic prophylaxis. In erysipelas, erythema and swelling are sharply demarcated from intact skin. Erysipelas is mostly localized to the legs(1,3). Psoriasis is a commonly occurring inflammatory skin disorder, affecting approximately 3% of the population worldwide. Psoriasis is characterized by over-proliferation and/or disturbed differentiation of keratinocytes. Psoriatic lesions exerts antimicrobial interleukins that protect skin from infection. We presented a case who had psoriasis and erysipelas on her leg, psoriatic plaques prevented the skin infection (Figure 1). A 55 year old female patient had complained about her nausea, vomiting, and fever with chills. Two days later she was admitted to the hospital. She has psoriasis and diabetes mellitus since 5 years and use topical corticosteroids and oral antidiabetics. On physical examination skin lesion was erythematous, hot and well demarcated, with vesicles and lymphedema, and infection free areas were observed at the sites of the psoriasis lesions in the anterior aspect of the left leg (Figure 2). The most remarkable laboratory data were elevated white blood cells at 11.03/mm3, an ESR of 36 mm/hour, CRP of 3.2 mg/dl.

KEYWORDS: Erysipelas, Psoriasis, Psoriatic Lesions

Figure 1

Figure 2



PP-107

LUPUS PANNICULITIS

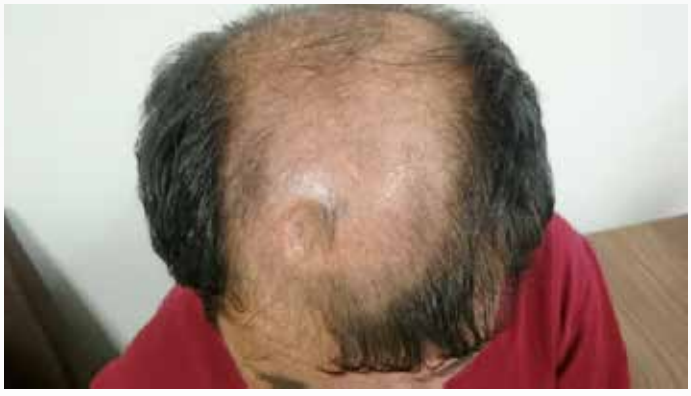
Mehmet Demirel[1], Kıymet İnan Baz[1], Ayca Cordan Yazıcı[1], Ayşe Polat[2]
[1]Department of Dermatology, Mersin University, Mersin, Turkey
[2]Private Mersin Pathology Laboratory

Lupus erythematosus panniculitis(LEP) is a rare subtype of chronic cutaneous lupus erythematosus. Commonly presents in the third-to-sixth decades of life. LEP primarily affects subcutaneous tissues. Lesions can be indurated plaques or subcutaneous nodules, and sometimes ulcerations. The lesions generally locate on the face, upper arms, upper trunk, breasts, buttocks, and thighs. We report a case of 49 years old patient with lupus panniculitis treated with hydroxichloroquine and glucocorticosteroids

KEYWORDS: Lupus, Lupus panniculitis, Panniculitis

Before antimalarial and corticosteroid treatment

Plaque of LEP on the head After antimalarial and corticosteroid treatmen



Healed plaque area of LEP

PP-108

MULTIPLE PLANE WARTS SUCCESSFULLY TREATED WITH LOW-DOSE SYSTEMIC ISOTRETINOIN IN A YOUNG PATIENT

Burak Akşan
Department of Dermatology,Giresun
Gorele State Hospital,Giresun,Turkey

Warts are benign epithelial proliferations of the skin and mucosa caused by infection with human papilloma viruses (HPV).Plane warts are smooth, flat, or slightly elevated and usually skin coloured which are mainly caused by HPV-3 and HPV-10.There is no single treatment that is absolutely effective, and different types of treatment may be combined. Many modalities of therapy had been used with variable success like topical retinoicacid, imiquimod, or 5-fluorouracil. Systemic isotretinoin has been used in acne vulgaris. However, isotretinoin is usually a potentially useful choice in many dermatologic diseases A case report is presented of a immunocompetent young patient with multiple plane warts on face successfully treated with low-dose systemic isotretinoin. A fifty kilos twentyfive-year-old female with plane warts on face with a six month duration history which were resistant to other forms of therapies and without any treatment for at least one month.She was treated with 20mg oral isotretinoin per a day with a two months duration.All the laboratory investigations before and during the treatment were normal.A complete response was seen after two months treatment. The aim of this case to evaluate the effectiveness of a low-dose oral isotretinoin in the treatment of plane warts.

KEYWORDS: a low-dose oral isotretinoin,face,plane warts

figure 1

before treatment

figure 2

after treatment

PP-109

DISSEMINATED HERPES ZOSTER BEGINNING WITH A SEVERE BACK PAIN IN A 13-YEAR OLD BOY

Fatma Tunçez Akyürek, Gülcan Saylam Kurtipek
Department of Dermatology Selcuk University, Konya, Turkey

Varicella-zoster is the virus that causes varicella (chicken pox), herpes zoster (shingles), and rarely, severe disseminated disease including diffuse rash, encephalitis, hepatitis, and pneumonitis. Disseminated disease is most often seen in immunocompromised patients. Herpes zoster usually affects adults middle age or older, occasionally involves children. Disseminated herpes zoster in a child is an unusual condition. A 13 -year-old immunocompetent boy presented with three days history of fluid filled lesions with pain on the left side of leg and then the vesicules were spread all over the body. Four days before the skin lesions he had a severe pain on his back.

Examination of the skin revealed a rash consisting of clustered vesicles on an erythematous base, distributed metamerically following dermatomes L2-3-4. We also observed a generalized rash made up of hundreds of isolated vesicles all over the body. No palpable lymph nodes were detected. This case has been presented because chilhood disseminated herpes zoster is rare and pain may be a sign of disseminated herpes zoster.

KEYWORDS: childhood, disseminated herpes zoster, pain

Figure 1

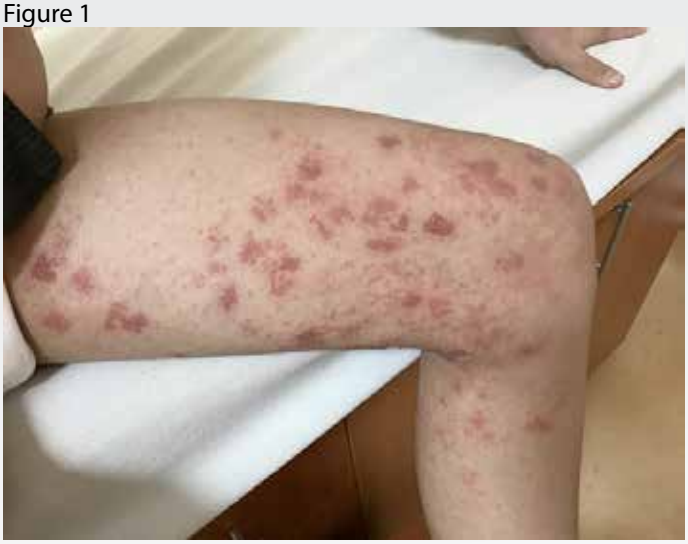
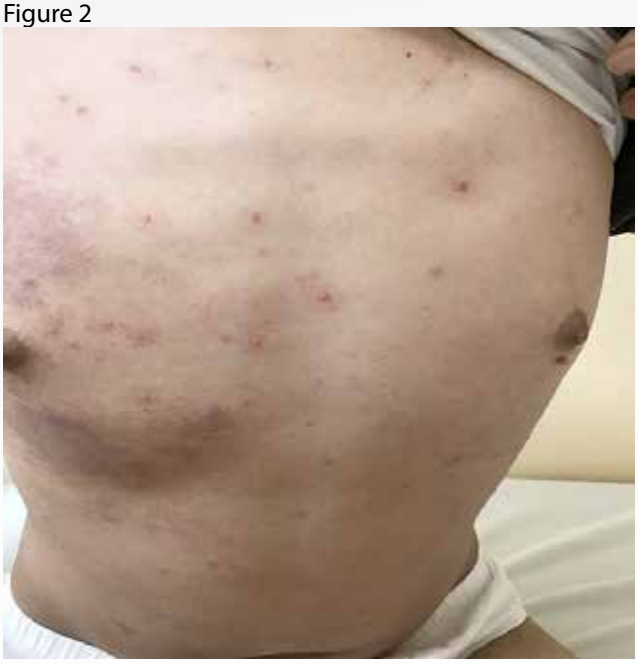


Figure 2



Vesicles and pustules in various stages were also present over trunk and extremities

PP-110

BULLOSIS DIBABETICORUM: A CASE REPORT

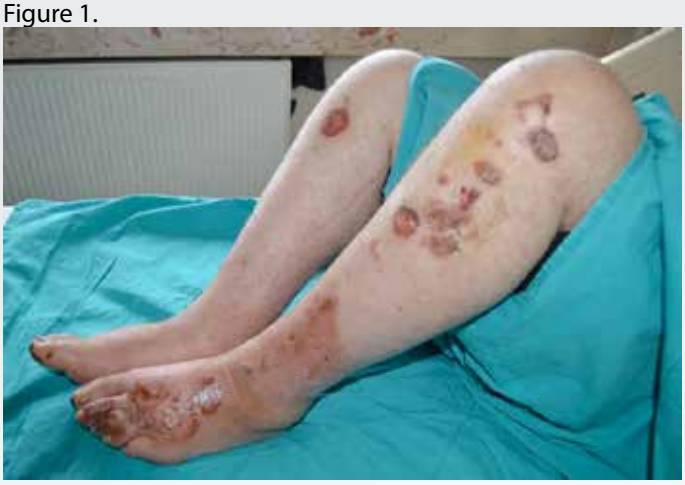
Sedat Akdeniz[1], Ali Karakuzu[1], Ayşe Dilara Karakuzu[2], Sıla Uysal[1], Kıymet Handan Kelekçi[1], Fatma Şule Afşar[1]
[1]Department of Dermatology, Faculty of Medicine, İzmir Katip Çelebi University, İzmir, Turkey
[2]Medical Student, Faculty of Medicine, Celal Bayar University, Manisa, Turkey

A 67¬-year-old man was referred for evaluation of the asymptomatic lesions on the skin of his feet and legs. The patient gave the history of tense blisters on the thumbs of his feet and lower extremities which appeared a week ago. In clinical examination eroded and intact blisters with serous and hemorrhagic content on the thumbs and lower extremities were seen. (Figure 1). He denied any type of triggering factors such as trauma. In addition to his skin problems, the patient has been receiving treatment for hypertension, chronic renal failure, and type 2 diabetes mellitus on irregular basis for 15 years. He used antihypertensive and oral antidiabetic drugs for these comorbidities. He also gave the history of the same lesions that appeared 5 years ago and healed without any scaring. In patients with diabetes, it is thought that bullae formation is seen due to peripheral sensorimotor neuropathy. This patient also had peripheral sensorimotor neuropathy. Bullae aspiration revealed clear fluid. Immunofluorescent studies and fluid cultures were negative. The bullae healed over two weeks. No signs of local inflammation were observed. Histologic examination revealed intraepidermal cleavage, reepithelization, and few inflammatory cells. These findings, along with the patient's history of diabetes, led us to diagnose bullosis diabeticorum in this patient. This condition, also known as bullous disease of diabetes, is characterized by abrupt development of noninflammatory bullae on acral areas in diabetic patients. The skin appears normal except for the bullae. Spontaneous blisters are specific types of skin lesions that occur in just 0.5% of patients with diabetes. It is twice as common in men as in women. Bullosis diabeticorum occurs in both genders, affecting people from seventeen to eighty years old, especially in patients with long-term diabetes mellitus who generally exhibit peripheral neuropathy. It is characterized clinically with tense asymptomatic blisters containing serous and sterile fluid which appear spontaneously on normal skin. No history of previous trauma, and most cases recur. It can occur at a variety of anatomical sites, with the acral region, especially the feet, being the most common location. Its evolution is self-limited and usually ceases within two to five weeks, without scarring. The etiology of bullosis diabeticorum is unknown. The acral location suggests that trauma may be a contributing factor. Although electron microscopy has suggested an

abnormality in anchoring fibrils, this cellular change does not fully explain the development of multiple blisters at varying sites. Glycemic control is not thought to play a role. A diagnosis of bullosis diabeticorum is mainly clinical. Treatment is usually unnecessary. Skin bullous lesions spontaneously resolve in few weeks without treatment. The lesions typically heal without scarring.

KEYWORDS: Diabetes mellitus, Blister, Bullosis diabeticorum

Figure 1.



Eroded and intact blisters with serous and hemorrhagic content

PP-111

THE PREVALENCE OF FIBROMYALGIA SYNDROME AMONG PATIENTS WITH PSORIASIS, ASSOCIATION WITH DISEASE ACTIVITY AND QUALITY OF LIFE

Sila Seremet Uysal[1], Ece Guvendi[2], Fatma Sule Afsar[1], Hatice Duran[1], Ayhan Askin[3], Korhan Baris Bayram[3]
[1]Department of Dermatology, Izmir Katip Celebi University Ataturk Training and Research Hospital, Izmir, Turkey
[2]Department of Physical Medicine and Rehabilitation, Kutahya Dumlupinar University, Evliya Celebi Training and Research Hospital, Kutahya, Turkey
[3]Department of Physical Medicine and Rehabilitation,Izmir Katip Celebi University Ataturk Training and Research Hospital, Izmir, Turkey

INTRODUCTION: Psoriasis is a chronic and recurrent inflammatory disease. As it causes physical appearance impairment, the effect of psoriasis on quality of life is as severe as other chronic diseases such as cancer and heart failure although it is not a life-threatening disease. Fibromyalgia syndrome (FMS) is a soft tissue disorder that is one of the common causes of chronic widespread musculoskeletal pain. Disease often leads to difficulties in daily life activities and poor performance. Symptoms of FMS, such as widespread pain and fribromyalgia can be seen more common in chronic diseases compared to healthy populations. In this study, it was aimed to investigate the frequency of FMS in psoriasis patients, who applied to dermatology policlinics and healthy volunteers, and to evaluate the activity of psoriasis disease in patients who were diagnosed with FMS, and to monitor the effect of FMS on the quality of life and the anxiety depression level of the patient.

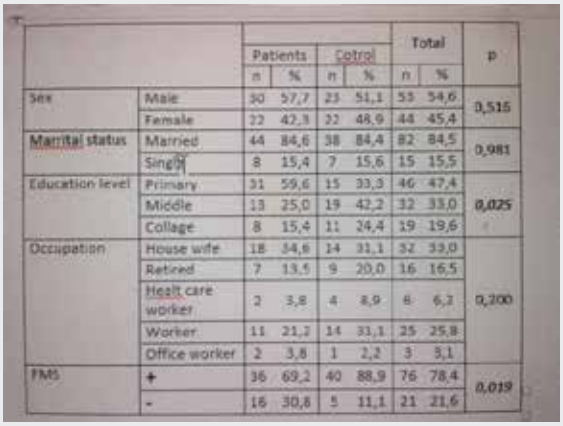
MATERIAL - METHOD: The study was planned as a prospective and controlled clinical trial. Between December 2014 and June 2015, 45 healthy controls and 52 patients with psoriasis who met criteria for inclusion that admitted to İzmir Atatürk Training and Research Hospital Dermatology clinic were included in the study. Participants sociodemographic characteristics and in psoriasis group, in addition to information about psoriasis, the treatment they received, patients' compliance with treatment, the patients' subjective assessment of psoriasis disease severity were recorded. ACR 2010 Fibromyalgia Diagnostic Criteria, Fibromyalgia Impact Questionnaire (FIQ) and Hospital Anxiety Depression Scale (HAD) were applied to the study patients and control group. Psoriasis severity was assessed with Psoriasis Area Severity Index (PASI) and patients' quality of life was assessed with the Dermatology Life Quality Index (DLQI) and Skindex.

RESULTS: There was no statistically significant difference between groups in terms of demographic data. Patients diagnosed with psoriasis had a significantly higher prevalance of FMS than the control group ($p < 0.05$). In the psoriasis group, BMI, HAD Anxiety and HAD Depression scale scores were higher than control group ($p < 0,05$). In the psoriasis group, PASI, DLQI, HAD Anxiety and HAD Depression scale scores were significantly higher in patients with FMS compared to patients without FMS diagnosis ($p < 0,05$). In the control group HAD Anxiety and HAD Depression scores were statistically higher in cases with FMS compared to cases without FMS ($p < 0,05$).

CONCLUSION: Our findings have shown that FMS is more common in patients with psoriasis compared to healthy controls. Also, FMS affects these patients' disease activity, anxiety depression level and quality of life negatively. Assessment and treatment of psoriasis patients for FMS may contribute to controlling disease activity, improving quality of life, reducing the frequency of anxiety and depression in these patients.

KEYWORDS: Psoriasis, Fibromyalgia syndrome, Disease Activity

Table 1



		Patients		Cotrol		Total		p
		n	%	n	%	n	%	
Sex	Male	30	57,7	23	51,1	53	54,6	0,515
	Female	22	42,3	22	48,9	44	45,4	
Marital status	Married	44	84,6	38	84,4	82	84,5	0,981
	Single	8	15,4	7	15,6	15	15,5	
Education level	Primary	31	59,6	15	33,3	46	47,4	0,025
	Middle	13	25,0	19	42,2	32	33,0	
	Collage	8	15,4	11	24,4	19	19,6	
Occupation	House wife	18	34,6	14	31,1	32	33,0	0,200
	Retired	7	13,5	9	20,0	16	16,5	
	Healt care worker	2	3,8	4	8,9	6	6,2	
	Worker	11	21,2	14	31,1	25	25,8	
	Office worker	2	3,8	1	2,2	3	3,1	
FMS	+	36	69,2	40	88,9	76	78,4	0,019
	-	16	30,8	5	11,1	21	21,6	

Demographics and FMS rate in patients and control groups

PP-112

EFFECTS OF ETANERCEPT TREATMENT IN PSORIASIS PATIENTS

Nihan Yüksel, Begüm Ünlü, Ümit Türsen
Department of Dermatology, Mersin University, Mersin, Turkey

Tumor necrosis factor-alpha (TNF) is a proinflammatory cytokine takes main role in proliferation and inflammatory response. It also lies behind many of the inflammatory conditions such as rheumatoid arthritis, spondyloarthritis, inflammatory bowel disease and psoriasis. Targeted inhibitors of TNF alpha are used to contain these diseases. Etanercept is a recombinant human receptor fusion protein which binds soluble TNF alpha molecules and inhibits the cellular immune response. It is used to control mild-to-severe psoriasis that has no response to the other conventional therapies or has side effects of them. In this study patients who were treated with etanercept in dermatology department of Mersin University between November 2011 and December 2016 were reviewed retrospectively. The findings were discussed with respect to literature.

KEYWORDS: Etanercept, psoriasis, TNF-alpha inhibitors, targeted therapy

PP-113

CHRONIC SKIN DISEASE UNIT AND INTERNAL COUNSELING IN AN OUTPATIENT DERMATOLOGY CLINIC: COLLABORATION OF DERMATOLOGISTS IN DERMATOLOGY PRACTICE

Kemal Özyurt, Ragıp Ertaş, Atıl Avcı, Yılmaz Ulaş, Muhammed Reşat Ertaş, Mustafa Atasoy
Clinic of Dermatology, Education and Research Hospital, Saglık Bilimleri Universityi Kayseri, Turkey

Clinic of Dermatology in Education and Research Hospital had one professor, one associate professor and one assistant doctor and 12 specialists. Outpatient clinic of dermatology consisted of 9 examination units in central campus and two examination units are off the campus. Also, one education unit and chronic skin diseases unit (CSDU) exist in outpatient clinic. Specialists and academicians may refer patients with psoriasis, chronic urticaria and Behçet's Disease to CSDU. Every day, two internal counseling (IC) are performed in outpatient clinic. First one in the mornings and the other in the afternoons. Specialists and academicians advise cases in IC times and all participants examine the patient together and state their opinions. It is voluntary for specialists to refer patients to CSDU, advise a case in IC, and also attend to the IC. From 01.06.2015 to 01.06.2016, in one year period, 158775 patients were accepted to the dermatology outpatient clinic. 645 of 158775 (0,4%) patients were referred to CSDU consisted of; 370 psoriasis, 200 chronic urticaria and 75 Behçet's Disease. Referring rates to CSDU consisted; 18% of psoriasis patients, 7,3 % of patients with chronic urticaria and 11,4 % of patients with Behçet's Disease.5 of 12 specialists did not refer any patient to CSDU. Dermatopathological correlations were performed in skin biopsies of 884 patients. During this time, 1270 cases of 158775 (0.8%) were consulted in IC. 12 specialists received cases with varying numbers: from 0 to 400 cases. Also, three specialists did not attend IC. Academicians received total 64 of 1270 (5%) cases to IC. The reasons for receiving the cases were: "difficulty in diagnosis" in 792 patients, "difficulty in planning treatment" in389, 83 "assessment of skin biopsy" result and 6 as being "interesting cases". We think, CSDU and IC of outpatient patients in day time is beneficial. The most frequent diagnosis for referring to CSDU was psoriasis ($p<0.05$). And the most frequent reason for receiving patients to IC was; "difficulty in diagnosis" ($p<0.05$). However, 5 specialists did not refer any patient to CSDU. And three specialists neither received cases nor attended to IC. Further studies are needed to identify the reason of this topic.

KEYWORDS: Internal Counseling, Chronic Skin Disease Unit, Collaboration of Dermatologists

PP-114

BENIGN CEPHALIC HISTIOCYTOSIS

Muhammed Reşat Akkuş, Kübra Atamulu, Ragıp Ertaş, Atıl Avcı, Yılmaz Ulaş, Kemal Özyurt
Clinic of Dermatology, Education and Research Hospital, Saglık Bilimleri University, Kayseri, Turkey

Histiocytosis is named a group of diseases present skin and visceral involvement with unknown pathogenesis. They are classified in two; Langerhans' cell histiocytosis (LCH) or non-LCH, based on pathological assessment. Benign cephalic histiocytosis (BCH) is included in non-LCH group and characterized multiple small, yellow, red-brown papules on scalp, face, neck and upper trunk. BCH is very rare and may spontaneously resolve. Histopathological examination represents, infiltration of histiocytes in upper and middle dermis without epidermotropism. Here we are introducing a 5 months-old girl with BHC, based on clinical and histopathological examinations.

KEYWORDS: Benign, cephalic, histiocytosis, scalp,

Figure 1

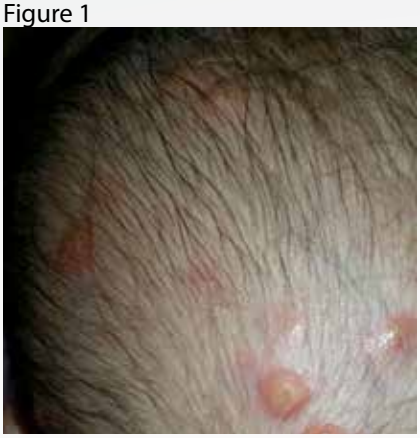


Figure 2

Figure 3

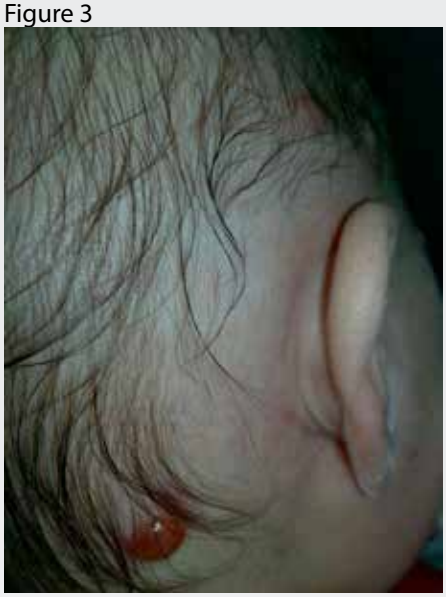


Figure 4

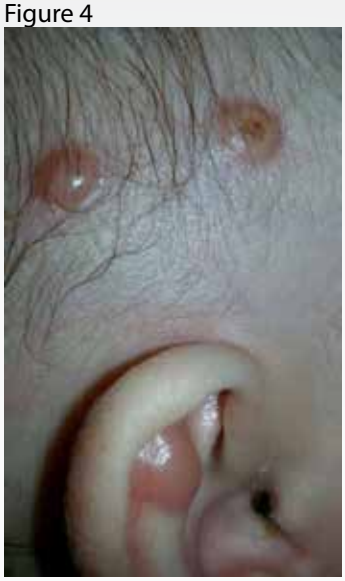
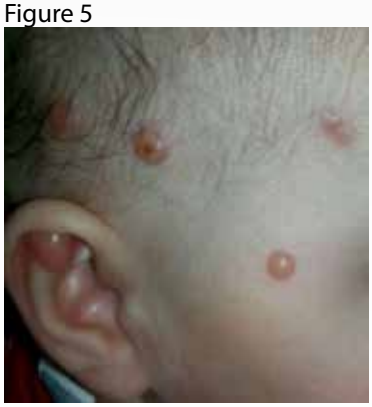


Figure 5



PP-115

GENERALIZED ERUPTIVE HISTIOCYTOMA IN A PEDIATRIC CASE

Kemal Özyurt[1], Yücel Tekin[2], Atıl Avcı[1], Ragıp Ertaş[1], Yılmaz Ulaş[1], Mustafa Atasoy[1]
[1]Clinic Of Dermatology, Education and Resarch Hospital, Saglık Bilimleri University, Kayseri, Turkey
[2]Clinic Of Pathology, Education and Resarch Hospital, Saglık Bilimleri University, Kayseri, Turkey

A 10-year-old boy was admitted to our dermatology clinic with a few months duration history of asymptomatic lesions scattered sparsely and diffusely over trunk, legs and arms. The scalp, face, palms, soles and mucous membranes are spared. Lesions mostly consisted of dark red and brown colored papules and locally erythematous maculae. Considerable number of papules have whitish color in the center and some were umblicated, mimicking molloscum contagiosum. Consultation of pediatrist revealed normal findings with nothing to suggest any internal involvement, without lymphadenopathy and hepatosplenomegali. Complete blood count with differential peripheral blood smear, renal and liver function tests, blood sugar, and lipid profile results were normal. Ophthalmological examination was normal. A biopsy taken from an intact papule revealed a dense, monomorphous histiocytic infiltrate in the papillary dermis, midportion of the dermis, and lower epidermis. Only two giant cells were found without specific array. Immunohistochemical staining of all infiltrative cells were negative for periodic acid-Schiff stain, CD1a, FXIIIa and CD4, and positive for CD68, S-100 and HLA-DR. A diagnosis of generalized eruptive histiocytoma was made.

KEYWORDS: Generalized, Eruptive, Histiocytoma, Pediatric Case

Figure 1

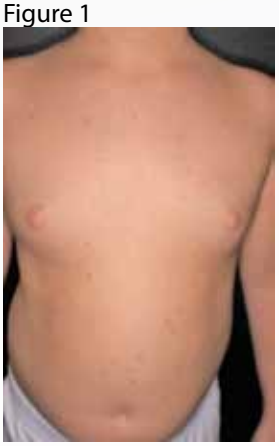


Figure 2

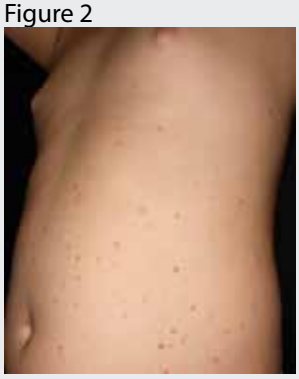


Figure 3

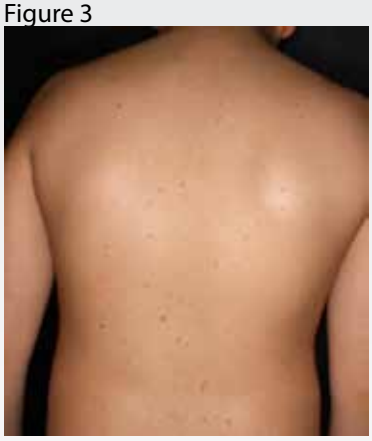


Figure 4

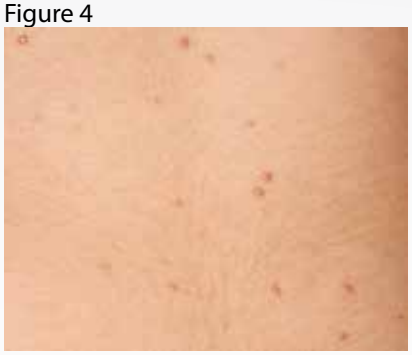


Figure 5

PP-116

TRICHOFOLLICULOMA WITH A NEW PATTERN IN DERMOSCOPY: "ROSARY BEAD WITH TASSEL"

Kemal Özyurt[1], Fatoş Tekelioğlu[2], Mustafa Atasoy[1], Ragıp Ertaş[1], Yılmaz Ulaş[1], Atıl Avcı[1], Muhammed Reşat Akkuş[1]
[1]Clinic of Dermatology, Education and Resarch Hospital, Saglık Bilimleri University, Kayseri, Turkey
[2]Clinic of Pathology, Education and Resarch Hospital, Saglık Bilimleri University, Kayseri, Turkey

Trichofolliculoma is a rare, true tumor that presents variable clinical presentations; papule or nodule, sometimes with central dilated pore with tufted hairs. It is clinically identifiable representing a facial papule with central hairs. However, this is true only in minority of cases and the diagnosis generally based on histopathology. Contrary; almost constant, histological examination reveals many secondary vellus hair follicles originated from a central primary follicle. Recently, dermoscopic examination is valuable in great number of dermatological diseases. According to the research of literature we recognized only two dermoscopical demonstrations of trichofolliculoma. One defined as"firework pattern" resembling histopathologically; the nests of cells radiating from a follicular epithelium. Other was depicted as a "bluish nodule with a central white–-pink area, shiny white structures and dotted vessels". Herein, we are introducing a case of trichofolliculoma with new dermoscopic pattern as; a light red nodule, with a central white tufted hairs, shiny white structures and vessels. Dermoscopic image remind a new pattern "rosary bead with tassel". We think, describing new dermoscopic variants of trichofolliculoma related with different clinical features, improve the success of diagnosis with dermoscopy.

KEYWORDS: Trichofolliculoma, Dermoscopy, firework pattern, Rosary Bead with Tassel,

Figure 1

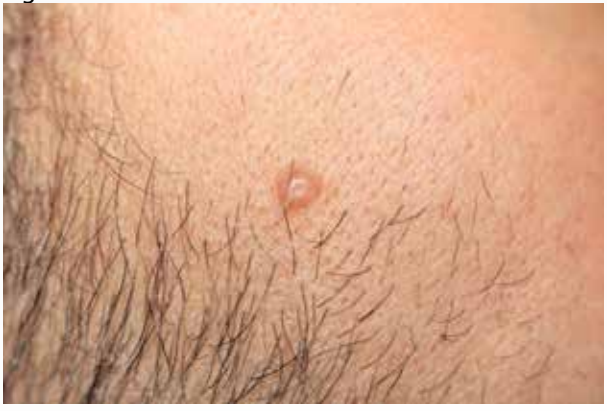


Figure 2

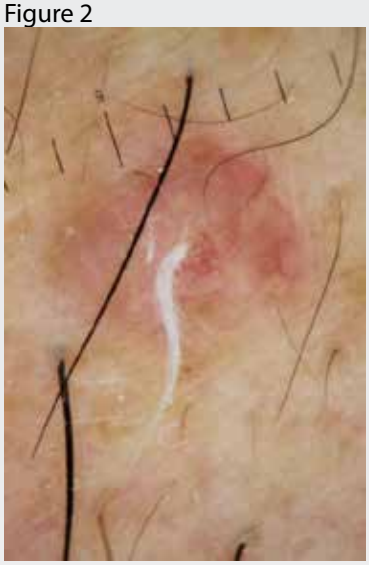


Figure 3

Figure 4

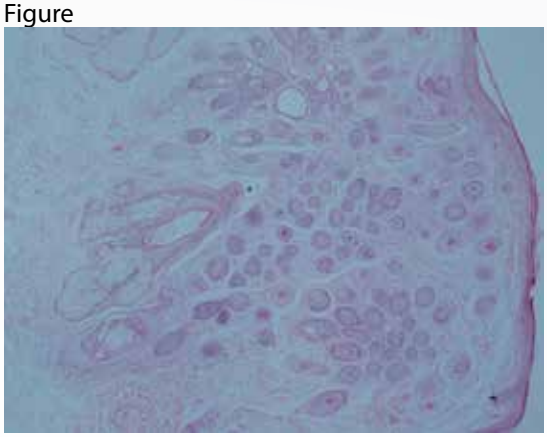


Figure 5

Figure 6

PP-117

PEDIATRIC CUTANEOUS LEISHMANIASIS TREATED WITH INTRALESIONAL MEGLUMINE ANTIMONIATE

Sıla Şeremet Uysal[1], Ali Karakuzu[1], Uğur Özgürbüz[2], Fulya Gönen[1], Fatma Şule Afşar[1]
[1]Departmet of Dermatology, İzmir Katip Çelebi University, Atatürk Training and Research Hospital, İzmir, Turkey
[2]Departmet of Anaesthesiology and Reanimation, İzmir Katip Çelebi University, Atatürk Training and Research Hospital, İzmir, Turkey

INTRODUCTION: Cutaneous leishmaniasis (CL) is a vector-mediated skin disease, characterized by chronic wounds on the skin. It is caused by protozoan parasites. The skin lesions occur on exposed areas, especially face, arms and legs. Although It is an endemic disease in the southern and southeastern Anatolia region, it can be seen in any region of Turkey because of the civil-war related extensive immigration to Turkey from Syria. We present 18 months old girl who was treated with intralesional (IL) meglumine antimoniate (Glucantime®) succesfully.

CASE: A 18 months old girl presented to our outpatient clinic with ulceration(figure 1) starting 4 months ago on her nose. Her family immigrated from Syria 6 months ago. Skin scraping investigation showed several Leishmania spp. amastigotes in the cytoplasm of the macrophages. Culture examination was positive for Leishmania spp. She received 7 cycles of IL meglumine antimoniate (Glucantime®) which is injected once every 10 days (Figure 2). The lesion disappeared and no relapse occured during the first year of follow-up (Figure 3).

CONCLUSION: Early detection of the CL is necessary in order to start effective treatment and to prevent more serious complications. Treatment of CL aims to prevent invasion, to accelerate the healing of skin lesions, and to avoid disfiguring scar. Our patent's responce to IL meglumine antimoniate treatment was very good without any relapse.

KEYWORDS: Cutaneous leishmaniasis, Meglumine antimoniate, Pediatric patient

figure 1

figure 2

figure 3

Table 2: Demographics and FMS rate in patients and control groups

		Patients		Cotrol		Total		p
		n	%	n	%	n	%	
Sex	Male	30	57,7	23	51,1	53	54,6	0,516
	Female	22	42,3	22	48,9	44	45,4	
Marrital status	Married	44	84,6	38	84,4	82	84,5	0,981
	Single	8	15,4	7	15,6	15	15,5	
Education level	Primary	31	59,6	15	33,3	46	47,4	0,025
	Middle	13	25,0	19	42,2	32	33,0	
	Collage	8	15,4	11	24,4	19	19,6	
Occupation	House wife	18	34,6	14	31,1	32	33,0	0,200
	Retired	7	13,5	9	20,0	16	16,5	
	Healt care worker	2	3,8	4	8,9	6	6,2	
	Worker	11	21,2	14	31,1	25	25,8	
	Office worker	2	3,8	1	2,2	3	3,1	
FMS	+	36	69,2	40	88,9	76	78,4	0,019
	-	16	30,8	5	11,1	21	21,6	

Table 2: Demographics and FMS rate in patients and control groups

PP-118

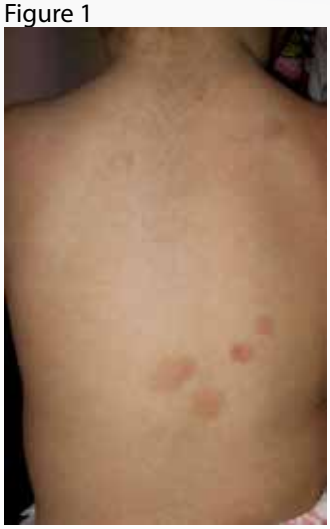
CUTANEOUS MASTOCYTOSIS WITH SIGNIFICANT LANGERHANS CELL INFILTRATION: A CASE REPORT AND REVIEW OF LITERATURE

Begüm Ünlü, İclal Gürses, Ümit Türsen
Department of Pathology, Mersin University School of Medicine, Mersin,Turkey

Mastocytosis and Langerhans cell histiocytosis are rare diseases,devolop from proliferation of bone marrow cells. Although both of the diseases may present various lesions, reddish brown papules are a common manifestation of both diseases. Darier's sign which shows activation of mast cells, may help for differential diagnosis. In the english literature, there are only 4 cases showing prominent Langerhans and mast cells infiltration in the same case. In these cases because of Darier's sign positivity,dermatologic examination proposes the diagnosis of mastocytosis. In this paper, we present a 9 month old female patient admitted to our dermatology department with reddish brown papules, which are evident in the trunk and neck since birth and urticating upon stroking. In the history and physical examination of patient,there is no other signs or symptoms of systemic involvement. In histopathologic examination; the coexistance of Langerhans and mast cells has been demonstrated with immunohistochemical stainings. This is the first case from Turkey, which has of both Langerhans and mastocytosis infiltration.

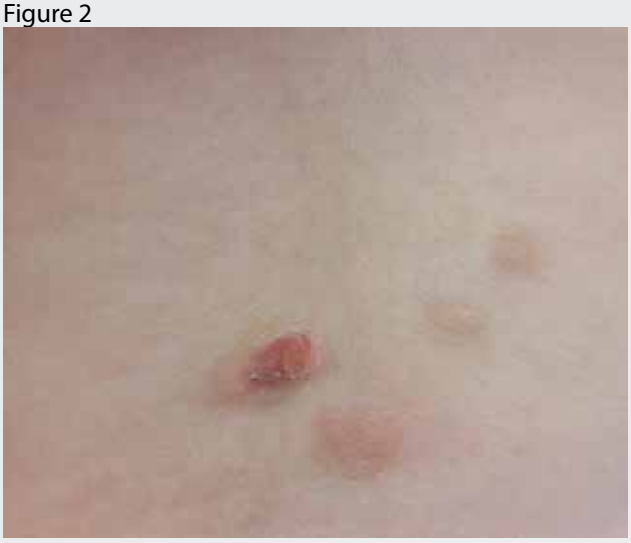
KEYWORDS: Mastocytosis, Langerhans, Darier's sign, Hashimato-Pritzker

Figure 1



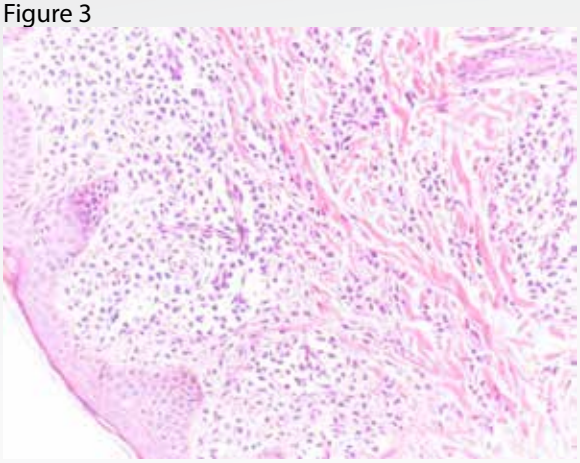
Brownish Papules and plaques on the back

Figure 2



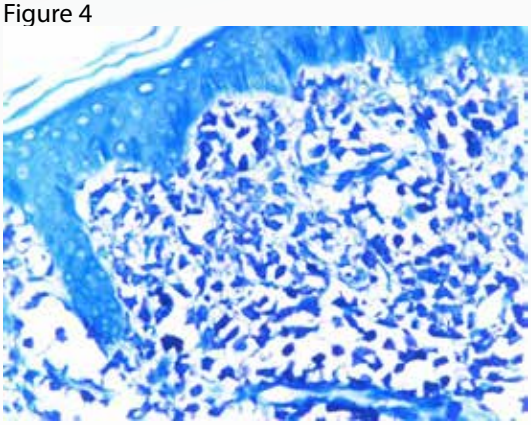
A crust on plaque

Figure 3



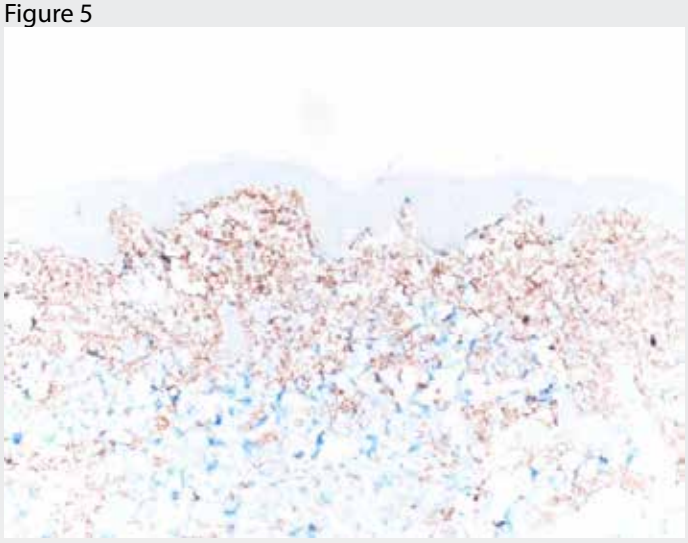
Dense cell infiltration of dermis hematoxylin and eosin section.

Figure 4



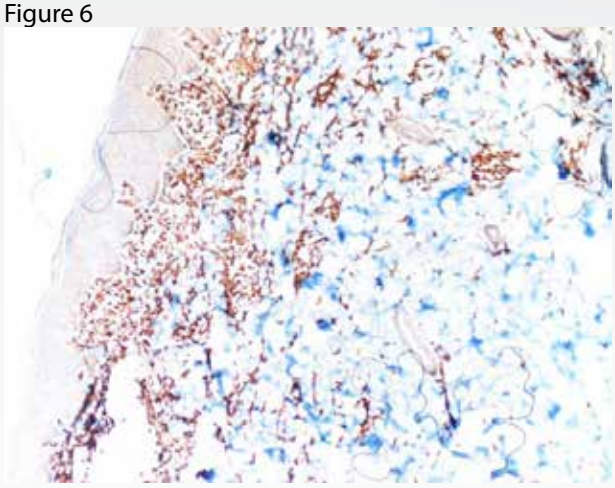
Mast cells with metachromatic granules in the dermis that were demonstrated with toluidine blue stain.

Figure 5



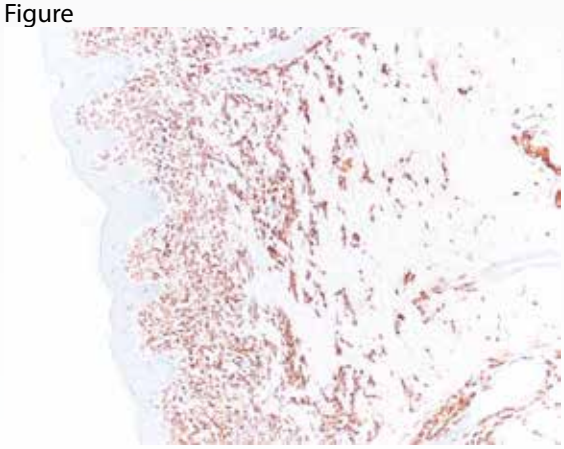
C-Kit-positive staining of mast cells

Figure 6



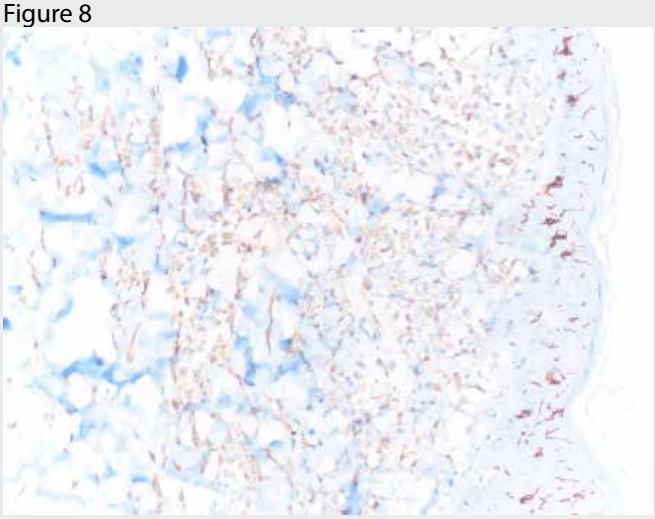
CD68 positive staining of mast cells

Figure 7



Langerhans cells stained strongly for S100.

Figure 8



CD1a stained langerhans cells.

PP-119

LEUKEMIA PATIENT WHO ADMITTED TO OUR CLINIC WITH ONLY CUTANEOUS INVOLVEMENT: A CASE REPORT

Abdulselam Tanriverdi[1], *Begüm Ünlü*[1], *Güliz İkizoğlu*[1], *Tuba Kara*[2]
[1]*Department of Dermatology, Mersin University, Mersin, Turkey*
[2]*Department of Pathology, Mersin University, Mersin, Turkey*

Congenital leukemia is a rare disease with poor prognosis. The number of new cases of congenital leukemia is 1 per 4.2 milion per year. In this paper we have presented 50 days old female patient admitted to our clinic with brown papules and nodules on scalp,face,extremities and scrotum. In the physical examination Darier's sign was positive. Histopathologic examination was reported as B cell leukemia/lymphoma. After bone marrow aspiration examination, the diagnosis was confirmed as leukemia cutis. We have reported this patient because of infrequency of her disease.

KEYWORDS: B cell, infant, leukemia

PP-120

TERRA FIRMA FORME DISEASE: A CASE REPORT

Mehmet Unal[1], *Gülbahar Ürün Unal*[2]
[1]*Department of Dermatology, Numune Hastanesi, Konya, Turkey*
[2]*Department of Family Medicine, Training and Research Hospital, Konya, Turkey*

INTRODUCTION: Terra firma forme disease (TFFD) is a rare type of keratinisation disorder with unidentified aetiology. Clinically, TFFD is characterized by brown-grey, velvety, pigmented patches or plaques.

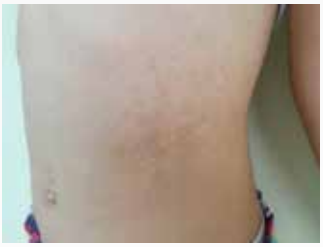
CASE PRESENTATION: We presented here 9-year-old female patient visited our polyclinic with complaints of thinly papillomatous brown dirty-like, asymptomatic lesion on skin of abdominal region for 3-4 months. Although, the lesion did not disappear despite cleaning with water,shampoo and soap; it is easily clear away by rubbing with isopropyl alcohol %70.

DISCUSSION: When a brown dirty-like lesion was seen on skin, it should be determined whether the lesion is TFFD or not, and should be avoided from unnecessary invasive diagnostic and therapeutic processes.

RESULT: Since TFFD can be observed in child and adolescent age groups, TFFD should be taken into consideration not only by dermatologist, but also by pediatricians.

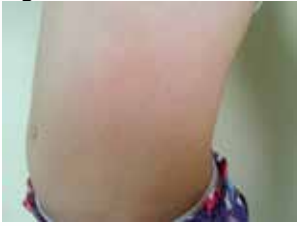
KEYWORDS: alcohol, terra firma forme, dirty lesion

Figure 1: Dirty brown papules and plaques on the left side of the abdomen



Dirty brown papules and plaques on the left side of the abdomen

Figure 2: After cleaned with isopropyl alcohol %70



After cleaned with isopropyl alcohol %70

PP-121

PLATELET MASS INDEX IN PSORIASIS

Mehmet Unal
Departmment of Dermatology, Numune Hospital, Konya, Turkey

Introduction & OBJECTIVES: Psoriasis, whose relation with diseases such as diabetes mellitus, metabolic syndrome, atherosclerosis etc. has long been known, is a chronic inflammatory disease affecting 2-3 % of the world population. Besides providing hemostasis, platelets play important roles in inflammatory reactions, immune responses and contribute to endothelial damage, thus, leading to atherosclerotic plaque formation or thrombotic complications. Platelets also play a crucial role in psoriasis pathogenesis. Mean platelet volume (MPV) have been previously reported as a platelet activation marker. Platelet mass index (PMI) (platelet count multiplied by mean platelet volume) is also related to platelet functionality and thought to be a useful parameter for plaque formation capacity of platelets.

MATERIALS & METHODS: Sex, age, age of onset of disease, disease duration, family history, psoriasis area severity index, nail and joint involvement, leukocyte count, neutrophil count, platelet count, mean platelet volume, platelet mass index, erythrocyte sedimentation rate(ESR) and C-reactive protein(CRP) of 320 patients with psoriasis vulgaris and 200 healthy persons were evaluated.

RESULTS: Leukocyte, neutrophil, platelet count, MPV and PMI in patients with psoriasis were significantly higher than control group. MPV was significantly, but inversely correlated with CRP, and showed no correlation with ESR. Platelet count and PMI were significantly and positively correlated with ESR, but had no correlation with CRP.

CONCLUSIONS: Higher PMI and MPV values which mean higher plaque formation capacity and more active platelets in psoriasis may make psoriasis patients more sensitive to atherosclerotic plaque formation and complications. On the other hand, because of positive PMI correlation with ESR (MPV had no correlation with ESR and had negative correlation with CRP), it can be thought that PMI is a better predictor of inflammation than MPV in psoriasis.

KEYWORDS: platelet mass index, platelet volume, psoriasis

Table 1: Results of patients and control group

	Patients (n:320) (mean±standart deviation)	Control (n:200) (mean±standart deviation)	p value
Platelet (x103 cell/mm3)	277,7±73,374	265,06±59,682	0,032
MPV (fL)	8,248±1,150	7,442±1,626	<0,001
PMI	2259±545,617	1964±622,762	<0,001

Table 2: Correlation of parameters

		Platelet count	MPV	PMI
Disease duration	r	-,052	-,024	-,067
	p	,350	,669	,232
Age of onset	r	-,104	-,019	-,130*
	p	,064	,740	,020
PASI score	r	,035	-,130*	-,022
	p	,528	,020	,690
hs-CRP	r	,063	-,149*	-,019
	p	,406	,047	,805
ESR	r	,404**	-,111	,371**
	p	,000	,109	,000
MPV	r	-,373**		,153**
	p	,000		,006

PP-122

A CASE OF CUTANEOUS LEISHMANIASIS TREATED WITH COMBINATION OF INTRALESIONAL GLUCANTIME, CRYOTHERAPY AND ITRACONAZOLE

Selma Korkmaz[1], Nermin Şakru[2], Gülcan Kuyucuklu[2], Süleyman Pişkin[1]
[1]Trakya Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıklar Ana Bilim Dalı, Edirne
[2]Trakya Üniversitesi Tıp Fakültesi, Tıbbi Mikrobiyoloji Anabilim Dalı, Edirne

BACKGROUND: Leishmaniasis is a disease caused by parasitic protozoa Leismania spp. and transmitted by infected female sandflies. Herein we presented that 83 years-old female patient diagnosed with cutaneous leishmaniasis.

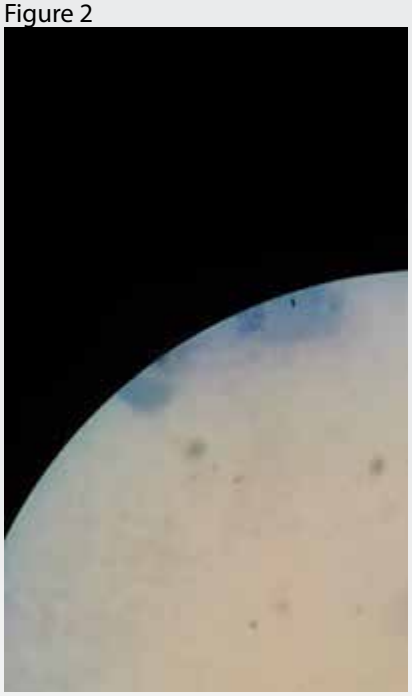
CASE: 83-year-old female patient admitted to our hospital due to a wound of the right cheek. She said the development of these complaints was occured after fly bite of his face about 10 months ago. The lesion started at first as a papule and then turned into an erythematous plaque. The patient hasn't taken any treatment for these symptoms. Dermatological examination showed crust in diameter 1x0.5 cm as well as erythema and edema (Fig. 1). From laboratory tests, complete blood count and biochemical parameters was normal. The dermal scraping material taken from the lesion and, amastigotes were observed (Fig. 2). Samples were cultured in NNN, promastigotes were seen. The patient was diagnosed with cutaneous leishmaniasis Leishmania infantum was identified by PCR and the patient was diagnosed with cutaneous leishmaniasis. Intralesional glucantime therapy started once a week (eight times) and oral itraconazole 200 mg/day twice a day was given 4 weeks. Furthermore, cryotherapy treatment was applied to crust once a week (six times). Clinical findings was decreased two monts later (Fig. 3). CONCLUSION: Cutaneous leishmaniasis should be considered in the differantial diagnosis in patients with erythema, edema and crust on face.

KEYWORDS: Leishmaniasis, face, itraconazole

Figure 1

Crust, erythema and edema on face

Figure 2



Amastigotes in the dermal scraping material taken from the lesion

Figure 3

After two monts later from treatment

PP-123

TRUE LEUKONYCHIA: A CASE REPORT

Aynur Başalp
Faculty of Health Sciences, Mehmet Akif Ersoy University, Burdur, Turkey

INTRODUCTION and OBJECTIVES: Leukonychia is the whitening of the nail and can be seen in two different forms depending on whether the origin is nail plate or nail bed. Nail bed abnormalities can cause apparent leukonychia and nail plate abnormalities may cause true leukonychia

and pseudoleukonychia. In the present study, we report the case of 53 years old woman with true leukonychia.

MATERIALS-METHODS: A 53-year-old woman reported the partly whitening of her fingernails ongoing for about 5 months. She was right-handed and had a previous history of iron deficiency. All 20 nail units of patient (both fingernails and toenails) were completely examined and asked to undergo some biochemical parameters such as total protein, albumin, hemoglobin, calcium, magnesium and iron. She was first treated with Ferro++ glycine-sulfate complex (567,7 mg/day) for four months and later with zinc (22 mg/day) for additional two months. Patient was advised to remove the nail polish from the nails not to camouflage any disorder during medical treatment. Photography of nails was taken at certain intervals to document the changes over time.

RESULTS: The white discoloration was seen only on the left hand fingernails of patient and these nails were also fragile. Although there was no whitening on the right hand fingernails, transverse grooves on the thumbnail and 3rd fingernails have been observed. Biochemical test result including complete blood count was normal except low level of iron. Four months treatment of patient with Ferro++ glycine-sulfate complex or additional two months treatment with zinc supplement did not help to remove the white discoloration on the left hand fingernails, but the surfaces of right hand fingernails became smooth and shiny again.

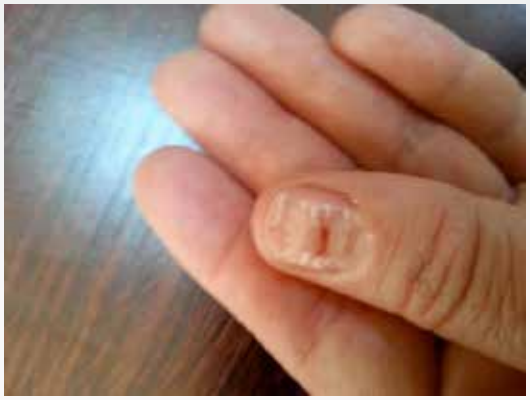
CONCLUSIONS: As the whiteness on the left hand fingernails was not affected by pressure and the white transverse bands moved distally while the nail grows out, patient was diagnosed as true leukonychia. Treatment of patient with ferro++ glycine-sulfate complex and zinc subsequently helped to recover the normal appearance of the right hand fingernails, but did not remove the white discoloration (Picture 1). The presence of whitening only on the left hand fingernails was interesting and could not be removed with the medical treatment, so it is thought that it might be caused by microtrauma. Upon this decision, patient was advised stop manicuring and then examined at monthly intervals. After four months, white bands on the left hand fingernails were almost disappeared (Picture 2). It is concluded from this observation that, if a patient with true leukonychia do not report any systemic disease, they can be first advised stop manicuring or any physical stress causing trauma on the nails and then observed for at least two months before giving any medical treatment.

KEYWORDS: Leukonychia, Microtrauma, Nail disorder

Picture 1a

Photography of left hand fingernails after medical treatment.

Picture 1b



Photography of left hand fingernails after medical treatment.

Picture 2a

Photography of left hand fingernails after stop manicuring.

Picture 2b

Photography of left hand fingernails after stop manicuring.

Table 1. Biochemical test result of patient

Parameters	Test result	Control
Total protein	7,5	(6,6 – 8,3)
Albumin	4,5	(3,5 – 5,2)
Hemoglobin	13,7	(11,7 – 16)
Calcium	9,4	(8,5 – 10,6)
Magnezium	2,2	(1,9 – 2,5)
Iron	74	(60 – 180)
Red Blood Cell (RBC)	4,52	(4,2 – 5,5)

Biochemical test result of patient before medical treatment.

PP-124

Formic Acid Matricectomy in the Treatment of Ingrowning Toenails

Erdinç Terzi[1], Emre Tayfun[2], Ümit Tursen[3]
[1]Department of Dermatology,Orhangazi State Hospital,Bursa,Turkey
[2]Department of Dermatology,Yenikent State Hospital,Sakarya,Turkey
[3]Department of Dermatology,Mersin University,Mersin,Turkey

BACKGROUND: Partial nail plate avulsion and chemical matricectomy is the most successful method for the treatment of ingrown toenails. Phenol, sodium hydroxide and trichloroacetic acid(TCA) were used for chemical matricectomy. OBJECTIVE: The aim of our study was to evaluate the efficacy and safety of formic acid matricectomy in the treatment of ingrown toenails.

MATERIALS-METHODS: Twenty-five patients with 44 ingrowing nail sides were treated with formic acid.Formic acid matricectomy with 85% formic acid after partial nail avulsion was performed.Patients were evaluated at 48 hours and afterward weekly until full wound healing was achieved for the severity of postoperative complication.All patients were followed up for the recurrence rate and effectiveness of treatment.

RESULTS: No recurrence was observed 25 patients during mean follow-up period.While 8 of the patients had mild pain, 4 moderate pain and 2 severe pain;11 patients experienced no pain.Postoperative infection was occured 3 patients (12%). Postoperative drainage improved within 15 days in 21 patients (84%), within one month in 2 patient (8%). Postoperative drainage improved more than one month in 2 patient (8%).

CONCLUSION: Due to formic acid matricectomy has severe postoperative infection and delaying postoperative healing time,other matricectomy modalities should be preferred.

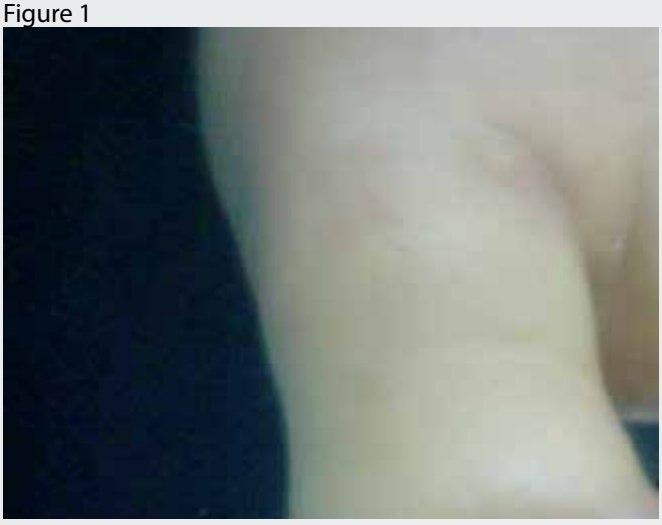
KEYWORDS: Formic acid,chemical matricectomy,ingrown toenails

Tablo 1

NUMBER OF THE PATIENTS	25
INGROWING NAIL EDGES	44
GENDER	
Male	11(44%)
Female	14(56%)
AGE	36.96 ± 6.43
DURATION OF FOLLOW-UP	16.23 ± 5.33
STAGE	
Stage 1	9(20.4 %)
Stage 2	15(34.1 %)
Stage 3	20(45.5)
AFFECTED NAIL EDGE	
Lateral	22(50%)
Medial	22(50%)

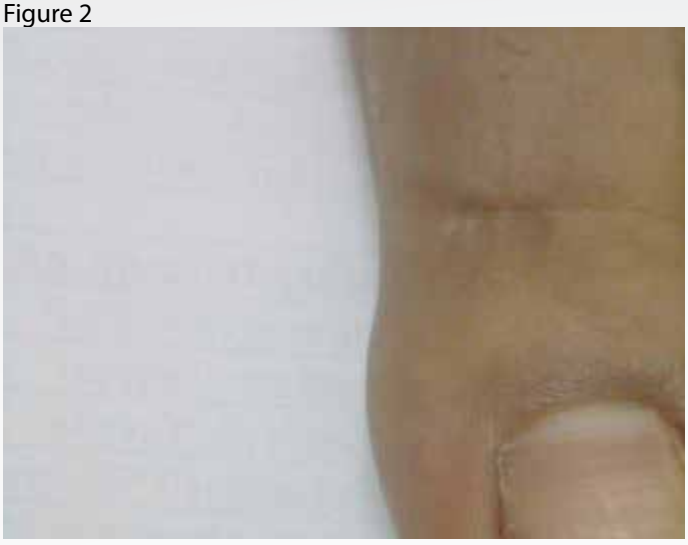
Clinical characteristics of the patients

Figure 1



Pre-treatment image of a patient with an ingrown toenail

Figure 2



12 months post-treatment image of the same patients

PP-125

KERATOACANTHOMA IN DISCOID LUPUS ERYTHEMATOSUS

Betül Sereflican[1], Ali Haydar Parlak[1], Tekden Karapınar[1], Fahri Yılmaz[2]
[1]Department of Dermatology, Abant Izzet Baysal University, Bolu, Turkey
[2]Department of Pathology, Abant Izzet Baysal University, Bolu, Turkey

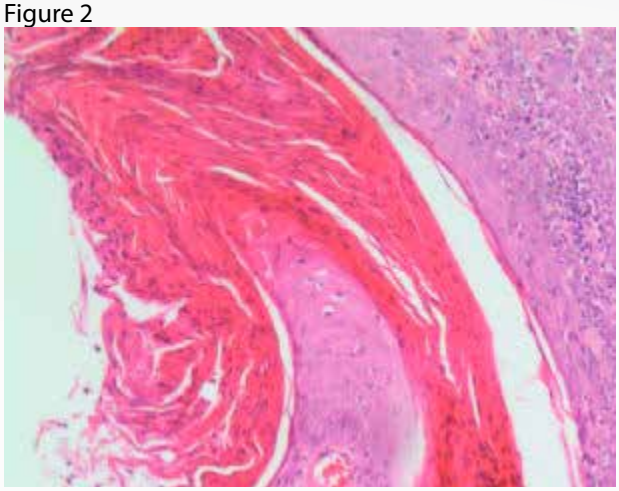
Discoid lupus erythematosus is an autoimmune disease commonly affecting sun-exposed areas of the skin. It is characterized by well-defined, erythematous squamous discoid plaques which heal with atrophy, scarring and pigmentary changes. Neoplastic transformation is a rare complication of this condition. We report a 47-year-old male who has had discoid lupus erythematosus plaques over the nose and scalp for 30 years. The discoid plaque on the nose was extensive, verrucous and hemorrhagic. We performed a punch biopsy on the nasal edge and histopathological findings were consistent with keratoacanthoma. Cryotheraphy was performed. In conclusion, neoplastic lesions such as keratoacanthoma may occur over discoid lupus erythematosus plaques. Clinicians should be careful if they notice an aberrant view on discoid lupus erythematosus plaques

KEYWORDS: discoid lupus erythematosus, keratoacanthoma, neoplastic transformation

Figure 1

extensive, verrucous and hemorrhagic discoid lupus erythematosus plaque

Figure 2



Hyperkeratosis of the multilayered flat epithelium, forming a bowl-shaped structure in the field, dermis entering the tumor formation H&E, x200

PP-126

Drug Induced Sweet's Syndrome

Pertevniyal Bodamyalı[1], Hanife Özkayalar[2]
[1]Department of Dermatology and Venerology, Near East University School of Medicine, Lefkoşa, T.R.N.C.
[2]Department of Pathology, Near East University School of Medicine, Lefkoşa, T.R.N.C.

SUMMARY: Reports of Sweet's syndrome associated with drug eruption is uncommon. We report a 50 years old female patient presenting numerous erythematous swollen papules and plaques on her upper extremities and sacral area for 10 days.

INTRODUCTION: Sweet's syndrome (SS) was first described by Dr. Robert Douglas Sweet in 1964. It can be classified upon the clinical setting in which it occurs: Classical or idiopathic SS, malignancy associated SS, and drug induced SS. The drug-induced variant is quite rare.

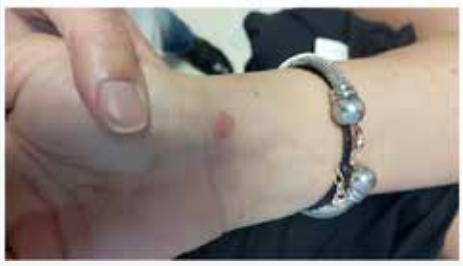
CASE REPORT: We are presenting a case report of 50 years old female patient sufferring from red plaques on her sacral region together with arthritis in her elbows and knees for 10 days. Her finger joints were swollen and painful. She had fatigue and hyperestesia at her back.

DISCUSSION: Sweet's syndrome or acute febrile neutrophilic dermatosis is characterized by fever, tender erythematous papules, nodules or plaques, neutrophilic leukocytosis, and infiltration of polymorphonuclear neutrophils in dermis. Sweet's syndrome presents in several clinical settings: classical (or idiopathic) Sweet's syndrome, malignancy associated Sweet's syndrome, and drug-induced Sweet's syndrome. Sweet's syndrome predominantly affects women and usually is reported at the age of 30-60 years. There is no racial predilection reported so far. The syndrome may be associated with cancer as a paraneoplastic accompaniment, appearing as a first sign of malignancy, usually meaning a poor prognosis, infection (streptococcosis, salmonellosis, and yersiniosis), inflammatory bowel disease, medications (GCSF lithium), autoimmune and collagen vascular disease (rheumatoid arthritis, Behcet's disease), sarcoidosis, and pregnancy. Our case is a rare form of drug induced Sweet's syndrome with no relation of rheumatoid arthritis, tuberculosis or crohns disease. Drug-induced Sweet's syndrome represents less than 5% of all cases reported so far. The most commonly reported drug causing Sweet's syndrome is granulocyte-colony stimulating factor. Several anticancer agents, proteosome inhibitors, hypomethylating agents, tyrosine kinase inhibitors and lenalidomide are potential causations of Sweet's syndrome. Most of the published reports of Sweet's Syndrome do not seem to establish a relationship with drugs. Bilgili et al observed in a study of 31 patients that the most common triggering factor was infections of the upper respiratory tract. In a retrospective study of thirty patients with Sweet's Syndrome seven patients had received a new treatment before the rash occurred (nonspecific antiinflammatory drugs, penicillin, carbamazepine). However, these drugs were often given for infection.

CONCLUSION: An extensive search in the literature showed that only a small number of drug induced Sweet's syndrome cases occured. Thus we reported this case of drug related Sweet's syndrome to help clinicians recognize this syndrome.

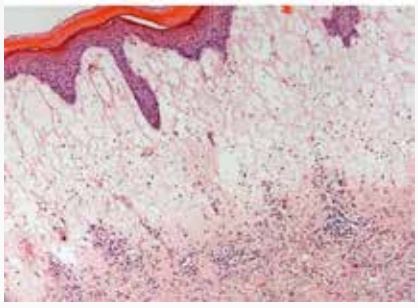
KEYWORDS: Drug eruption, neutrophilic dermatosis, Sweet's syndrome

Figure 1



Erythematous red tender lesions on wrists

Figure 2



Low power view showing subepidermal edema and inflammatory cells in the dermis (H&Ex10)

Figure 3

Painful, erythematous, plaques of acute febrile neutrophilic dermatosis

PP-127

A CASE OF CHILDHOOD ACTINIC LICHEN PLANUS TREATED WITH TACROLIMUS

Şenay Ağırgöl[1], Ayşegül Ak[2], Tuba Özkök Akbulut[1], Filiz Topaloğlu Demir[1], Zafer Türkoğlu[1]
[1]Haseki Education and Training Hospital, Dermatology Clinic
[2]Haseki Education and Training hospital, Pathology Clinic

INTRODUCTION & OBJECTIVES: Aktinic lichen planus (ALP) is often seen in children and young adults with dark skin pigmentation. In tropical and subtropical regions. It has been observed with hyper-pigmented patches in sun-exposed body regions. Usually, there are no obvious symptoms but it can cause cosmetic issues.

MATERYAI- METHODS: In this presentation, the patient of interest is a 6 year-old with a circular plaques of ALP started in spring and has been increasing during summer with the involvement on the face, neck and on the hands with accompanied livid papuler. A biopsy resulted as lichenoid infiltration.

RESULTS: Clinical apperance, histopathology suit with ALP and the patient has been treated with avoiding sun exposure using sunscreen and takrolimus for 4 months.

CONCLUSIONS: In the treatment of ALP tacrolimus can be used succesfully

KEYWORDS: actinic lichen planus, tacrolimus, childhood

Figure 1a

1a.Hyperpigmented annular plaques on the forehead, nose and around the lips,b; neck

Figure 2

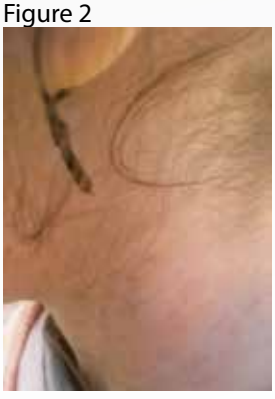


Figure 1b

PP-128

EPIDERMODISPLASIA VERRUCIFORMIS WITH MULTIPL SQUAMOUS CELL CARCINOMA

Tuğba Ozkok Akbulut[1], Filiz Topaloğlu Demir[1], Senay Agırgol[1], Ilker Akın[2], Zafer Turkoglu[1]
[1]Haseki Eğitim ve Araştırma Hastanesi, Cildiye Kliniği, İstanbul
[2]Haseki Eğitim ve Araştırma Hastanesi, Patoloji Laboratuvarı, İstanbul

Epidermodisplasia verruciformis (EV) is a rare autosomal recessive genodermatosis that is clinically characterized by multipl plane warts, pityriasis versicolor-like lesions which may progress to squamous cell carcinomas (SCCs), primarily on sun-exposed areas. Mutations of the EVER1 and EVER2 genes have been identified as a source for developing EV. Infections with HPV-3 and HPV-10 do not lead to the development of malignancies. However, infection with HPV-5, HPV-8, and HPV-14 can lead to the development of nonmelanoma skin cancers, usually SCCs. We present here a case of EV who developed multipl squamous cell carsinomas.

KEYWORDS: epidermodisplasia verruciformis, squamous cell carcinoma, multipl

Figure 1

Figure 2

PP-129

ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS INDUCED BY HYDROXYCHLOROQUINE: A CASE REPORT

Ayşegül Sevim Keçici[1], Sema Aytekin[1], Şirin Yaşar[1], Fatih Göktay[1], Pembegül Güneş[2]
[1]Department of Dermatology and Venereology, University of Medical Sciences, Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, University of Medical Sciences, Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey

INTRODUCTION: Acute generalized exanthematous pustulosis (AGEP) is a rare drug eruption presenting with an acute, extensive formation of non-follicular sterile pustules on an erythematous and edematous base. Typically, the rash is accompanied by fever, malaise and leukocytosis, with spontaneous resolution in less than two weeks. The incidence of AGEP is estimated at one to five cases per million people per year. AGEP is mostly caused by antibiotics, namely aminopenicillins and sulfonamides and only 18% of the cases are from nonantibiotics. AGEP as a result of hydroxychloroquine use has been extremely rare in the literature. Here, we report a resistant case of AGEP induced by hydroxychloroquine.

CASE: A 46-year-old female patient was admitted to our out-patient with a complaint of erythema all over her body, with accompanying fever and malaise. Her dermatological examination revealed widespread papules and pustules on erythematous base, together with localised areas of desquamation not only on her face but also all over the body. Her past medical history was unremarkable with no chronic illness, but she had reported having used systemic hydroxychloroquine and methylprednisolone two weeks earlier, due to myalgia in her shoulder. Her routine blood work up was normal apart from a slight increase in sedimentation rate (65 mm/hour) and C-reactive protein levels. (10,7 mg/L) Her skin biopsy showed basket-weave hyperkeratosis, focal parakeratosis and groups of polymorphonuclear leucocytes spreaded in the parakeratotic layer. Mild irregular acanthosis, vacuolar degeneration of the basal layer with accompanying necrotic keratinocytes, lymphocytes infiltrating basal keratinocytes and subepidermal detachment. Papillary dermis showed marked edema and polymorphonuclear leucocyte and lymphocyte infiltration together with extravasated erythrocytes. Immunofluorescence examination showed no deposits of Ig G, Ig A, Ig M or C3. With clinical and histopathological findings, the patient is diagnosed as AGEP. Hydroxychloroquine is thought to be the responsible agent, thus the hydroxychloroquine treatment is immediately stopped. The patient was given wet dressings with topical corticosteroids and systemic antihistamines. Her clinical findings resolved slowly but significantly with treatment.

DISCUSSION: AGEP is a cutaneous drug hypersensitivity reaction, which is thought to be a result of drug-specific T cell and neutrophil interaction. The clinical appearance usually becomes evident 1-14 days after the use of medications. Acute onset of the disease, widespread pustules on erythematous base, systemic symptoms and subepidermal detachment in the histopathological examination supported our diagnosis. Generally after the termination of the therapy with the responsible agent, there is a rapid clinical progress of AGEp. However, Hydroxychloroquine has a long half life, thus recovery period may last longer. Pearson et al reported a case whose treatment lasted 81 days.

KEYWORDS: AGEP, Hydroxychloroquine, Drug reaction, Pustular eruption

PP-130

A CASE OF LUPUS ERYTHEMATOSUS TUMIDUS: THE INTERMITTANT SUBFORM OF CHRONIC CUTANEOUS LUPUS ERYTHEMATOSUS

Sinem Ayşe Örnek[1], İlteriş Oğuz Topal[1], Utkan Kızıltaç[1], Bachar Memet[1], Selver Özekinci[2], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydanı Training and Research Hospital, Istanbul, Turkey
[2]Department of Pathology, Okmeydanı Training and Research Hospital, Istanbul, Turkey

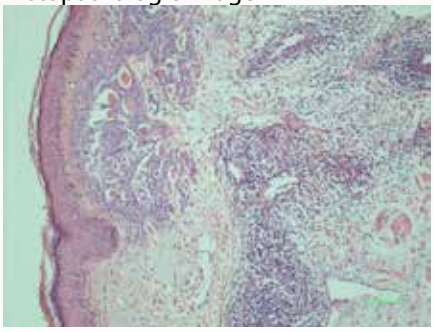
Lupus erythematosus tumidus (LET) is an intermittant subform of chronic cutaneous lupus erythematosus (CCLE) which is characterized by infiltrated or urticarial, erythematous lesions with no superficial skin changes. It is strongly associated with photosensivity. Characteristic lesions are usually localized on sun exposed areas such as face, shoulders and arms. Lesions appear after sun exposure and may persist several months, may fade spontaneously and reappear in summertime. Histological features include perivascular and periadnexal lymphocytic infiltration and interstitial mucin deposition. LET

is unique in that epidermal changes, vacuolar degeneration of the dermoepidermal junction and basement thickening are absent, while the typical lesions in cutaneous lupus erythematosus (discoid) and subacute cutaneous lupus show varying degrees of vacuolar change/interface dermatitis with scattered Civatte bodies. Sytemic corticosteroids, antimalarials, topical steroids and tacrolimus are treatment options in LET. Herein we describe a male patient with infiltrated plaques on his cheek who was diagnosed as LET both clinically and histopathologically. In patients presenting with erythematous papules or plaques on photosensitive regions, polymorphous light eruption, Jessner's lymphocytic infiltration and pseudolymphoma are the most important diseases to consider. Besides, distinguishing LET from other variants of CLE is essential since the course of disease and treatment response significantly differs.

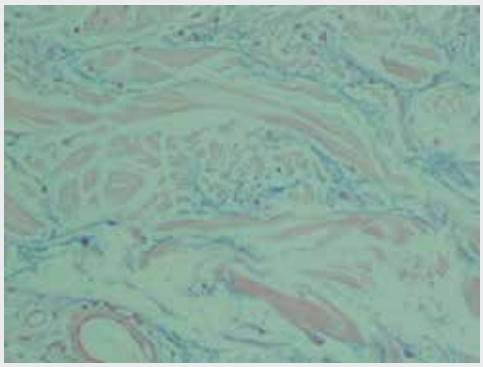
KEYWORDS: cutaneous lupus erythematosus, lupus erythematosus tumidus, photosensitive dermatoses

Clinical appearance

Histopathologic image 1



Histopathologic image 2, increased dermal mucin by alcian blue



PP-131

SWEET'S SYNDROME AS THE INITIAL MANIFESTATION OF HUMAN IMMUNDEFICIENCY VIRUS INFECTION

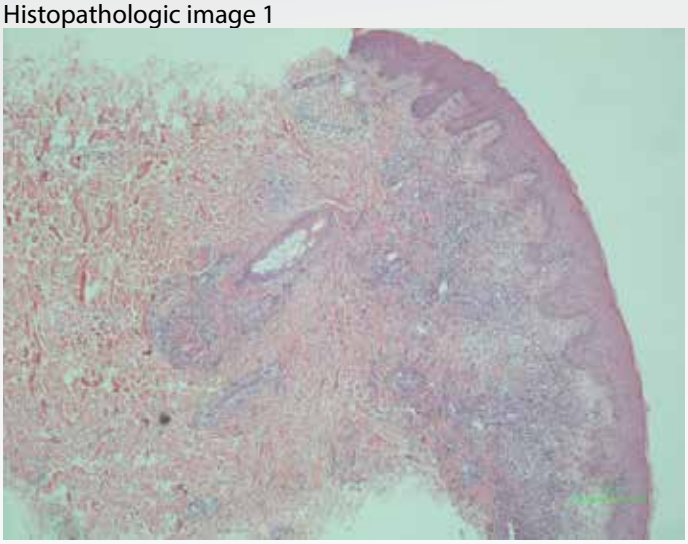
Sinem Ayşe Örnek[1], Şule Güngör[1], Mehmet Çopur[1], Aytül Buğra[2], Mustafa Taner Yıldırmak[3], Emek Kocatürk[1]
[1]Department of Dermatology, Okmeydani Training and Research Hospital
[2]Department of Pathology, Okmeydani Training and Research Hospital
[3]Department of Infectious Diseases, Okmeydani Training and Research Hospital

Sweet's syndrome, otherwise called acute febrile neutrophilic dermatosis, is clinically characterized by fever, leukocytosis, erythematous and edematous plaques on the extremities which showed dramatic response to steroid treatment. It was first described in 1964 as a reactive dermatoses in middle-aged women following upper respiratory tract infections. Nowadays, it is known that Sweet's syndrome is associated with both drug treatments and a number of different conditions including inflammatory diseases, hematological malignancies and infections. The association of Sweet's syndrome with Human Immundeficiency Virus (HIV) infection has rarely been described in the literature, and it has been reported that Sweet's syndrome may arise as the first manifestation of HIV infection. A 28-year-old male presented with edematous, erythematous papules which suddenly appeared on the trunk that were diagnosed as Sweet's syndrome both clinically and histopathologically. Detailed laboratory and systemic evaluation to identify etiology of Sweet's syndrome revealed no other abnormalities but HIV positivity. We highlight the significance of considering HIV infection in patients with Sweet's syndrome, especially in young patients exhibiting associated risky behaviors.

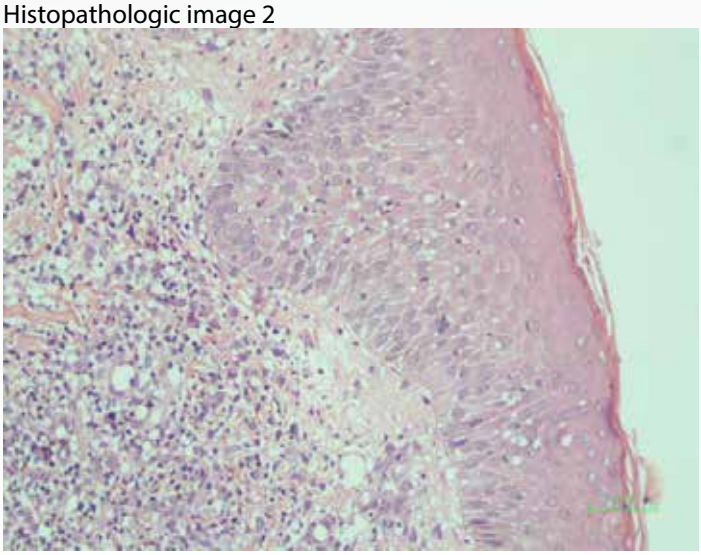
KEYWORDS: Sweet's syndrome, HIV, acute febrile neutrophilic dermatosis

Clinical image

Histopathologic image 1



Histopathologic image 2



PP-132

SUCCESSFUL TREATMENT OF ERYTHRODERMIC PITYRIASIS RUBRA PILARIS WITH ACITRETIN AND METHOTREXATE COMBINATION THERAPY

Fatma Tunçez Akyürek[1], *Nihal Sarı*[1], *Ceyhan Uğurluoğlu*[2]
[1]*Department of Dermatology Selcuk University, Konya, Turkey*
[2]*Department of Pathology Selcuk University, Konya, Turkey*

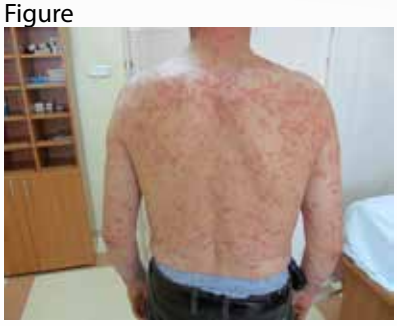
INTRODUCTION: Pityriasis rubra pilaris (PRP) is an uncommon, chronic erythematous squamous skin disease of unknown etiology. Patients classically present with small, follicular papules, palmoplantar keratoderma and salmon-colored scaly plaques that begin at the scalp and slowly progress to exfoliative erythroderma. Patients with PRP are often resistant to multible therapies, both topical and systemic.

CASE: We report a 57-year-old man with pityriasis rubra pilaris, refractory to acitretin treatment as monotherapy, successfully treated with acitretin and methotrexate combination therapy for over eight monts.

DISCUSSION: PRP is a rare chronic papulo-squamous skin disease of juvenile or adult onset. It is difficult to distinguish PRP from other skin conditions; however, clinical features that help in the diagnosis include 'islands' of spared skin, orange hue of palms and soles and typical findings on biopsy. Retinoids and methotrexate are the most widely used therapeutic regimens for PRP. Other treatment options include corticosteroids, topical vitamin D analogs, cyclosporine, azathioprine, phototherapy and anti-TNFα agents. Cases, of pityriasis rubra pilaris, successfully treated with a retinoid and methotrexate as monotherapy or combination therapy, have been reported. We report this case in order to show the efficacy of acitretin and methotrexate combination therapy in reducing the signs and symptoms of the disease. The therapy was well-tolerated in our patient and no adverse events occurred.

KEYWORDS: Acitretin, Methotrexate, Pityriasis Rubra Pilaris

Figure 1

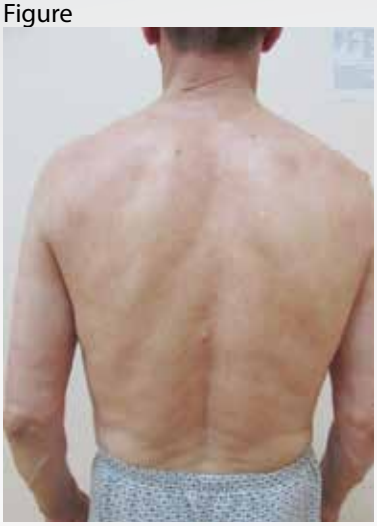


Rash with erythema and scales before treatment

Figure 2

Palmar keratoderma with a prominent orange-yellow coloration.

Figure 3



Clinical improvement after 3 months

Figure 4

Clinical improvement after 3 months

PP-133

EXPERIENCE OF INFLIXIMAB TREATMENT IN DERMATOLOGY DEPARTMENT OF MERSIN UNIVERSITY

Abdulselam Tanriverdi, Ufuk Kavuzlu, Ümit Türsen
Department of Dermatology, Mersin University, Mersin, Turkey

Infliximab is a chimeric human-mouse IgG1 monoclonal anti-TNF antibody. It was approved by FDA for the treatment of plaque psoriasis who are resistant to traditional systemic therapy. Psoriasis is a chronic relapsing skin disease and it commonly characterized by plaques with scale. In this study psoriasis patients who were treated with infliximab in dermatology department of Mersin University between January 2012 and December 2016 were reviewed retrospectively. The findings were discussed with respect to literature.

KEYWORDS: infliximab,psoriasis,treatment

PP-134

VITAMIN D DEFICIENCY IN CHRONIC PRURITUS

Havva Yıldız Seçkin[1], İlknur Bütün[2], Yalçın Baş[1], Zennure Takçı[1]
[1]Deri ve Zührevi Hastalıkları Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey
[2]Biyokimya Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey

OBJECTIVE: Pruritus is a frequent symptom of skin which has different underlying etiologies. This complaint enhances with age. Pruritus accompanies many skin disorders. Besides this, it emerges in some systemic diseases or as a consequence of psychogenic and immunological reasons. This study aims to evaluate the relationship between chronic pruritus and vitamin D.

MATERIAL-METHODS: Data of 34 chronic pruritus patients who attended to University of Gaziosmanpaşa, Deparment of Dermatology of Medical Faculty, between December 2014- March 2015, were evaluated retrospectively. 34 age and gender matched healthy controls were included in the study.

RESULTS: Meanageofthestudygroup-21femaleand13malewas 65.14±13.6 while it was 66.08±6.3 in the control group-21 female and 13 male. Vitamin D levels of the patients were significantly lower than the control group (p=0.00).

CONCLUSION: Low Vitamin D levels were determined in this preliminary study, in chronic pruritus. This result gives rise to thought that the vitamin D defficiency may play role in the etiology of chronic pruritus.

KEYWORDS: chronic, vitamin D,pruritus

PP-135

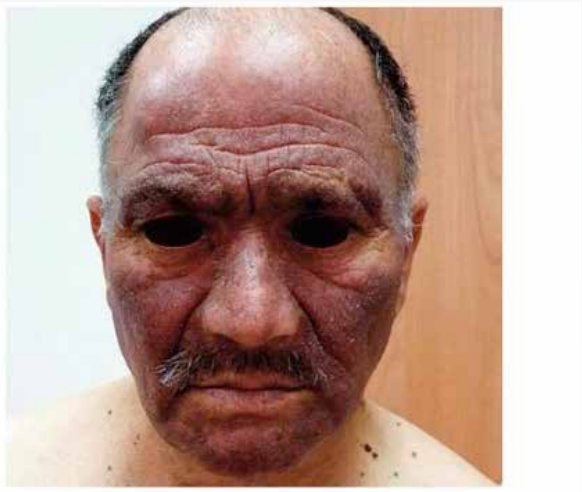
SECONDARY SKIN HYPERPIGMENTATION DURING WITH PEGINTERFERON ALPHA AND RIBAVIRIN TREATMENT FOR CHRONIC HEPATITIS C VIRUS INFECTION: CASE REPORT

Havva Yıldız Seçkin[1], Akgül Arıcı[2], Yalçın Baş[1], Zennure Takçı[1], Sercan Sezgin[1]
[1]Deri ve Zührevi Hastalıkları Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey
[2]Patoloji Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey

Interferon-alpha (INF) or peginterferon alpha (PEG IFN) and ribavirin combination therapy in chronic hepatitis C virus (HCV) infection is recognized as an effective treatment method.Skin related side effects have rarely been reported during chronic HCV infection treatments and they usually are lesions seen in the local injection sites. We present a case with HCV infectionthat occurred in the sun-exposed areas and axillar area by secondary pigmentation during PEG-INF-2a plus and ribavirin combination therapy.

KEYWORDS: chronic HCV infection, hyperpigmentation, peginterferonalpha-2a.

figure



Hyperpigmented patches on forehead, on nose, on malar region, on chin, on the v of the neck.

PP-136

POROKERATOSIS OF MIBELLI: A CASE REPORT

Havva Yıldız Seçkin[1], Akgül Arıcı[2], Yalçın Baş[1], Zennure Takçı[1], Sercan Sezgin[1]
[1]Deri ve Zührevi Hastalıkları Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey
[2]Patoloji Anabilimdalı, Gaziosmanpaşa Üniversitesi, Tokat, Turkey

Porokeratozis Mibelli is a hereditary keratinisation disorder. It is a rare and progressive chronic disesase. It is characterized with annular plaques, spanned with hyperceratosic ring. Central of these lesions is usually atrophic but seldom it may be hyperceratotic. Extremities are often affected but lesions may be seen rarely in face, genital organs, oral mucosa and cornea. The disease is more frequent in male. In this report, a 18 year old woman with a lesion of Poroceratosis Mibelli around her nose is presented here.

KEYWORDS: case, Mibelli, Porokeratozis

figure 1

PP-137

Isolated Lichen Planus of the Eyelids: A Rare Clinical Presentation

Atiye Ogrum, Zennure Takcı, Havva Yıldız Seçkin
Department of Dermatology,
Gaziosmanpasa University, Tokat, Turkey

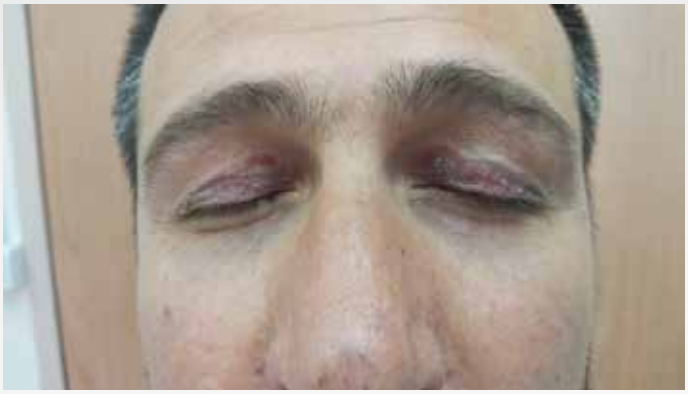
INTRODUCTION AND OBJECTİVES: Lichen planus, which is clinically characterized by plan, pruritic, violaceous, polygonal papules, is a chronic inflammatory dermatosis with unknown etiology. İsolated eyelids involvement of lichen planus is a rare event. We report a patient with isolated lichen planus of the eyelids.

CASE: An otherwise healthy 40-year-old patient had a 10 month history of isolated redness and slight desquamation on both eyelids.Physical examination releaved violaceous papules and plaques on the eyelids. The oral and genital mucosa were unaffected. Complete blood count, chemisty panel all normal. A biopsy specimen releaved the typical features of lichen planus. The patient was treated with tacrolimus 0.1% ointment. The lesions on the eyelids disappered within 6 weeks.

CONCLUSIONS: Lichen planus of the eyelids may appear as isolated lesions and in those cases diagnosis is very difficult. Lichen planus should be considered in the differantial diagnosis of all erythematous eruptions of the eyelids.

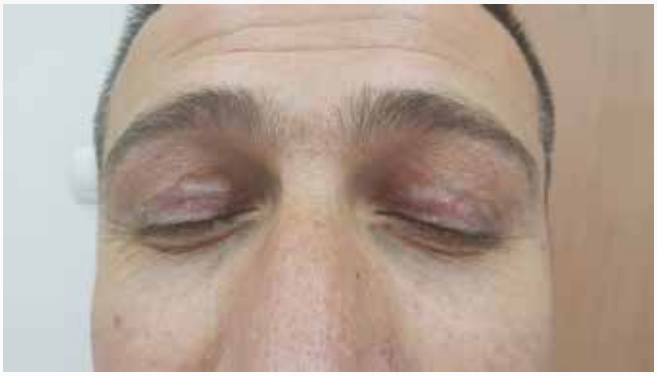
KEYWORDS: Eyelid, lichen, lichen planus

Resim-1



Uzeri hafif skuamlı mor renkli plaklar (tedavi oncesi)

Resim-2



Skuamlı plaklarda gerileme (tedavi baslangıcından 1 ay sonra)

PP-138

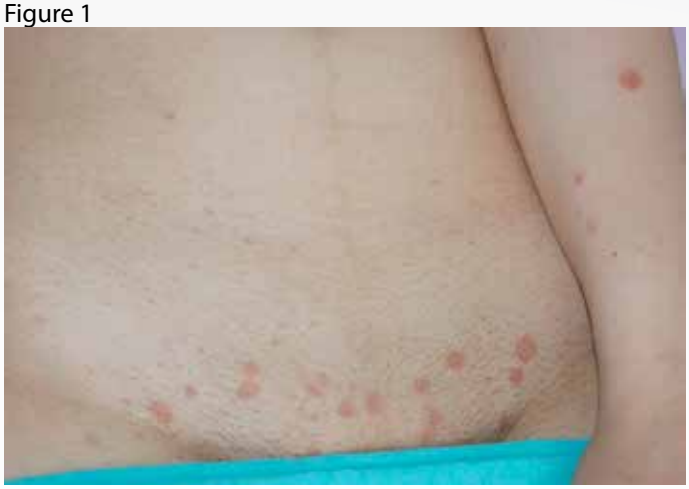
A CASE OF TINEA CORPORIS WITH ATYPICAL PRESENTATION

Betül Sereflican, Gülden Konur, Ali Haydar Parlak
Department of Dermatology, Abant
Izzet Baysal University, Bolu, Turkey

Superficial fungal infections are classified according to their anatomic location. Tinea corporis is a dermatophyte infection that is observed on the extremites and trunk. It could be transmitted either directly by infected humans and animals or autoinoculation. Although it's typical presentation is sharply demarcated erythematous squamous annuler lesions, it can also emerge in various clinical presentations. A 22 year-old woman presented with the complaint of erythematous eruptions. The lesions appeared first on the chin and spread to arms and especially mons pubis in three days. Her partner had similar lesions too. The punch biopsy that was performed from the patient with the differential diagnoses of pityriasis rosea and syphilis revealed fungal hypha. Hyphas were detected via KOH examination from the specimens that were taken from the patient and her partner. The patient declared they had contacted with a cat before the lesions appeared. This patient is presented to emphasise that tinea corporis can mimic any other dermatoses. Tinea infections can be diagnosed easily by KOH examination which is a simple method. So clinicians must keep in mind fungal infections to avoid misdiagnoses.

KEYWORDS: tinea corporis,atypical,KOH examination

Figure 1



PP-139

DISSEMINE FORM LICHEN PLANUS

Mehmet Demi rel, Ümit TürsenDepartment of dermatology, Mersin University, Mersin, Turkey

Lichen planus is a mucocutaneous disease. İt has purple, pruritic papuls on anywhere of the skin but generally on the extremities, also it can affect nail and oral mucosa. A 68 years old woman patient, came to our clinic with widespread purple pruritic papuls and plaques. She has lesions almost all of body and on the two hand nail but there is no lesion on oral mucosa. We did skin biopsy and it resulted as lichen planus. There is not found any finding for etiology. We started treatment with intravenous methylprednisolone, topical and intralesional corticosteroids. Even after 20 days, we observed dramatically improvement. We commented this results with literature knowledges.

KEYWORDS: dissemine, lichen planus, mucocutaneous disease

Lichen planus lesions (after treatment)

Lichen planus lesions (after treatment)

PP-140

A RARE CASE OF PRIMARY SYSTEMIC AMYLOIDOSIS PRESENTING WITH WAXY SKIN LESIONS

Fatma Tunçez Akyürek[1], Pembe Oltulu[2]
[1]Department of Dermatology, Selcuk University, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University Meram Medical Faculty, Konya, Turkey

Amyloidosis is a general term used to describe a group of diseases caused by the extracellular deposition of insoluble fibrillar proteins in various tissues and organs. Primary systemic amyloidosis (AL) is a disease which may be seen alone or may be associated with various plasma cell dyscrasias of which the main one is multiple myeloma. Petechiae, purpura and ecchymoses are the most common skin lesions which can be found in about 15–20% of patients. Papular, nodules and plaques are seen as relatively uncommon form of cutaneous manifestations presented as waxy, smooth, and shiny. Here, we describe a case presenting with multiorgan involvement who had skin involvement in the initial stage, followed by progressive oedema in the lower extremities, oedema of mons pubis and finally multiorgan dysfunction. A 55-year-old female presented with multiple waxy skin lesions on the inguinal and including purpura, petechiae, ecchymoses such lesions typically occurred even worse after trauma. Our patient presented with multiorgan affected, pathological examination led eventually to the diagnosis.

KEYWORDS: amyloidosis, multiple myeloma, purpura, waxy skin lesions

Figure 1

Multiple vesicles and bullae on the mons pubis with oedema of mons pubis

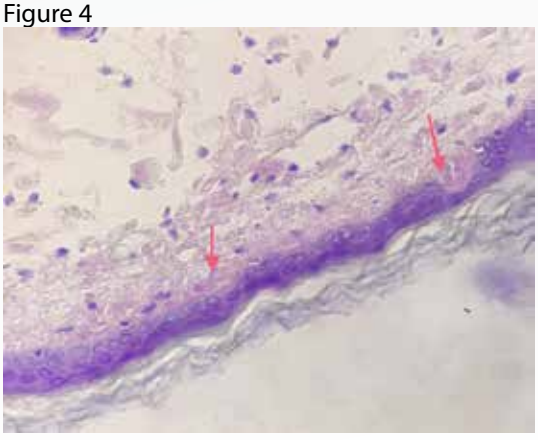
Figure 2

Brittleness, longitudinal ridging and lamellar splitting of the nail plates were seen on fingernails.

Figure 3

Macroglossia

Figure 4



Crystal violet, X200, deposits of dermis amyloid lila color reaction. Amyloid was seen in the papillary dermis

PP-141

"TIN-TACK" SIGN OF HULUSI BEHÇET IN CUTANEOUS LEISHMANIASIS: A CASE REPORT

Hilal Kaya Erdogan[1], Ersoy Acer[1], Zeynep Nurhan Saraçoğlu[1], Nihal Doğan[2]
[1]Eskişehir Osmangazi Üniversitesi Tıp Fakültesi, Deri ve Zührevi Hastalıkları Anabilim Dalı
[2]Eskişehir Osmangazi Üniversitesi Tıp Fakültesi, Mikrobiyoloji Anabilim Dalı

Cutaneous leishmaniasis is a protozoal infectious disease caused by Leishmania species. Sand flies are vectors of the parasites. Tin-tack sign or carpet-tack sign is used to define the spiny projections protruding from the base of crust. This sign is first described by professor doctor Hulusi Behçet. A 72-year-old woman was referred to our clinic with the complaint of rash on her left cheek for one year. A punch biopsy had been performed and it had revealed non-necrotizing tuberculoid granulomas. Purified protein derivative (ppd) test had been measured as 20 mm and the patient had been diagnosed with lupus vulgaris. She had been previously treated with antituberculous treatment for 2 months without any improvement. Her medical history was unremarkable. In her family, there was no one with similar complaints. She had not been living in endemic region for leishmaniasis. She also denied the history of travel to endemic regions. Dermatological examination revealed an erythematous plaque with a central crust on her left malar region (Figure 1). When we removed the crust, spiny protrusions that projected from the base of the crust were seen. It was thought as tin-tack sign (Figure 2). A smear from the lesion stained with giemsa showed amastigotes (Figure 3). Our case was diagnosed with cutaneous leishmaniasis and treated with intralesional meglumine antimoniate. Herein we present a woman diagnosed with cutaneous leishmaniasis with tin-tack sign.

KEYWORDS: "Tin-tack" sign, cutaneous leishmaniasis, Hulusi Behçet

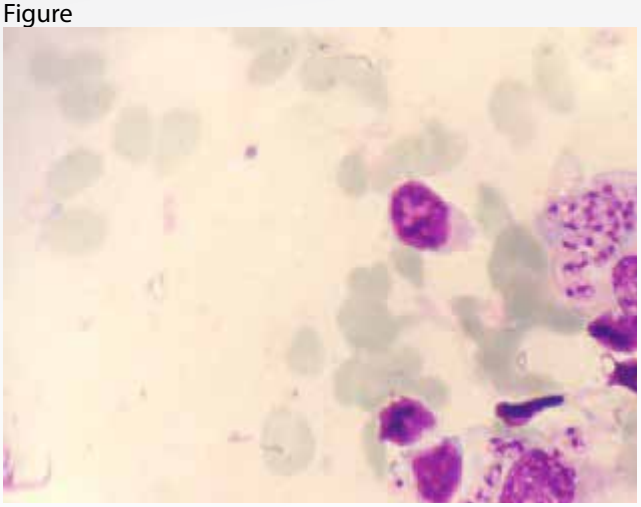
Figure 1

Erythematous plaque with a central crust on left malar region

Figure 2

Tin-tack sign

Figure 3



Intra and extracellular amastigotes (Giemsa stain)

PP-142

ISOTRETINOIN; PRESUMABLE CAUSE OF BILATERAL POSTERIOR SUBCAPSULAR CATARACTS

Ayse Dolar Bilge[1], *Senem Salar Gomceli*[2]
[1]*Emsey Hospital, Department of Ophthalmology, İstanbul, Turkey*
[2]*Bronx-Lebanon Hospital Center, Department of Ophthalmology, Bronx, NY, USA*

BACKGROUND: Isotretinoin (13-cis retinoic acid) (ACCUTANE; Roche Pharmaceuticals, Nutley, New Jersey) has been widely and effectively used in the treatment of severe nodular recalcitrant type of acne vulgaris since 1982 (1). It primarily acts by suppressing the action of sebaceous glands (2). Reported serious side effects are its controversial association with teratogenicity and inflammatory bowel disease as well as depression, suicidality and transaminitis (2). Its common reversible side effects in the eye include meibomian gland dysfunction with increased tear osmolarity, dry eyes, blepharitis, conjunctivitis, corneal opacification and decreased dark adaptation (3). To our knowledge there are only a few reports in the literature that describe cataract formation secondary to the use of isotretinoin.

MAIN OBSERVATION: Herein we present a case of a 17 year old male who presented with bilateral decrease in vision because of posterior subcapsular cataract formation with 6 months use of oral isotretinoin for acne vulgaris.

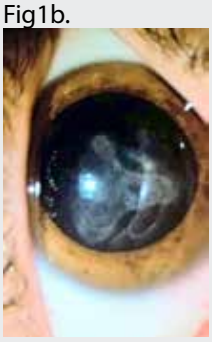
CONCLUSION: Most ocular side effects of isotretinoin are thought to be reversible upon discontinuation. On the other hand it may irreversibly result in visual deterioation secondary to subcapsular cataract formation.

KEYWORDS: Isotretinoin, cataract, eye.

Fig1a.

Right eye with grade 2 posterior subcapsular cataract

Fig1b.



Left eye with grade 2 posterior subcapsular cataract

PP-143

HAIR TRANSPLANT BY FUE IN A CASE OF FRONTAL LINEAR SCLERODERMA (EN COUP DE SABRE)

Rupak Bishwokarma Ghimire
Dr Rupak Bishwokarma (Ghimire)

Introduction: Hair transplant surgery is a minimally invasive surgery, where hair follicles are transplanted from donor area of patient's own body to the desired area. Frontal linear scleroderma (also known as en coup de sabre or morphea en coup de sabre) is a type of linear scleroderma characterized by a linear band of atrophy and a furrow in the skin that occurs in the frontal or frontoparietal scalp.

AIMS AND OBJECTIVES: To assess the outcome, results and side effects with hair transplant surgery by FUE in a case of en coup de sabre.

METHODOLOGY: This study was carried out in a 37 years old male patient clinically diagnosed with linear morphea since childhood enrolled for hair transplant surgery. Around 300 grafts were taken from the donor area in occipital region and transplanted over the lesion in left fronto-parietal region. He was kept on Minoxidil 5% lotion application twice a day. He was called for follow up after 2 days, 7 days, one month, 3 months and 6 months for assessment of results, side effects.

RESULTS: The transplanted grafts showed a good survival. No major complications were witnessed except pain and tingling sensation.

CONCLUSION: Hair transplant surgery by FUE is a safe technique with remarkable results and minimal side effects in en coup de sabre with no progressive disease activity.

KEYWORDS: Hair transplant surgery, Follicular Unit Extraction (FUE), Linear Morphea, en coup de sabre

PP-144

ACQUIRED POLIOSIS INDUCED BY HALO NEVUS

Özgür Gündüz[1], Serkan Demirkan[1], Rebiye Çakartaş[2], Pınar Atasoy[3]
[1]Department of Dermatology, Kırıkkale University, Kırıkkale, Turkey
[2]Medical School of Kırıkkale, Kırıkkale University, Kırıkkale, Turkey
[3]Department of Pathology, Kırıkkale University, Kırıkkale, Turkey

INTRODUCTION: Poliosis, also known as poliosis circumscripta refers to a patch of white hair. Since it is frequently seen in the frontal scalp, the term "white forelock" is also used traditionally but any region of the body covered with pigmented terminal hairs can be involved. Histopathological examinations reveal either absence or decrease of melanin pigments and/or melanins. Common underlying causes are usually genetic disorders ranging from piebaldism, a minor genetic defect with mild clinical manifestations to Waardenburg syndrome and Tuberous sclerosis, which may manifest with sensorial deafness, megacolon, seizures and severe mental retardation. Poliosis can also be observed as an acquired condition. Vitiligo, Alezzandrini syndrome, melanocytic lesions, neurofibromas, sarcoidosis, trauma are among the reported causes for acquired poliosis.

CASE: A 16-year old boy presented with a 6-month history of localized hair graying on his right occipital area (Figure 1a). Physical examination revealed an underlying flesh-colored asymptomatic papule, 11 x 7 mm in size (Figure 1b,1c). There was a white patch located on the midline of the neck of the patient (Figure 2a, arrow) and similar linear patches and white macules with swirled patterns could be observed on his back (Figure 2b, arrows). A full mucosal and cutaneous inspection with Wood lamp revealed no other white macules or patches. Results of the ophtalmologic examination was normal. The patient had no personal or familial history of autoimmune diseases but had complaints about difficulties while performing fine motor movements such as turning a screwdriver. An excisional biopsy was performed and histopathological examination showed groups of nevoid cells surrounded and infiltrated by cytotoxic T lymphocytes (Figure 3a, 3b,3c), indicating the papule as a "halo nevus". Complete blood count, liver enzymes,blood urea nitrogen, creatinine, thyroid function tests, sedimentation rates were found to be in normal range. The patient was referred to pediatric neurology clinic for further examination for a possible neurocutaneous syndrome. His neurological tests were still ongoing during the preparation period of this presentation.

CONCLUSION: Poliosis is an uncommon but easily-recognized physical feature, which is usually associated with genetic disorders such as piebaldism, Tuberous sclerosis,

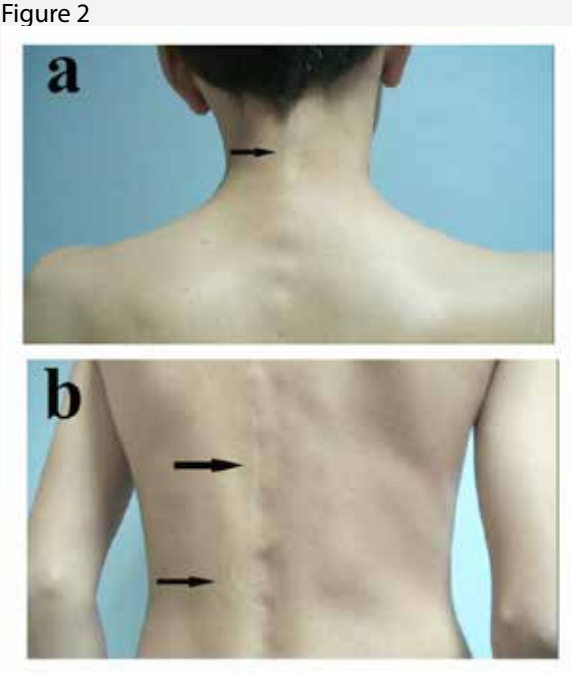
Waardenburg syndrome, prolidase deficiency. Many of these conditions also affect central nervous system and are classified under neurocutaneous syndromes. In these conditions, poliosis is usually observed at birth or in childhood. Poliosis may be observed during the clinical course of many nongenetic, acquired diseases (i.e., vitiligo, Alezzandrini syndrome, sarcoidosis, melanocytic lesions, melanoma, etc.), In conclusion, we report an uncommon manifestation of poliosis, which in turn may be a manifestation of various severe genetic or oncologic diseases.

KEYWORDS: acquired poliosis, halo nevus, vitiligo

Figure 1

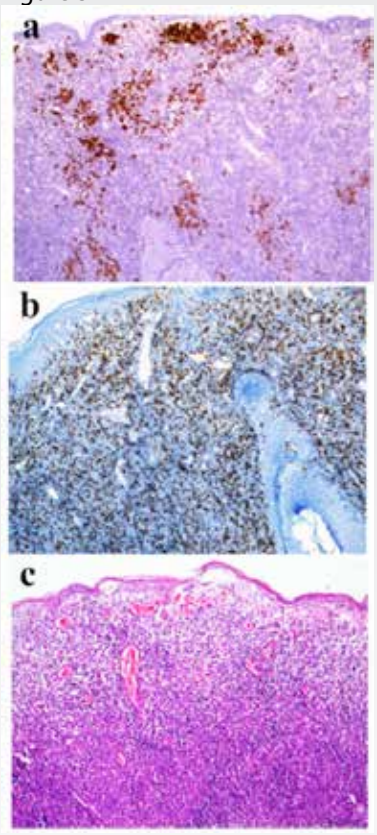
(a) Patch of white hair on the vertex (b) Underlying flesh-colored, asymptomatic papule revealed by further physical examination (c) A close-up view of the underlying papule after the hair has been shaved

Figure 2



(a) A white patch located on the neck (arrow) (b) Linear, perpendicular white macules located on the middle of the patient's back and accompanying white macules with swirled pattern.

Figure 3



(a)Nevoid cells marked immunohistochemically with Melan-A (x200) (b) CD8 immunohistochemical stain revealing a lymphocytic infiltrate largely composed of CD8+ cytotoxic T lymphocytes (c) a dense dermal lymphocytic infiltrate surrounding scarce nevoid cells (H&E, x200).

Examples for Inherited or Acquired Causes of Poliosis

Genetic Diseases
Marfan Syndrome
Neurofibromatosis Type 1
Piebaldism
Waardenburg syndrome
Causes for Acquired Poliosis
Alezzandrini syndrome
Melanocytic lesions (i.e., melanocytic naevi, melanom)
Neurofibroma
Sarcoidosis
Trauma (hair plucking)
Vitiligo

Some of the genetic or nongenetic causes of poliosis

PP-145

PERIUNGUAL SQUAMOUS CELL CARCINOMA MIMICKING SUBUNGUAL VERRUCA VULGARIS

Tekden Karapınar[1], Ali Haydar Parlak[1], Betül Şereflican[1], Fahri Yılmaz[2]
[1]Department of Dermatology, Izzet Baysal Medical Faculty, Abant Izzet Baysal University, Bolu, Turkey
[2]Department of Pathology, Izzet Baysal Medical Faculty, Abant Izzet Baysal University, Bolu, Turkey

Subungual squamous cell carcinoma is uncommon condition, which frequently manifests itself with atypical clinical presentations, leading to delayed diagnosis. A 67-year-old woman was admitted to our clinic for a wart-like lesion located in the tip of the fourth finger of the right hand for approximately one year. There was a plaque with verrucous character, painful, papillomatous protrusions on the distal lateral tip of the finger. The histopathological evaluation of the biopsy material take from the lesion showed findings compatible with squamous cell carsinoma. We report this case to highlight that clinicans should be kept in mind squamous cell carsinoma for the periungual papillomatous lesions similiar with verruca vulgaris

KEYWORDS: periungual squamous cell carsinoma, subungual verruca vulgaris, wart-like lesions

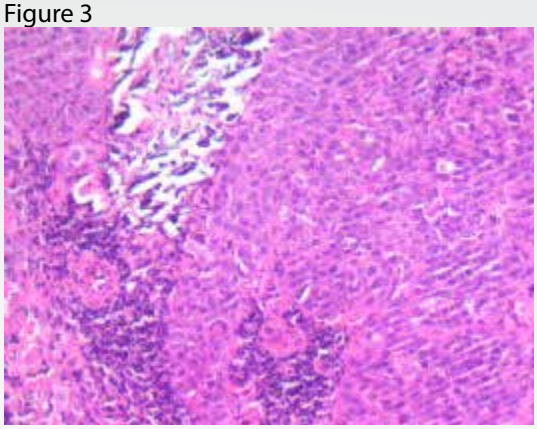
Figure 1

a crusted plaque which has central ulceration, peripheral verrucous lesions and nail deformity

Figure 2

Close-up view of the lesion

Figure 3



H&E, x200; The tumor is composed of large cytoplasmic cells with large hyperchromatic nuclei and prominent nucleoli, with mitosis and necrosis

PP-146

AN UNUSUAL APPROACH IN THE TREATMENT OF CLAVUS

Hatice Kaya Özden, Nurşad Çifçi Aslan
Department of Dermatology, Kocaeli Derince Training and Research Hospital, Turkey

INTRODUCTION&OBJECTIVES: Our aim with presenting this case is to emphasize that in commonly seen and mostly chronic clavus cases,many patients are in search of surprising and risky alternative treatments.Both the patients and health care practitioners have to be educated and warned about the important side effects of such alternative methods.

MATERIALS & METHODS: A 12-years-old female patient was admitted to our clinic with complaints of left foot sole pain, swelling and difficulty in walking.The patient was previously diagnosed with clavus in another clinic, upon which a tube seal around the lesion was implemented (Figure 1).Outside of this treatment, there was no other surgical treatment or a

history of medication use in the near future.According to the information the patient and her parents provided, we learned that the treatment was planned to be done by means of these seals which were to be added on top each other every month for the upcoming 3 months, one for each month.The patient stated that she applied to our polyclinic, because her pain intensified significantly after this implementation.

RESULTS: Dermatological examination of the patient revealed a yellowish hyperkeratotic plaque of with a surface area of 1.5x1.0 cm, with sharply limited, intact dermatoglyphics on the left foot plantar area, and bleeding points and disruption of dermatoglyphic areas with multiple capillary dilatations in the plaque center (Figure 2).The patient was diagnosed with clavus and verruca plane in the presence of clinical findings. The seals on the base of the foot were removed and it was suggested that they should never be used again.Cryotherapy and topical salicylic acid solution were applied in 6 sessions. It was observed that the lesion regressed during the examination done 3 months later (Figure 3).CONCLUSIONS: Clavus is regional skin thickening that occurs in recurrent minor trauma. Solutions or tapes containing keratolytic topical salicylic acid and lactic acid, silver nitrate, phenol, potassium hydroxide, cryotherapy, curettage, surgical treatment are treatment options that can also be considered.Yet, today, alternative methods are still widespread in the public.Indian oil, aspirin, onion, fig milk, lemon, pineapple, and carbonate are among the preferred alternative options for patients in the form of home-made applications. None of these treatments are physician controlled and they can result in numerous side effects.In this case we presented, the aim of the previous treatment might have been to facilitate the application of curettage by providing some sort of a herniation of the clavus.However, when patient comfort and the potential of a secondary infection are considered, instead of such alternative approaches, medical and scientifically proven approaches should have been used.There is an immense need to educate patients and health care practitioners and warn them about the important side effects of these alternative, nonscientific methods.

KEYWORDS: alternative treatments, clavus, tube sea

Figure 1

A tube seal was placed around the clavus on the left foot plantar area.

Figure 2

The lesion after the tube seal was removed.

Figure 3

The image of the clavus 3 months later after the treatment

PP-147

BASAL CELL CARCINOMA ON THE LOWER LIP: A CASE REPORT

Aslıhan Geyik[1], Ali Haydar Parlak[1], Betül Sereflican[1], Fahri Yılmaz[2]
[1]Department of Dermatology, Abant Izzet Baysal University, Bolu, Turkey
[2]Department of Pathology, Abant Izzet Baysal University, Bolu, Turkey

Although basal cell carcinoma is the most common non-melanocytic skin cancer, it is rare on the vermilion border and mucosal surface of the lips. Lips are more frequently involved by squamous cell carcinoma. A 56-year-old man, presented with an erosive lesion on the lip with indistinct borders for five years. The skin biopsy result was reported as basal cell carcinoma and confirmed with immunohistochemical evaluation. We presented this case to emphasize that a basal cell carcinoma should be in the differential diagnosis in long-standing and non-healing lesions on the lower lip.

KEYWORDS: basal cell carcinoma, lower lip, rare presentation

Figure 1

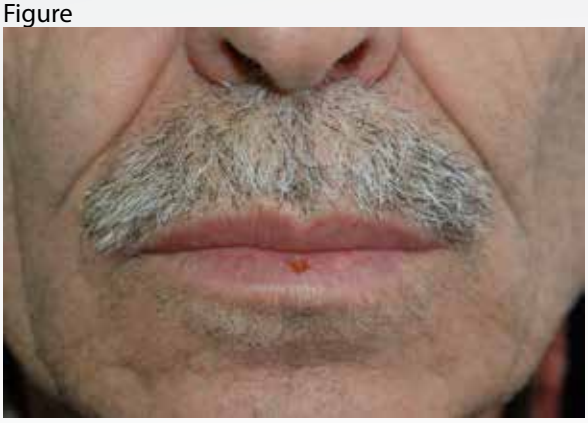


Figure 2

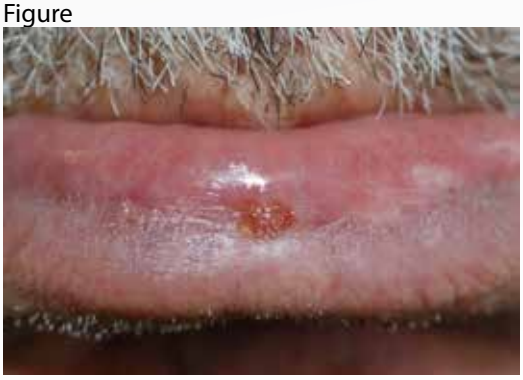


Figure 3

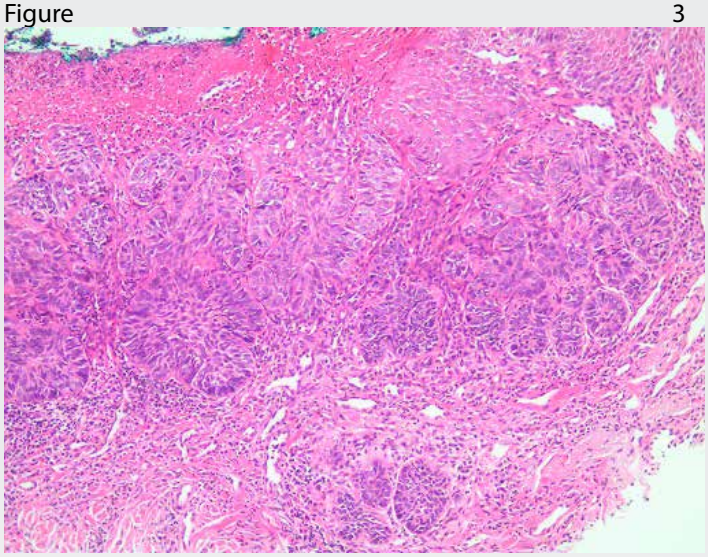
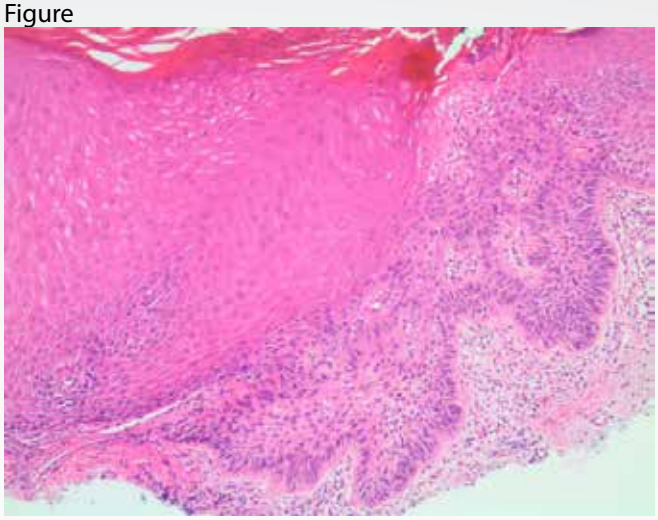


Figure 4



PP-148

DERMATITIS HERPETIFORMIS MIMICKING PEMFIGUS VULGARIS

Mehmet Kamil Mülayim, İnci Dalyan, Perihan Öztürk
Department of Dermatology, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey

Dermatitis herpetiformis is a highly pruritic, symmetric, papulovesicular dermatosis with lesions found most predominantly on the extensor surfaces of the extremities. It is currently the only dermatosis characterized by granular IgA deposits in the papillary dermis, as visualized by direct immunofluorescence (IF) microscopy from perilesional skin. Direct IF microscopy repeatedly showed granular-linear IgA deposits at the dermal-epidermal junction in perilesional

skin. Histopathology revealed a neutrophilic infiltrate in the upper dermis with incipient subepithelial blister formation. A 48-year-old woman presented to our clinic with a 10-month history of a severe pruritic, bullous eruption in the whole body. We here describe an unusual bullous disease with dermatitis herpetiformis mimicking pemfigus vulgaris.

KEYWORDS: dermatitis herpetiformis, bullous dermatoses, immunoglobulin A deposits

PP-149

PARTIAL UNILATERAL LENGINOSIS: A CASE REPORT

Mehmet Kamil Mülayim, İsmet Sevimli, Perihan Öztürk
Department of Dermatology, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey

Partial unilateral lentiginosis is an unusual pigmentary disorder characterized by numerous lentigines grouped within an area of normal skin; the pigmented macules are often in a segmental distribution with a sharp demarcation at the midline. The main clinical differential diagnosis is with nevus spilus. It differs from nevus spilus with lack of pigmentation on the surface, and with the macular lesions not elevated from the skin.

WE REPORT: a 28-year-old female patient with dermoscopic features of partial unilateral lentiginosis, who is located on the right side of her forehead because of her rare appearance.

KEYWORDS: lentigo, segmental, pigmentation

PP-150

SERUM 25-HYDROXY VITAMIN D LEVELS IN PATIENTS WITH ACNE VULGARIS AND ITS ASSOCIATION WITH DISEASE SEVERITY

Ezgi Aktaş, Aslı Aksu Çerman, İlknur Kıvanç Altunay
Department of Dermatology and Venereology, Sisli Hamidiye Etfal Training and Research Hospital, Istanbul, Turkey

INTRODUCTION: Acne vulgaris (AV) is a common disorder of the pilosebaceous follicles. Many factors have been proposed in the pathogenesis of acne, such as hormonal influences, follicular plugs and follicular hyperkeratinization, increased levels of sebum secretion, Propionibacterium acnes (P.acnes) colonization, and inflammation. 25 (OH) D regulates the immune system and the proliferation and differentiation of keratinocytes and sebocytes. And also it has antioxidant and anti-comedogenic properties. We hypothesized that 25(OH) D deficiency may facilitate the pathogenesis of acne. The aim of this study was to determine whether there was any relationship between AV and serum 25 (OH) D levels.

METHODS: A total of 106 people, consisting of 65 acne vulgaris patients and 41 healthy controls, were included in the study. Subjects who did not use alcohol, vitamin D supplements, oral steroids or PUVA and/or NBUVB were included. And all of the participants were in the normal limits of body mass index (BMI).

RESULTS: The median concentration of serum 25 (OH) D was 10.22±6.11 ng/ml in patients and 10.37±7.41 ng/ml in controls, with no statistical significant difference (p=0.692; p>0.05). There were no significant associations between 25 (OH) D levels and severity of disease (p=0.895) or duration of the disease (p=0.495). CONCLUSION: In this study no association between serum 25 (OH) D levels and acne vulgaris was observed. To confirm or disconfirm this finding new studies with larger study groups should be performed.

KEYWORDS: acne vulgaris, keratonicytes, sebocytes, vitamin D

Table 1

	Acne vulgaris group (n= 65)	Control group (n= 41)	p
Vitamin D min-max (med)	3-37.6 (9.1)	3-35.5 (8.2)	0.692
med ± SD	10.22 ±6.1	10.37 ± 7.41	

Table 2

	Mild - moderate (n= 22)	Severe (n= 43)	
Vitamin D min-max (med)	3-37.6 (8.7)	3-19.6 (9.8)	0.895
med ± SD	11 ± 8.04	9.82 ± 4.91	

PP-151

CHILDHOOD ACTINIC LICHEN PLANUS: A CASE REPORT

Fatma Tunçez Akyürek[1], Gözde Ulutaş Demirbaş[1], Zeliha Esin Çelik[2]1Department of Dermatology Selcuk University, Konya, Turkey
[2]Department of Pathology Selcuk University, Konya, Turkey

INTRODUCTION: Actinic lichen planus (ALP) is a rare variant of lichen planus that affects children and young people. It usually affects sun-exposed areas such as the forehead, dorsum of the hands and the extensor surface of the upper extremities.

CASE: A 12-year-old male presented with a 6 months history of asymptomatic hyperpigmentation on his face, forearms and legs. Dermatologic examination revealed multiple hyperpigmented macules and patches on his forehead, nose, cheeks. He also had flat-topped, brownish with violaceous color papules and plaques on the dorsal surfaces of his forearms, hands and lower legs. He had no associated mucous membrane or nail involvement. Histopathological examination of the punch biopsy specimen obtained from the hand showed hyperkeratosis and acanthosis in epidermis. A band-like lymphocytic infiltrate and marked pigmentary incontinence were present. With these clinical and histopathological findings the patient was diagnosed as ALP and topical corticosteroids and oral antihistamine treatment was started. In addition sun protection was given. The lesions of the patient were evident decreased.

DISCUSSION: The pathogenesis of ALP is not understood; however ultraviolet radiation appears to be the major precipitating factor. It is also known as lichen planus subtropicus annularis, lichen planus tropicus, summertime actinic lichenoid eruption and lichenoid melanodermatitis. Different morphological subtypes have been described: annular, dyschromic, classic plaque-like and pigmented (melasma like). Unlike classic lichen planus, pruritus, koebner phenomene and nail, mucous membrane involvement are rare in ALP. It is difficult to differentiate actinic lichen planus histopathologically from classical lichen planus. The differential diagnosis of ALP includes discoid lupus erythematosus, melasma, polymorphous light eruption and erythema dyschronicum perstans. Antimalarials, intralesional or topical corticosteroids with sunscreens have been used successfully in patients with ALP. This case was presented because ALP is rare and should be considered in differential diagnosis with pigmented lesions.

KEYWORDS: Actinic lichen planus, childhood, sun exposure

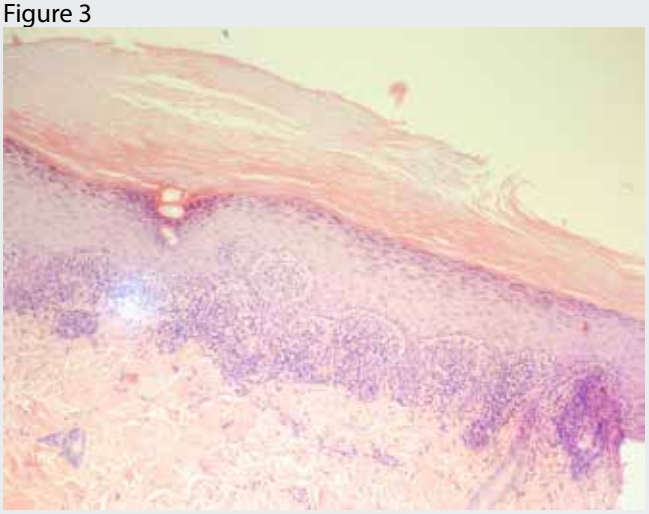
Figure 1

Multiple hyperpigmented macules and patches on his forehead, nose, cheeks

Figure 2

Flat-topped, brownish with violaceous color papules and plaques on the dorsal surfaces of hands.

Figure 3



Histopathological examination of the punch biopsy showed compact orthokeratosis and hypergranulosis in epidermis. A lichenoid inflammatory cell infiltration were present in dermoepidermal compartment.

PP-152

CUTANEOUS BULLAE AS A RESULT OF CARBON MONOXIDE INTOXICATION IN TWO MARRIED PATIENTS

Koray Durmaz[1], Arzu Ataseven[1], İlkay Özer[1], Recep Dursun[1], Pembe Oltulu[2]
[1]Department of Dermatology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University Faculty of Medicine, Konya, Turkey

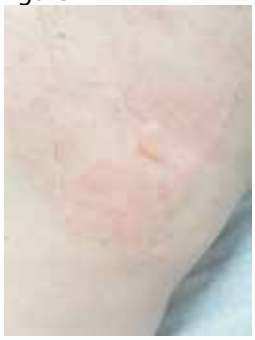
Carbon monoxide is an odorless, tasteless and colorless gas with less than 0.001% in the atmosphere. The most important cause of intoxication is incomplete combustion of carbon containing materials. At the acute poisoning stage, it leads to bright redness and dark erythematous patches and plaques especially on the bony prominence regions. Then it causes large bulls on pressure areas. A 64-year-old woman was awakened in the morning with fatigue, dizziness and weakness in the legs. She saw her 65-year-old husband lying still and not reacting to her stimuli. The patient and her husband referred to emergency service. At emergency room, the patient's consciousness was open, vital values were normal. The patient's oral mucosa and genital mucosa were normal. There was loose vesicle-bullae on slight erythema of 4 cm in diameter at the lateral side of the left leg. The male patient was unconsciousness at that time and his vital values were normal too. His oral mucosa and genital mucosa were normal. There was loose and partially eroded bullae of 10cm diameter at the bottom of the left breast. In the laboratory tests of female patient, hemogram analysis was normal, blood pH was 7,36. pCO2: 42,3 pO2: 41,4 were detected. In addition BUN: 77, Cre: 1.86, LDH: 497, AST: 476, ALT: 142. ECG evaluation revealed normal sinus rhythm and no ischemic change. In ECO evaluation, EF: 45-50% was detected. The findings of the renal USG were normal. There was no evidence of deep venous thrombosis or thrombophlebitis in the lower extremity venous color Doppler USG examination. In the laboratory tests and other tests like ECG, ECO, USG of male patient was similar. In these findings, the patient was diagnosed as CO intoxication. Biopsy were taken from the bullous lesion and direct immunofluorescence (DIF) examination sample were taken from the perilesional normal skin of the patients' bodies. DIF was negative. Pathological examination showed subepidermal bullae and neutrophil polimorphic infiltration in both patients. The patients were successfully treated with ceftriaxone iv, salbutamol inhaler, fluticasone inhaler, acetylcysteine, omeprazole and patients' skin lesions were treated with saline dressing 2x1, mupirocin pomade 2x1, diflucortolon valerate-klorkinaldol combination 1x1. Skin lesions of carbon monoxide poisoning may vary from erythematous plaques to bullous formation. We present two patients who developed cutaneous bullae formation after accidental exposure to carbon monoxide. This can lead to misdiagnosis, such as burns, trauma or other bullous dermatosis.

KEYWORDS: carbon monoxide intoxication, bullae, case

figure 1

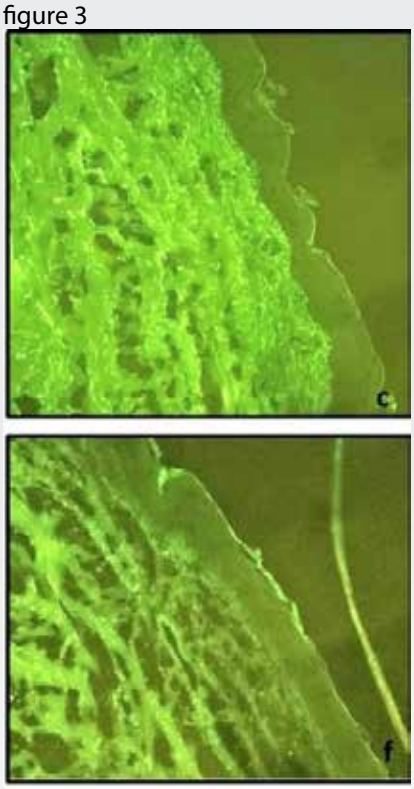
loose vesicle-bullae on slight erythema of 4 cm in diameter at the lateral side of the left leg of the female patient

figure 2



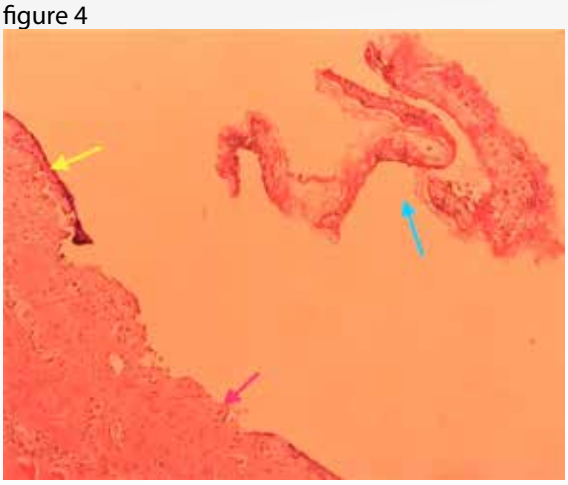
loose and partially eroded bullae of 10cm diameter at the bottom of the left breast of the male patient

figure 3



DIF results are negative for the both patients

figure 4



Histopathology of punch biopsy material for the male patient (hematoxylin and eosin, 100x): subepidermal split area (blue arrow), epidermal component (yellow arrow) and dermal component (red arrow)

PP-153

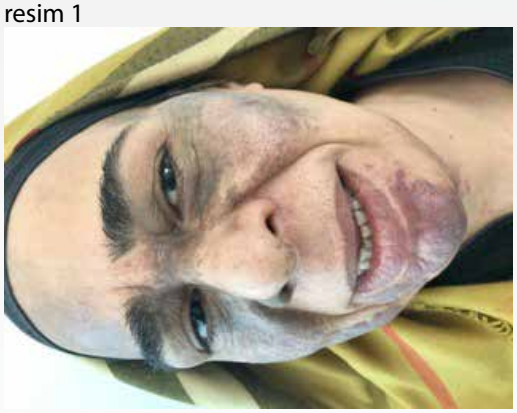
PHACOMATOSIS PIGMENTOVASCULARIS TYPE IVA: A RARE CASE REPORT

Vildan Manav[1], Soysal Baş[2]
[1]Department of Dermatology,Şanlıurfa Mehmet Akif İnan Training and Research Hospital,Şanlıurfa,Turkey
[2]Department of Plastic Reconstructive and Aesthetic Surgery,Şanlıurfa Mehmet Akif İnan Training and Research Hospital,Şanlıurfa,Turkey

Phacomatosis Pigmentovascularis is a rare syndrome characterized by capillary malformation and pigmentary nevus. A case of a 54year-old woman is evaluated, who has port-wine stains on the areas served by branches V3 of trigemminal nerve,bilateral nevus of ota with eye involvement and nevus spilus on the right limb.We reported Phacomatosis Pigmentovascularis type IVa in consequence of only oculocutaneous involvement

KEYWORDS: Hemangioma,Nevus of Ota,Nevus spilus

resim 1

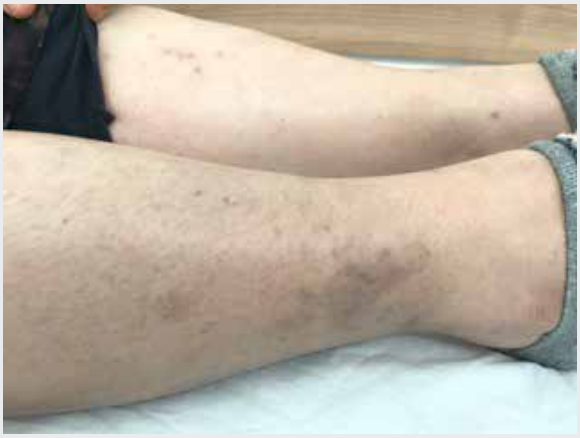


Bilateral Nevus of Ota

resim 2

Port Wine Stain - V3 branch of trigemminal nerve

resim 3



nevus spilus on the right limb

PP-154

JUVENILE ONSET AMYOPATHIC DERMATOMYOSITIS

Kemal Özyurt, Mustafa Atasoy, Ragıp Ertaş,
Yılmaz Ulaş, Muhammet Reşat Akkuş
Clinic Of Dermatology, Saglik Bilimleri University,
Education and Resarch Hospital, Kayseri, Turkey

Dermatomyositis (DM) sine myositis or amyopathic DM defines clinical picture of patients who presents dermatological features of DM without muscle findings. Both in adult and children presentation of the dermatological features of the disease can precede the muscle features by months to years. And also, cases are known, without progression to classical DM for long years follow-up. Identifying this, especially in pediatric age, is significant to avoid aggressive immunosuppression. Treatment of cutaneous involvement only and close clinical monitoring may be an alternative adequate approach. Herein we present a 16 years-old boy with typical cutaneous features of dermatomyositis; red and purple patches on face and hands, Gottron papules on fingers, capillary telengiectasia in nail folds and poikiloderma on shoulders, upper chest. He informed difficulty in climbing stairs and rising from sitting position. However, he had no myositis as evidenced by normal findings from muscle enzyme levels and electromyography.

KEYWORDS: Juvenile Onset, Amyopathic Dermatomyositis,

Figure 1

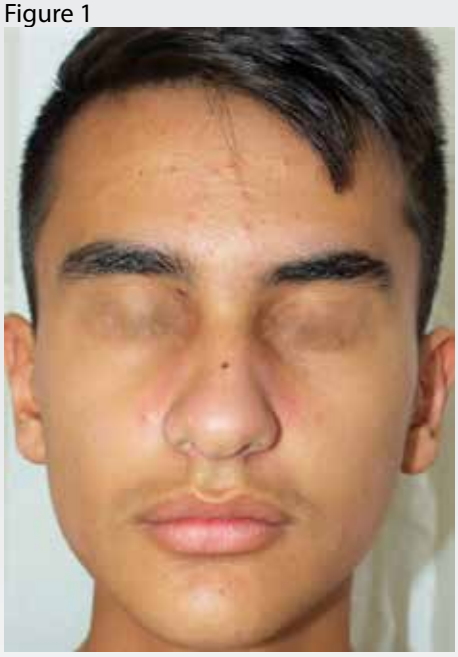


Figure 2

Figure 3

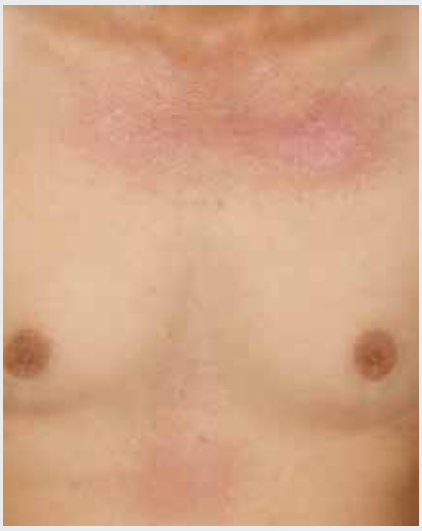


Figure 4

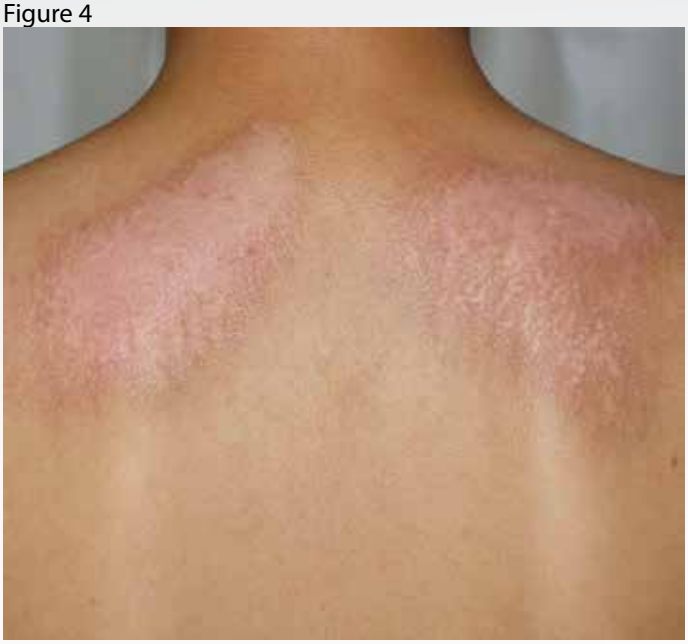


Figure 5

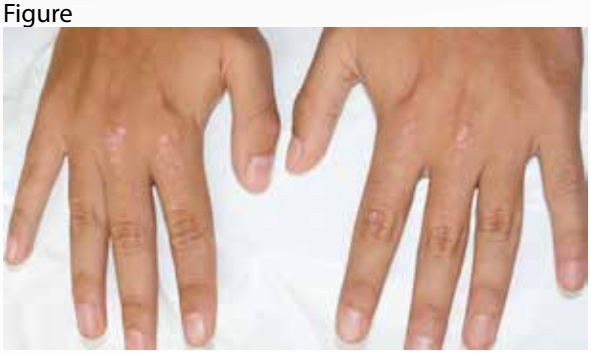


Figure 6

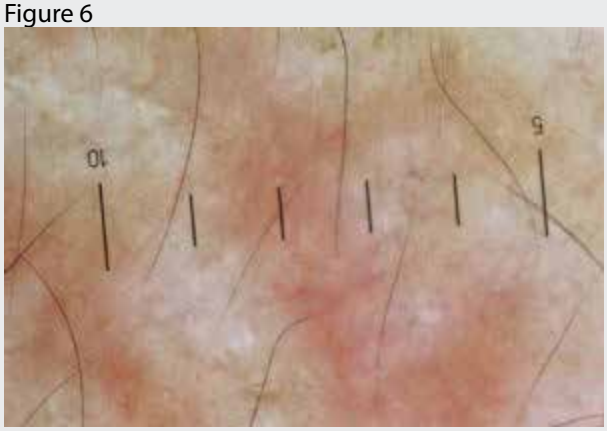
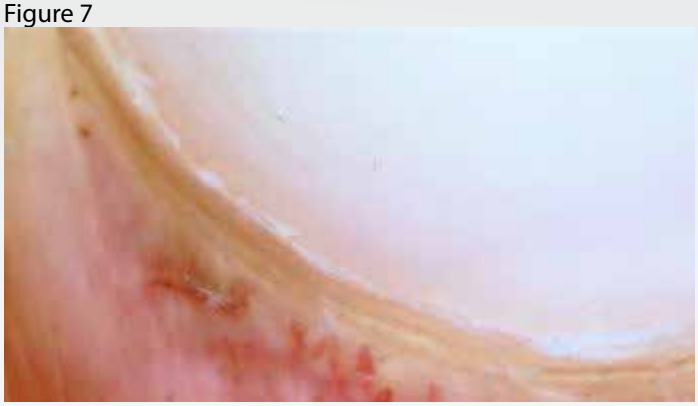


Figure 7



PP-155

COEXISTENCE OF MORTON NEUROMA PLANTAR CALLUS IN A PATIENT DESCRIBING TREATMENT RESISTANT PAIN

Zeynep Gizem Kaya İslamoğlu, Fatma Tunçez Akyürek
Department of Dermatology, School of Medicine,Selcuk University, Konya, Turkey

INTRODUCTION: Morton neuroma is a compressive neuropathy of the plantar digital nerve.It affects generally middle-aged women and it is mainly painfull. The etiology and treatment are still a controversial matter. Plantar callus is a buildup of hard skin on the ball of the foot. The callus may feel like a stone in shoes. Wearing shoes with thin soles and high heels can also place extra pressure on the ball of foot. As a result, the callus may cause foot pain and irritation.

CASE PRESENTATION: A 42-year-old female patient presented with complaints of stiffness and pain on the right plantar area about 4 months. Cryotherapy and topical agents have been administered several times, but there has been no reduction in pain. Therefore, the patient underwent biopsy and magnetic resonance imaging of the

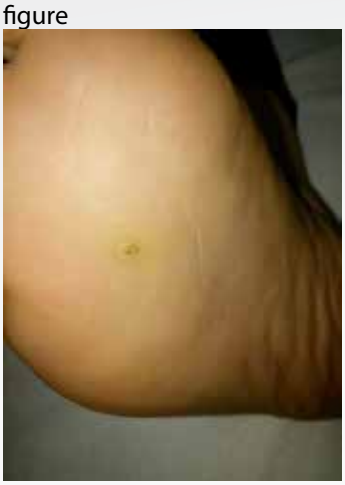
right foot. Histopathologic examination was compatible with callus. Magnetic resonance imaging revealed findings compatible with morton neuroma near the callus.We led the patient to the orthopedics with this findings for pain.

DISCUSSION: Morton neuroma, or interdigital neuritis, is a compressive neuropathy of the plantar digital nerve caused by perineural fibrosis and interdigital nerve inflammation. High-heeled shoes have been linked to the development of Morton's neuroma. Our patient had a narrow and high-heeled footwear story for along time.

RESULT: We aimed to emphasize that patients with callus or plantar verru who's pain resistant to treatment should definitely perform further examination and the association of morton neuroma.

KEYWORDS: Callus, Morton neuroma, pain

figure 1



A verrucous, painful plaque on the right plantar area

figure 2

After cryotherapy treatment

PP-156

PSEUDOATROPHIC MACULES ASSOCIATED WITH NEUROFIBROMATOSIS TYPE 1

Nurhan Döner[1], Kıymet Handan Kelekçi[1], Sıla Şeremet Uysal[1], Sedat Akdeniz[1], Ali Karakuzu[1], Aslı Kahraman Akkalp[2]
[1]Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey
[2]Department of Pathology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Neurofibromatosis, which was first described in 1882 byVon Recklinghausen, is a genetic disease characterized by a neuroectodermal abnormality and by clinical manifestations of systemic and progressive involvement which mainly affect the skin, nervous system, bones, eyes and possibly other organs. Neurofibromatosis type 1 (NF1) is a common autosomal dominant disorder. Diagnosis requires the presence of 2 or more major criteria: 6 or more café au lait spots, axillary or inguinal freckling, 2 or more cutaneous neurofibromas, 1 plexiform neurofibroma, characteristic bony lesions (pseudarthrosis, sphenoid wing hypoplasia), an optic glioma, 2 or more iris Lisch nodules, or a first-degree relative with NF1. We report here a case of NF, in which multiple neurofibromas showed an unusual clinical presentation with pseudoatrophic macular lesions.

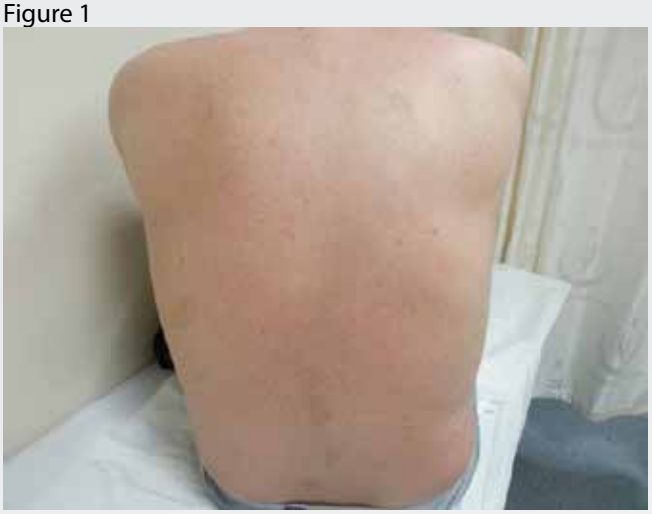
CASE: A 26-year-old male patient admitted our outpatient clinic with a history of red-violet color softing lesions on his arm and leg that had for a long time. Physical examination showed red, violaceous soft and depressed macules on his thunk and legs; soft, lilac pink tumours on his arm, lobuler shaped pseudoatrophic macules on his back(6x7cm), cafe au lait lesions(3x5cm) on his thunk (Figure 1,2). The mucous membranes, scalp, and nails were unaffected. His personal and family history was not significant.

RESULTS: A biopsy from the arm of the patient was reported consistent with neurofibroma. The red-purple macular lesion was revealed as a dermal hypoplasi after histopathological examination. The patient was diagnosed with NF1 by the presence of cafe au lait spots, axillar freckling and neurofibromas.

CONCLUSION: The patient with neurofibromatosis consulted eye, neurology and orthopedic speciality for detailed evaluation. Although NF1 affects many organ systems, it is often diagnosed with typical skin findings. However, it should not be forgotten that NF1 patients may also be refered to rare skin findings. The present case has been reported because pseudoatrophic macules lesion are a very rarely seen finding in neurofibromatosis clinical features.

KEYWORDS: cafe au lait spots, neurofibromatosis, pseudoatrophic macule

Figure 1

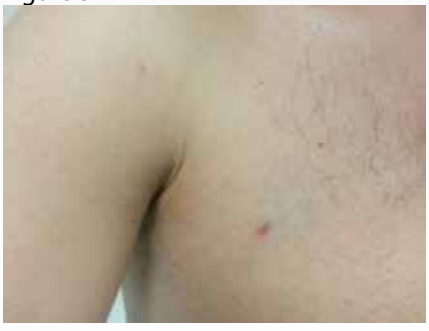


Cafe au lait spots on back

Figure 2

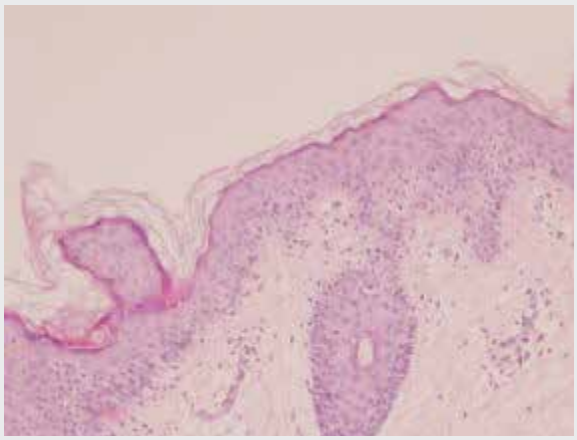
Pseudoatrophic macule and cafe au lait spots on back

Figure 3



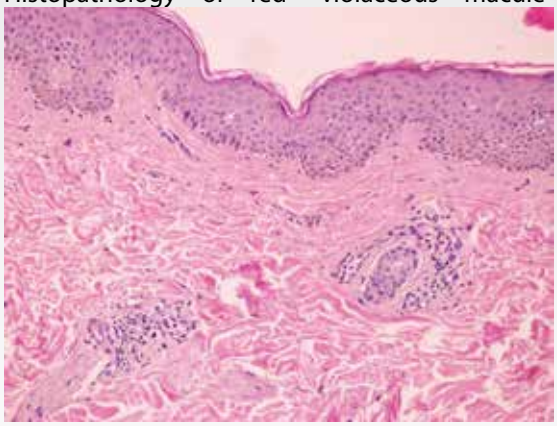
Red-violet macule on trunk

Histopathology of pseudoatrophic macule on back (x10 HE)



Normal epidermis and dermal hypoplasia

Histopathology of red- violaceous macule on trunk



normal epidermis. dermal hypoplasia with minimal superficial inflamation

PP-157

IDIOPATHIC ATROPHODERMA OF PASINI AND PIERINI (IAPP): A CASE REPORT

Nurhan Döner, Kıymet Handan Kelekçi, Sedat Akdeniz, Ali Karakuzu
Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Idiopathic atrophoderma of Pasini and Pierini (IAPP) manifests as single or multiple sharply demarcated patches. It is a form of dermal atrophy that is characterized by asymptomatic, violaceous brownish, round or ovoid, depressed atrophic plaques with typical cliff-drop borders. The lesions are often localized mainly on the trunk symmetrically. There have been divergent opinions on whether IAPP is a distint entity or a primary atrophic morphea.

CASE: A 16-year-old male patient presented to our outpatient clinic with increasing depressed pathces over time in trunk

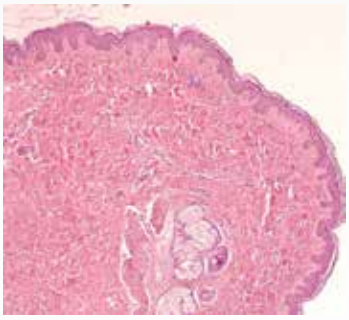
and neck. The patient reported that asymptomatic plaques began 12 years ago. There was nothing interesting in the past medical history and family history of the patient. Dermatological examination revealed multiple well defined, depressed, violaceous atrophic plaques situated over neck and trunk(Figure 1). Biochemical, hematological tests were normal and autoimmune antibodies were negative. In histopathologic examination increase in collagen bundles and normal staining with elastic van Giesson and masson tricrom were detected. With clinic and histapathologic findings patient diagnosed as atrophoderma of Pasini and Pierini.

CONCLUSION: Violaceous asymptomatic atrophic plaques may be the sign of an uncommon dermal atrophic disease atrophoderma of Pasini and Pierini. Atrophoderma of Pasini and Pierini should keep in mind differential diagnose of asymptomatic, violaceous brownish, round or ovoid, and depressed atrophic plaques.

KEYWORDS: atrophoderma, morphea, Pasini and Pierini

Figure 1

x4 HE



Increased collegen bundles.

PP-158

BOWEN DISEASE OF THE NAIL APPARATUS: A CASE REPORT

Kıymet Handan Kelekçi, Nurhan Döner, Ali Karakuzu, Sedat Akdeniz
Department of Dermatology, İzmir Katip Çelebi University Atatürk Research and Training Hospital, İzmir, Turkey

INTRODUCTION: Bowen disease, or squamous cell carcinoma in situ, is the most frequent nail malignancy. It typically presents as a verrucous lesion of the nail fold or nail bed in men older than 40 years of age. The tumour is usually asymptomatic and ultimately progress years or decades before development of an invasive squamous cell carcinoma.

CASE: A 46 years old female admitted our outpatient clinic comply with left ring finger has been a brown color band on the nail for one year ago. She did not have any history of skin or systemic diseases or drug use. Physical examination was normal except of the nail lesion. Dermatologic examination revealed asymptomatic, 3 mm sized, brown longitudinal melanonychia and destructive nail plate (Fig. 1). The nail lesion was performed by punch biyopsy. On histopathological examination of biopsy, the squamous epithelium fully transmitted dysplasia, which is the immunohistochemical p53 positive in these cells, but ki67 proliferation index (50 %) and HMB45(-). This histopathological finding is complied with Bowen disease.

CONCLUSION: Bowen disease of the nail unit is diagnosed difficultly in clinical practice and usually results in significant delay. We are described Bowen disease on the left fourth fingernail presenting as longitudinal melanonychia with nail destruction.

KEYWORDS: Bowen, cancer, nail, squamous

Figure 1

PP-159

ERYTHEMA ANNULARE CENTRIFUGUM ASSOCIATED WITH COLON CANCER: A CASE REPORT

Koray Durmaz[1], İlkay Özer[1], Fulya Güloğlu[2], Pembe Oltulu[2], Recep Dursun[1], Arzu Ataseven[1]
[1]Department of Dermatology, Necmettin Erbakan University, Konya, Turkey
[2]Department of Pathology, Necmettin Erbakan University, Konya, Turkey

Erythema annulare centrifugum (EAC) is a rare cutaneous disease characterized by an asymptomatic or pruritic eruption of variable duration that usually involves the thighs and the legs. EAC is generally considered an idiopathic disease because no causative agent can be detected. EAC has been associated with many underlying conditions, including cancer. EAC with cancers or paraneoplastic erythema annulare centrifugum eruptions (PEACE) is more likely to be associated with lymphoproliferative malignancies such as lymphomas and leukemias. But solid tumors have also been associated with EAC.

A 53-year-old woman applied us due to erythematous lesion on her external area of right thigh. The patient had been diagnosed with colon cancer 2 years earlier and colon surgery without radiotherapy. Lesion had first appeared 2 months ago. Histopathological examination of punch biopsy obtained from annular lesion showed epidermal hyperkeratosis, spongiosis, perivascular lymphocytic infiltrates and edema in the dermis. Clinical and histopathological features were consistent with erythema annulare centrifugum. Topical corticosteroid and antihistamine treatment started to patient. After two weeks, the eruption characterized by erythema and induration has been resolved.

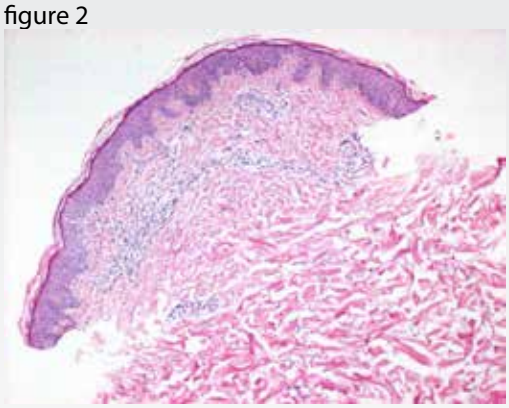
The main feature of EAC is the constant annual and seasonal recurrence of the lesions for many years. The detection of unsuspected paraneoplastic erythema annulare centrifugum is particularly important since it may lead to the discovery of a previously undiagnosed underlying cancer. We report the rare case of a patient affected by EAC with associated underlying colon cancer.

KEYWORDS: annulare, centrifugum, erythema, colon, cancer

figure 1

erythematous lesion on the right thigh at physical examination before the biopsy

figure 2



Histopathology (hematoxylin and eosin, 40x): epidermal hyperkeratosis, spongiosis, perivascular lymphocytic infiltrates and edema in the dermis

PP-160

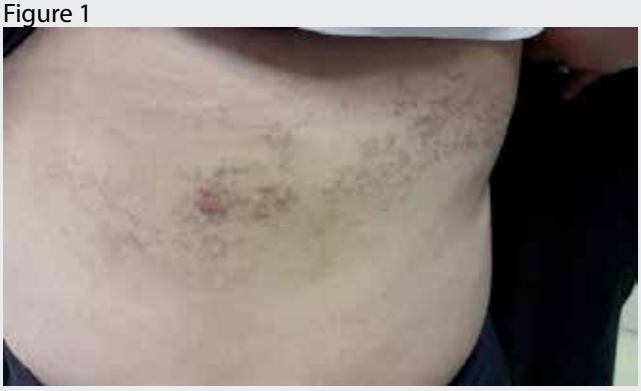
PROGRESSIVE CRIBRIFORM AND ZOSTERIFORM HYPERPIGMENTATION

Begüm Ünlü, Büşra Deniz, Ümit Türsen, Güliz İkizoğlu
Department of Dermatology, Mersin University School of Medicine, Mersin,Turkey

Progressive Cribriform and Zosteriform Hyperpigmentation (RCZH) is a rare disorder described by J. Marvin Rower in 1978. There are five diagnostic criteria to rule out other hyperpigmentation disorders. These criteria include;typical distribution of hyperpigmentation, pathologic examination, lacking of history of inflammation, gradual extention of hyperpigmentation and being isolated hyperpigmentation problem without systemic involvement. The lesions of RCZH follows the lines of Blaschko so described as zosteriform. In this case, we have reported a 31 years old female patient who has reticulate pigmented lesions for 1 year.The diagnosis was confirmed by pathological examination.

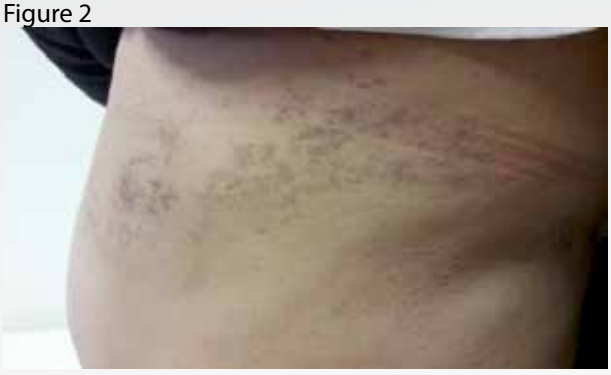
KEYWORDS: Hyperpigmentation, zosteriform, reticulate

Figure 1



Zosteriform distribution of lesions.

Figure 2



Zosteriform distribution of lesions on lateral side.

PP-161

ATOPIC DERMATITIS AND ANTIBIOTICS

Sevilay Kılıç[1], Meliha Hiz[2]
[1]Department of Dermatology and Venerology, Faculty of Medicine, Canakkale Onsekiz Mart University
[2]Department of Medical Biology, Faculty of Medicine, Canakkale Onsekiz Mart University

INTRODUCTION & OBJECTIVES: Atopic dermatitis is an eczematous, chronic inflammatory skin disease that often begins in early childhood, with attacks and remissions. Etiology is not exactly known. It is accepted as a multifactorial disease caused by environmental factors on the basis of genetic susceptibility. Recent studies have shown that frequent antibiotic use, especially in early childhood, may be a trigger factor in the development of many allergic diseases, including atopic dermatitis.

MATERIALS & METHODS: Patients were recruited from Dermatology clinics of University Hospital. Sixty-nine of the patients who diagnosed with atopic dermatitis due to hanifin rajka criteria and seventy individuals without any dermatological and allegical problems were included to study. Pre-prepared questionnaires were sought to question clinical and sociodemographic characteristics in order to identify the risk factors affecting the development of the disease. We assessed whether there was a correlation between patients' allergic complaints and frequent antibiotic use.

RESULTS: Frequent antibiotic use was statistically significant before starting atopic dermatitis and other related allergic complaints in the patient group ($p < 0,05$).

CONCLUTIONS: Doctors must be aware of current anbiotic usage and its effects on atopic dermatitis.

KEYWORDS: Atopic dermatitis, antibiotic, allergy

PP-162

EVALUATION OF TINEA CAPITIS CASES WITH CLINICAL FEATURES

Nurhan Döner Aktaş[1], Özlem Yılmaz[2], Emel Eştürk Hazinedar[3], Melek Kadı[4]
[1]Department Of Dermatology, Katip Çelebi University Atatürk Training And Research Hospital, Izmir, Turkey
[2]Department Of Dermatology, Hitit University Corum Training And Research Hospital, Corum, Turkey
[3]Department Of Dermatology, Private Buhara Hospital, Erzurum, Turkey
[4]Department Of Dermatology, Erzurum Regional Training And Research Hospital, Erzurum, Turkey

BACKGROUND: Tinea capitis is a common dermatophyte infection of the scalp in children. It is aimed in this retrospective study to evaluate 63 cases of tinea capitis, referred to dermatology out patient policlinics in Erzurum Regional Research and Training Hospital and in private Buhara Hospital.

MATERIALS-METHODS: Datas were collected in saved files which had been noted demographic characteristics: age, sexuality, residing place (rural, urban); disease history: duration, animal theme, patient's medical history, drugs used, family history; clinic characteristics: presence of erythema, pustule, hair loss, squamae, fluctuation, lymphadenopathy, reflection with wood examination, id reaction and presence of hyphae on microscopic examination.

RESULTS: Average age of 5,7 years, 44 (%69,8) male and 19 (%30,2) female patients diagnosed tinea capitis were involved the study. Clinically inflammatory tinea capitis was seen more common (%56,6). None of the patient diagnosed as favus. Hair loss (%66,7) and lymphadenopathy (%78,3)

were detected in most of the patients with dermatologic examination. Presence of hyphae on microscopy was %85,5 (53) and reflection with wood examination was %78,6 (44). Patients mostly were living in rural area (%71,9). CONCLUSION: Tinea capitis is important dermatophyte infection in children in our country and the role of clinical findings in diagnosis and in treatment should not be ignored.

KEYWORDS: clinical features, Erzurum, tinea capitis

Table-1: Sociodemographic findings of patients

Demographic Evaluations	N	%
Gender		
Male	44	69,8
Female	19	30,2
Total	63	100
Animal contact		
No	6	10,0
Yes	54	90,0
Cattle	39	76,5
Sheep and goats	2	3,9
Cat-Dog	4	7,8
Unidendified	6	11,8
Total	60	100
Family History		
Yes	7	11,1
No	56	88,9
Total	63	100
Drug usage before examination		
Topical (antifungal)		
Yes	11	17,7
No	51	82,3
Total	62	100
Systemic (antifungal)		
Yes	5	8,1
No	57	91,9
Total	62	100
	Mean	**Std (min-max)**
Age	5,7	3,4(1-13)
Disease Duration (day)	28,5	39,8(2-180)

Table-2: Clinical, Microskopic and Wood examination findings

Clinical Findings	N	%
Clinical classification		
Superficial tinea capitis	28	44,4
Inflammatory tinea capitis	35	56,6
Favus	0	0
Total	63	100
Hair loss		
Yes	42	66,7
No	21	33,3
Total	63	100
Lymphadenopathy		
Yes	47	78,3
No	13	21,7
Total	60	100
Id reaction		
Yes	4	6,5
No	58	93,5
Total	62	100
Microscopic examination (presence of hyphae)		
Positive	53	85,5
Negative	9	14,5
Total	62	100
Reflection with wood examination		
Yes	44	78,6
No	12	21,4
Total	56	100
	Mean	**Std (min-max)**
Number of leison on head	1,7	1,4 (1-6)
Size of leisons* (cm)	5,3	3,0 (1-15)

*Size of lesions were calculated mean measure of longest and narrowest diameter. For multiple lesions sum of mean diameters were used

PP-163

FINGERTIP DERMATITIS RESEMBLING THIMBLE

Hatice Kaya Özden[1], Ahmet Tugrul Eruyar[2]
[1]Department of Dermatology, Kocaeli Derince Training and Research Hospital, Kocaeli, Turkey
[2]Department of Pathology, Kocaeli Derince Training and Research Hospital, Kocaeli, Turkey

Introduction & OBJECTIVES: This case presents the diagnosis of an irritant contact dermatitis with a rare and interesting localization that involves the entirety of 10 fingertips.

MATERIALS & METHODS: This is a case report study.

CASE: A 16-year-old male patient was admitted to our clinic with severe hand sweating and white plaque localized only on the fingertips for the last 3 years (Figure 1).There was no additional complaints such as burning, stinging, pain or erythema or a known disease history. However, it was learned during the anamnesis that the patient frequently played keyboard games which involved all of the 10 fingers during which he felt pretty excited in front of the computer and his hands became sweaty. The patient's thyroid USG result as well as all the other routine biochemical examinations were in normal range. A patch test was performed and a biopsy was taken.

RESULTS: No reaction was detected at the end of the 48th, 72nd and 96th hour assessments of the patch test (Figure 2-3) and the biopsy result was reported as irritant contact dermatitis (Figure 4).

CONCLUSIONS: Chronic irritant contact dermatitis develops as a result of prolonged or repeated contact with mild irritants. In our patient, cumulative irritant contact dermatitis was developed in the area of localized hyperhidrosis secondary to sympathetic activation and due to keyboard contact. We believe that the maceration that devolops at the fingertips as a result of hyperhidrosis leads to the impairment of the epidermal barrier, thus facilitating the exposure to irritants.

KEYWORDS: Fingertip dermatitis, hyperhidrosis, thimble like

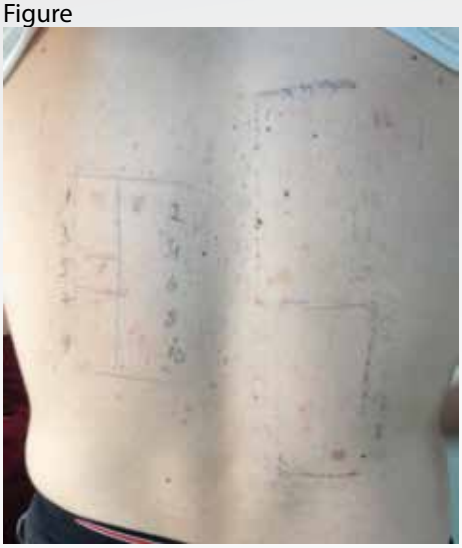
Figure 1

Bilateral white maceration plaques on fingertips on both hands

Figure 2

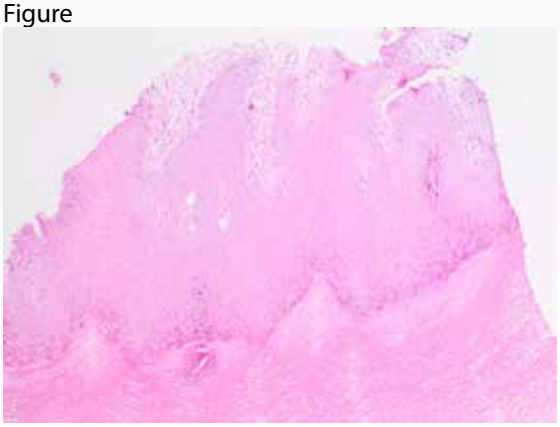
48th hour of the patch test assessment - no reaction

Figure 3



72nd hour of the patch test assessment - no reaction

Figure 4



Hyperkeratosis, irregular acanthosis, mild edema in the papillary dermis and lymphocytic infiltration (HEx100).

PP-164

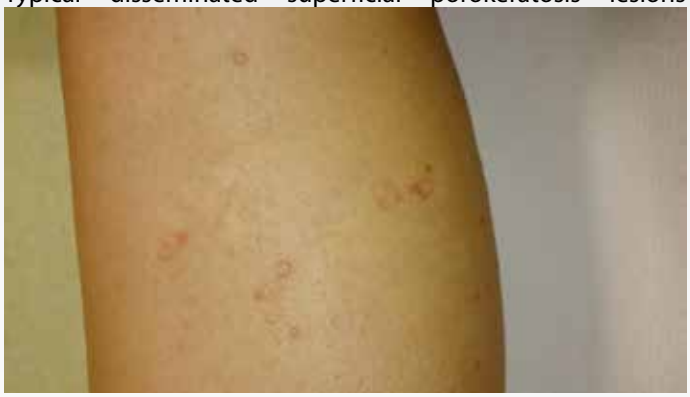
DISSEMINATED SUPERFICIAL POROKERATOSIS

Mehmet Demirel[1], Kıymet İnan Baz[1], Güliz İkizoglu[1], Hamide Sayar[2]
[1]Department of Dermatology, Mersin University, Mersin, Turkey
[2]Department of Pathology, Mersin University, Mersin, Turkey

Disseminated superficial porokeratosis(DSP) is a rare keratinization disorder of the epidermis. It has atrophic center and hyperkeratotic ridgelike border. Generally lesions locate on the sun-exposed sides. A 23 years old woman patient, she has erythematous lesions on her arms and legs about 1 year. According clinic and histopathologic features we diagnosed as DSP. After criyotherapy treatment, patient fully healed.

KEYWORDS: Criyotherapy, Disseminated porokeratosis, Porokeratosis

Typical disseminated superficial porokeratosis lesions



DSP lesions and postinflammatory hypopigmentations after cryotherapy

PP-165

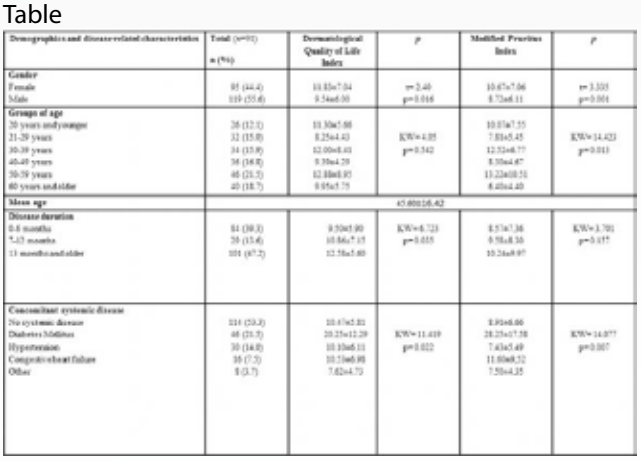
IMPACT OF PRURITUS ON QUALITY OF LIFE IN PATIENTS WITH TINEA PEDIS

Sevil Biçer[1], Yılmaz Ulaş[2], Mustafa Atasoy[2], Kemal Özyurt[2], Safiye Ulaş[3], Ragıp Ertaş[2], Atıl Avcı[2]
[1]Erciyes University, Faculty Health Sciences, Kayseri, Turkey
[2]Department of Dermatology, Kayseri Training and Research Hospital, Kayseri, Turkey
[3]Kayseri Training and Research Hospital, Kayseri, Turkey

OBJECTIVE: The aim of this study was to determine descriptively the impact of pruritus on quality of life in patients with tinea pedis. METHODS: The study included 214 patients referring to dermatology outpatient clinic at Kayseri Research and Teaching Hospital between May 2016 and August 2016 with diagnosis of tinea pedis and meeting the inclusion criteria. Study data was collected by face to face interview with patients via survey form and Dermatological Quality of Life Index (DLQI) and Modified Pruritus Index (MPI) used by two interviewers. RESULTS: Study included 95 females and 119 males, in total 214 patients. Mean age was 45.6 ± 16.42 years. In general mean score of subjects for both DLQI and MPI was 10.56± 6.57 and 9.58± 8.30, respectively. Mean DLQI and MPI score was higher in females, between age 50 and 59 years, in patients with disease for more than a year and in patients with diabetes mellitus. Mean DLQI and MPI score was increased with increasing number of disease-specific physical symptoms such as redness, pain, ache, burning and nail changes. Quality of life was negatively affected by increasing both level and severity of pruritus. CONCLUSION: Mean DLQI and MPI score is significantly higher in patients with physical symptoms specific to tinea pedis. Mean DLQI and MPI score is increased with increasing severity of pruritus and in turn, this negatively affects quality of life.

KEYWORDS: Tinea pedis, pruritus, quality of life, scale

Table 1



Mean score distribution of Dermatological Quality of Life Index and Modified Pruritus Index according to patient demographics and disease related characteristics

Table 2

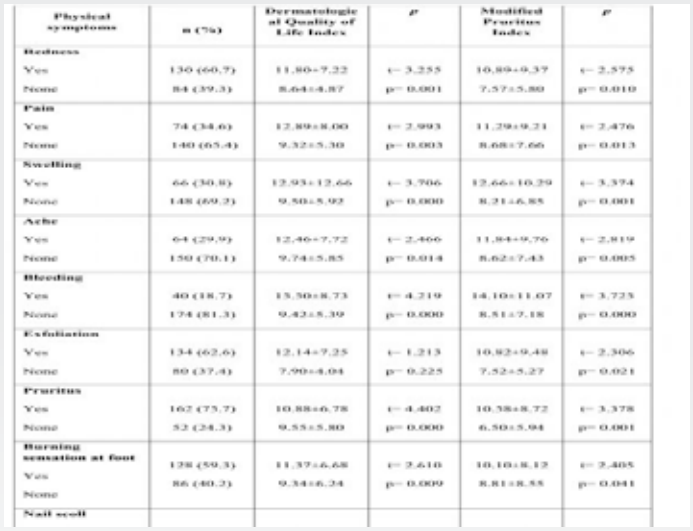


Table 2. Mean score distribution of Dermatological Quality of Life Index and Modified Pruritus Index according to disease related physical symptoms in patients

Table 3

Number of symptoms	n (%)	Dermatological Quality of Life Index	p	Modified Pruritus Index	p
0-3 Symptoms	65 (30.3)	10.50±7.00		8.72±6.64	
4-6 Symptoms	74 (34.6)	10.87±6.04	KW= 0.322	9.55±8.58	KW= 0.665
7-10 Symptoms	75 (35.1)	10.96±6.57	p= 0.851	10.43±9.40	p= 0.717

Table 3. Mean score distribution of Dermatological Quality of Life Index and Modified Pruritus Index according to disease related physical symptoms in patients

Table 4

Severity of pruritus	n (%)	Dermatological Quality of Life Index	p	Modified Pruritus Index	p
None	26 (12.1)	7.23±3.34		6.11±4.38	
Mild	84 (39.3)	8.61±4.74	KW= 42.435	6.53±6.20	KW= 39.73
Moderate	54 (25.2)	10.70±5.87	p= 0.000	9.37±4.75	p= 0.000
Severe	50 (23.4)	17.00±7.53		17.24±11.75	

Table 4. Mean score distribution of Dermatological Quality of Life Index and Modified Pruritus Index according to severity

of pruritus

Table 5

Scales	($\bar{x}$ ± SD)	Minimum – Maximum values
Quality of Life Index	10.56± 6.57	0 - 30
Modified Pruritus Index	9.58± 8.30	0 - 54

Table 5. Mean score distribution of Dermatological Quality of Life Index and Modified Pruritus Index in patients with tinea pedis

Table 6

	Modified Pruritus Index	
	r	p
Dermatological Quality of Life Index	0.697	0.000

Table 6. Relationship between Dermatological Quality of Life Index and Modified Pruritus Index in patients with tinea pedis

PP-166

A CASE OF TINEA PUBIS, CERION TYPE

Ali Karakuzu, Sıla Uysal, Nurhan Aktaş, Elif Burcu Benar, Fulya Gönen, Derya Bostan
Department of Dermatology, Faculty of Medicine, İzmir Katip Çelebi University, İzmir, Turkey

Kerion is the inflammatory extreme of dermatophyte infection, caused by a vigorous T-cell-mediated host response to the dermatophyte infection. It manifests as suppurative and painful plaques or nodules, accompanied by purulent drainage. It usually affects the scalp, and may result in scarring alopecia if it is not treated on time. We present a rare case of kerion celsi that is located on unusual sites such as vulva and pubis. A 21-year-old female patient applied to the department of dermatology of our hospital with an itchy and painful eruption on her pubis and vulva of 3-month duration (Figure 1). Pubic hair is pulled with a tweezer and after the exposure of hair with KOH 20% hyphae and spores are seen under the light microscope. The patient was treated with oral terbinafine 250 mg and topical alcohol iodine 5%, once a day with clinical improvement observed in a follow-up visit 2 weeks after starting treatment. The treatment was continued for 2 months (Figure 2). The patient had no signs of relapse during the treatment period and the following 4 months.

KEYWORDS: Kerion, Vulva, Pubis

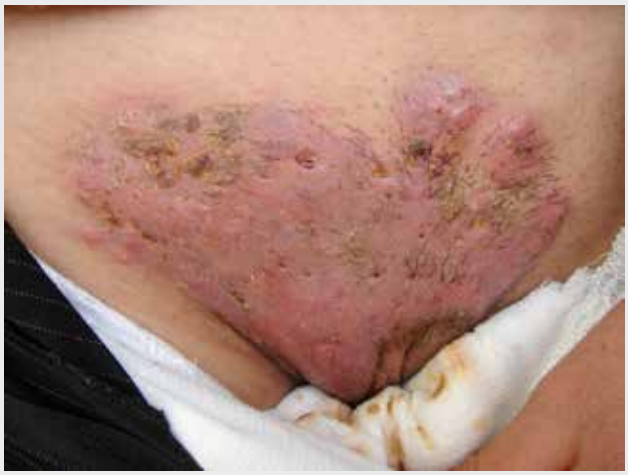
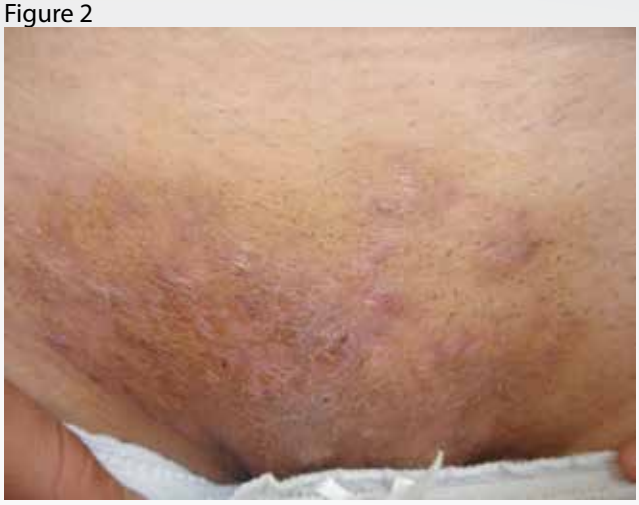


Figure 1 Erythematous plaque and pustules on pubic area.

Figure 2



PP-167

GORLIN-GOLTZ SYNDROME

Ali Karakuzu, Sıla Şeremet Uysal, Beste Nigar Gök, Sedat Akdeniz, Işıl Ezgi Urgancı
Department of Dermatology, Katip Celebi University Faculty of Medicine Ataturk Training and Research Hospital, Izmir, Turkey

INTRODUCTION: Gorlin-Goltz syndrome (GGS) which is known as a hereditary condition transmitted by autosomal dominant. İt is associated with basal cell carsinoma (BCC) of the skin, multiple keratocysts of the jaws and skeletal anomalies. Odontogenic keratocyst is characteristic for this syndrome. The cystic lesions are frequently localised in the premolar-molar region of the mandible in variable sizes. The incidence of this disorder is estimated to be 1 in 50,000-150,000 in the general population, varying by region. We presented

35-years old female patient who is diagnosed with GGS.

CASE: A 35- years old female is admitted to our outpatient clinic with multiple BCC on her face (Figure 1) and shoulder with multiple odontogenic keratocysts of the mandibula (Figure 2). She has also palmar pits on her palms (Figure 3). She has no family history for the disease. The patient is diagnosed as having GSS with three major signs (multiple BCC and odontogenic keratocysts, palmar pits) and one minor sign (pectus deformity) according to Kimonis' criteria.

CONCLUSION: It is important to make an early diagnosis of GGS, as the case presents malignant predisposition and hence can be managed appropriately. Health specialists like pediatricians, dentists, maxillofacial surgeons, dermatologists, must have enough knowledge about the clinic features of GGS so that the patient can be treated early and monitored properly. Our patient is being followed up at 3-month intervals.

KEYWORDS: basal cell carsinoma, Gorlin-Goltz syndrome, odontogenic keratocyts,

Figure 1

Figure 2

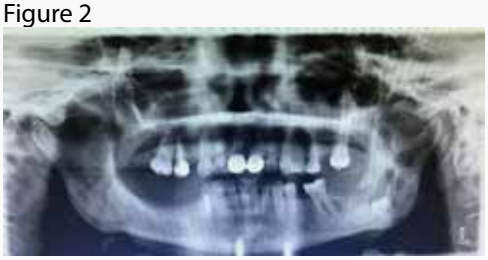
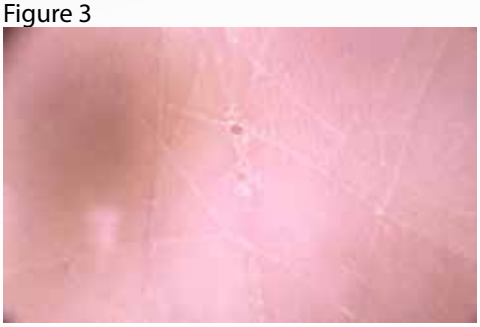


Figure 3



PP-168

THE COMBINATION USE OF CYCLOSPORINE & OMALIZUMAB IN A SEVERE CASE OF CHRONIC SPONTANEUS URTICARIA

Önal O, Soysal Ç, İyileşen Daş A, İnalöz HS. Department of Dematology, University of Gaziantep, Turkey A

34 year-old man with a history of 3 months of severe attacks of urticaria is presented. He was given adrenaline and high dosages of glucocorticoids several times and particularly one day before marriage ceremony in an emergency department. Eventually, high dosages of systemic glucocorticoids and desloratadine (x4 times) did not help. After admission to our department, cyclosporine 300 mg/day with a good response for more than 3 months. Regarding to the side effects of cyclosporine, Omalizumab (300 mg/month) was added as a combination. The patient responded to this combination therapy better than cyclosporine alone. The combination therapy was ended in one month after discontinuation of cyclosporine. The tapering off dosing of cyclosporine might be necessary in such combination treatments. The patient is free of symptoms with Omalizumab alone treatment.Before Tx

After Tx

After Tx

PP-169

CUTANEOUS LEISHMANIASIS OF THE FACE. ABOUT 210 CASES DIAGNOSED IN THE CHU OF ANNABA NORTHEAST OF ALGERIA

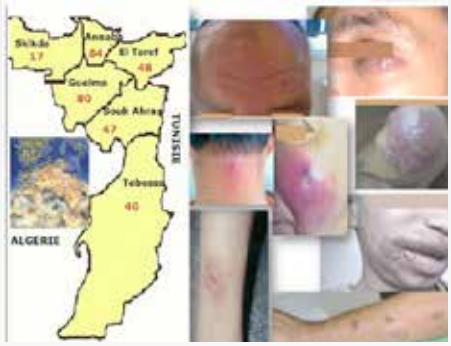
Mansouri Roukaya[1], *Beldi Nadia*[1], *Titi Abelhamid*[1], *Feknous Nesrine*[1], *Bachi Fatma*[2], *Hamrioui Boussad*[3]
[1]*Faculty of Medecine of Annaba And Chu of Annaba Algeria*
[2]*Service de Biologie Parasitaire, Institut Pasteur d'Algérie*
[3]*Service de Parasitologie-Mycologie, Centre Hospitalier et Universitaire d'Alger Centre, Algérie*

Leishmaniases are a group of disease widely distributed. They are due to flagellate protozoa of the genus "Leishmania", transmitted by the bite of an insect, the female phlebotomine sandfly. Cutaneous leishmaniasis is the most common form of the disease, responsible of skin ulcers.In Algeria, cutaneous leishmaniasis is characterized by an extension to new homes and an increase in annual incidence. The objective of this work is to report the cases of cutaneous leishmaniasis of the face diagnosed in the laboratory of Parasitology Mycology CHU of Annaba Algeria. MATERIAL-METHOD: This was a prospective, analytical, descriptive study that took place over a 15-year period (January 1999 to December 2014) and involved 895 patients (195 H and 110 F) received in the laboratory for parasitological confirmation. Skin serosities were examined after staining with Giemsa in search of amastigote forms of "Leishmania sp." and cultured on the NNN medium.

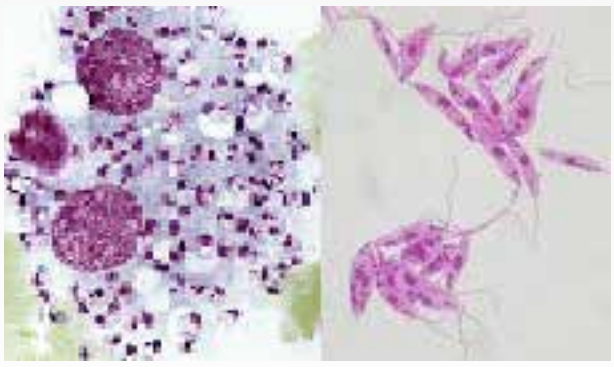
RESULTS AND COMMENTS: The results revealed 388 positive cases (43.35%) of which 210 sites on the face (54.12%). The average age of these patients is 23 years and 7 months, the extremities of age are 82 years and 18 months. The sex ratio is equal to 1.35 (58H and 43F). The predominant sites are those of the cheek (59%) followed by those of the forehead and nose (15% and 16% respectively). Nodular ulcerative and crusted lesions predominates in 35 and 28% respectively. The lesions evolved six months and more before the diagnostic request are majority in 40.5% of the cases.

CONCLUSION:Tegumentary leishmaniasis are dermatological disorders known for a long time. They are characterized in recent years by their emergences and their diffusion. Early management allow to avoid the unsightly permanent scars especially at the face.

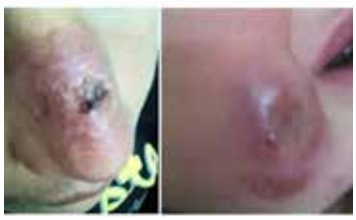
KEYWORDS: Cutaneous leishmaniasis,Face,Cheek, atrophic scarring, Algeria.cutaneous leishmaniases at Annaba.Algeria.



promastigote & amastigote



Cutaneous skin lesion



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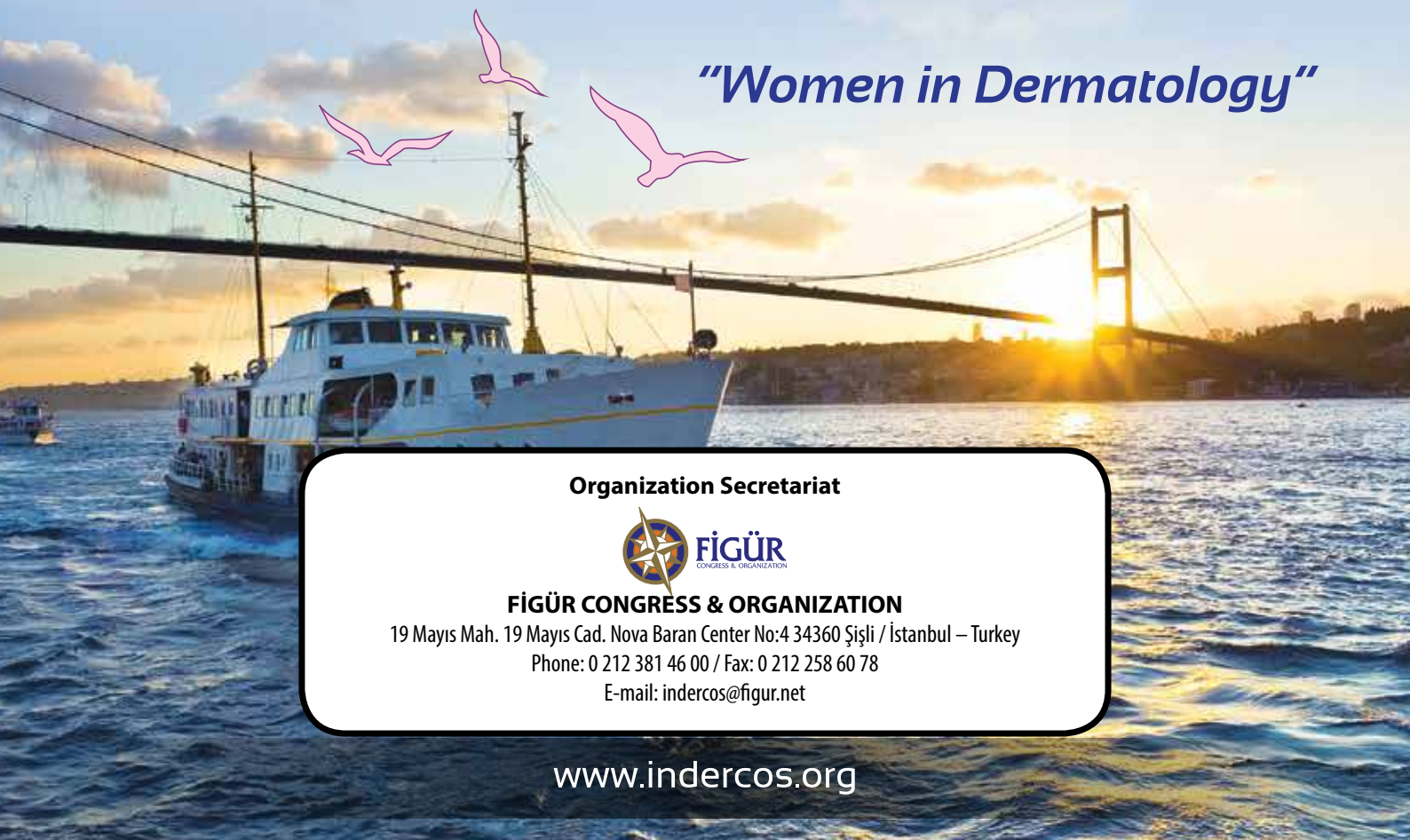

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Phone: 0 212 381 46 00 / Fax: 0 212 258 60 78
E-mail: indercos@figur.net

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