Rapidly involuting congenital hemangioma (RICH) is fully developed at birth and undergoes rapid involution by 12-18 months of age. Clinically, RICH is apparently different from both non-involuting congenital hemangioma which does not show spontaneous involution and infantile hemangioma which develops postnatally. It is important to discriminate this rare disease entity from other vascular tumors and malformations for proper management like active non-intervention in RICH. We present 5 patients who were diagnosed as RICH after clinicopathological and imaging studies. Their onset time was at birth. Three patients showed red-stippled bluish to purplish tense plaques, and remaining 2 patients showed slightly depressed red-stippled hypopigmented rubbery patches at initial visit. After following 4 patients, spontaneous complete involution was achieved by 17.5±9.5 months. Doppler ultrasonography of 4 patients showed fast-flow and heterogeneous echogenecity because of large intralesional vascular structure. It tends to be shown as a relatively ill-defined heterogeneous mass on MRI. From skin biopsy for confirmative diagnosis, various sized vascular lobules without microfistulae, intralobular thick vessels and regressive endothelial changes such as dystrophic calcification and fibrosis were prominently observed. Importantly, stains for GLUT-1 were all negative unlike infantile hemangioma.

Keywords: Rapidly involuting congenital hemangioma, Spontaneous involution

A case of drug induced progesterone dermatitis

Department of Dermatology, Samsung Medical Center, Sungkyunkwan University School of Medicine
Cho-Rok Kim, Hyun-Je Kim, Mi-Young Jung, Jae-Hyung Lee, Ji-Hye Park, Dong-Youn Lee, Joo-Heung Lee, Jun-Mo Yang, Eil-Soo Lee

Recently, synthetic progesterone is widely used to support pregnancy in Assisted Reproductive Technology (ART) cycles such as In-vitro Fertilization (IVF), and also used to control anovulatory bleeding. Quite lots of cases of autoimmune progesterone dermatitis have been reported but only few cases of drug induced progesterone dermatitis have been described. Herein we report a case of drug induced progesterone dermatitis and this case has been proved positive by intradermal progesterone test.

Keywords: Progesterone, Dermatitis

Psoriasis vulgaris at previous zoster site: Isomorphic response versus Wolf’s isotopic response

Department of Dermatology, School of Medicine, Pusan National University
Won-Jeong Kim, Seung-Wook Jwa, Margaret Song, Hyun-Je Park, Hoon-Soo Kim, Hyun-Chang Ko, Ryung-So Kim, Moon-Bum Kim

The isomorphic response of Koebner indicates the appearance of typical skin lesions of an existing dermatosis at the sites of injury. Wolf’s isotopic response is the occurrence of new skin disorder at the same site of pre-existent healed skin disease such as herpes zoster. A 57-year-old man with the past history of psoriasis vulgaris presented with silvery-whitish scaly plaques on his Rt. thoracic dermatome. He developed herpes zoster Rt. thoracic dermatome 1 month ago, afterwards, his new psoriatic lesions were exactly consistent with the previous zoster sites. Though the case could be thought as Koebner phenomenon of psoriasis, Wolf’s isotopic response may also considered in the aspect of herpes zoster. These terms have some difference, the former means the same disease at another location and the latter means the new disease at the same place, but they sometimes overlapped. With this case, we are going to discuss this common phenomenon and judge which of these phenomenon is appropriate to this case.

Keywords: Isomorphic response, Koebner phenomenon, Psoriasis, Wolf’s isotopic response

A case of type 1 pachyonychia congenita (Jadassohn-Lewandowsky syndrome)

Department of Dermatology, Soonchunhyang University College of Medicine
Han Bui Lee, Ji Hoon Sim, Jung Woong Shin, Sang Hoon Lee, Young Lip Park, Sung Yul Lee

Pachyonychia congenita(PC) is characterized by hypertrophic nail dystrophy, focal palmpoplantar keratoderma and blistering, oral leukokeratosis, cyst formation, palmpoplantar hyperhidrosis, and follicular keratoses on the trunk and extremities. PC is diagnosed by clinical findings and molecular genetic study. A 26-year-old man presented with hypertrophic nail dystrophy and subungual debris of all 20 nails, hyperkeratotic plaques on