round, reddish and eroded papule with scale and crust on the left thigh since birth without any systemic symptoms. 2 months later, the skin lesion had disappeared spontaneously. Histopathologic finding was consistent with CSHRH. We report a solitary type of CSHRH as a rare case.

키워드: Congenital self-healing reticulohistiocytosis, Solitary type

P432
A case of acneiform eruption induced by radotinib (iy5511:hcl)
울산대학교병원 피부과
채용석, 이단비, 서호석, 최유성

Radotinib(IY5511:HCl) is a newly developed second-generation tyrosine kinase inhibitor of the platelet-derived growth factor receptor. It blocks signal transduction pathways in the proliferation and survival of cancer cells. Currently it is in the second clinical trial phase for the treatment of chronic myeloid leukemia and side effects of this drug is not yet well known. We report a case of acneiform eruption in a 34-year-old woman who developed multiple inflammatory papules on face and neck after ingestion of radotinib for three weeks. She had first been treated with Glivec® for one year but has had no cutaneous side-effects. A skin biopsy from the face lesion showed focal presence of perifollicular infiltration of neutrophils, lymphocytes and eosinophils, consistent with acneiform eruption. Skin lesions improved after systemic treatment with minocycline 50 mg two times a day for three weeks.

키워드: radotinib, acneiform drug eruption, TKI

P433
A case of acquired coccygeal fibroma
Department of Dermatology, Jeonbuk National University Medical School
Ki Hun Song, Su Ran Hwang, Yong Sun Cho, Kyung Hwa Nam, Seok Kweon Yun, Han Uk Kim, Ji Hyun Yi

Acquired coccygeal nodule was proposed as asymptomatic nodule on the coccygeal area that is associated with coccygeal bony abnormality by Nakamura et al. Similar case was presented as ‘Nuchal type fibroma’ by Shin et al based on the histopathological findings. A 18-year-old boy presented with an asymptomatic erythematous soft nodule on the coccygeal area. X-ray and CT scan revealed anterior dislocation of the coccyx. Histopathologically, it showed hyperkeratosis, acanthosis, and proliferation of the collagen bundles in the dermis. After reviewing the cases reported, we concluded that these previous two cases and our case are the same dermatoses, and we propose to name these findings as acquired coccygeal fibroma.

키워드: Acquired coccygeal fibroma

P434
A case of bullous eosinophilic cellulitis in a child
경희대학교 의과대학 피부과학교실
문성혁, 이무형, 김낙인, 허충림, 신민경

Eosinophilic cellulitis or Wells’ syndrome is a rare condition described initially by Wells in 1971 as granulomatous dermatitis with eosinophilia. Eosinophilic cellulitis has been described mainly in adults, and rarely have been reported in a child. A 9-year-old boy presented with 2-week of itching on both knees, ankles and arms. Skin examination revealed localized erythematous to yellowish vesicles and papules on the background of erythema. A skin biopsy of arm showed intraepidermal blister and diffuse infiltration of eosinophils, histiocytes with flame figure in the dermis. The lesions responded to systemic steroid but recurred. Additional systemic dapsone brought rapid improvement. We report a case of bullous eosinophilic cellulitis, well treated with combination therapy of dapsone and steroid.

키워드: Eosinophilic cellulitis, Well’s syndrome, Flame figure

P435
A case of confluent and reticulated papillomatosis accompanied with acanthosis nigricans
Department of Dermatology, Yonsei University College of Medicine
Biui Hyung Lee, Sang Bun Lee, Soo-Chan Kim

Acanthosis nigricans (AN) is characterized by symmetric hyperpigmented velvety plaques on intertriginous area. Histological findings show hyperkeratosis, papillomatosis and acanthosis. Confluent and reticulated papillomatosis (CRP)
has clinical and histological resemblance to AN. Typical clinical feature of CRP is hyperpigmented verrucous papules, which form a reticulated pattern at periphery and are largely confluent at center, frequently on intermammary area. Hyperkeratosis, acanthosis, and papillomatosis are characteristic histologic findings of CRP. Although the etiology of both diseases remains unclear, each disease has been reported to arise in association with insulin resistance. We report the case of an 18-year-old obese man who shows 2-year history of symmetric, velvety, hyperkeratotic dark plaques on the posterior neck and slightly hyperkeratotic papules coalescing to form a reticulated network on epigastric area. Skin biopsy specimen of his epigastric area showed mild hyperkeratosis, papillomatosis, and acanthosis. Based on these findings, we made a diagnosis of AN accompanied with CRP. His parents have type II DM and he also shows a hyperinsulinemia on laboratory test. Although there are several overlapping features between AN and CRP, patient who shows these two skin conditions simultaneously, is rarely reported. Based on our patient, we could consider that these two skin condition have a common pathogenic mechanism.

키워드: Confluent and reticulated papillomatosis, acanthosis nigricans

A case of confluent and reticulated papillomatosis without papillomatosis

Department of Dermatology, National Medical Center, 1Department of Dermatology, Ulsan University Hospital

See Hyun Lee, Hye Jung Jung, Min Soo Kim, Jung Yeon Lee, Ji Young Ahn, Dan Bi Lee, Yu Sung Choi, Ho Seok Suh, Mi Youn Park

Confluent and reticulated papillomatosis (CRP) was first described as a relatively rare dermatosis in 1927 by Gougerot and Carteaud. CRP characteristically shows pigmented papules, that are confluent in the center and reticulated at the periphery, on the neck, abdomen, intermammary, and interscapular regions. Histopathologically, the lesion typically reveals orthohyperkeratosis, papillomatosis, and focal acanthosis. However, CRP may occasionally present itself without papillitations. A 20-year-old man presented with a 2-year history of slightly pruritic lesions on the chest, abdomen, back, and upper extremities. The lesions were brownish papules and plaques in a reticulated and coalescing pattern. Histologically, basket-weave pattern of orthohyperkeratosis and mild acanthosis were seen but there was no significant papillomatosis. Periodic acid Schiff stain was negative for fungi. The patient was treated with doxycycline, 200 mg daily for 4 weeks. The lesions completely resolved and did not recur during 6 months of follow-up period. There are only three known reported cases of CRP without apparent papillomatosis. These cases were diagnosed with the clinical findings and dramatic responses to anti-inflammatory antibiotics such as minocycline and azithromycin despite the absence of papillomatosis. Herein, we report another similar but uncommon experience.

키워드: confluent and reticulated papillomatosis, papillomatosis

A case of hyperkeratosis of the nipple and areolar treated with topical tacrolimus

Department of Dermatology, College of Medicine, Kyung Hee University

Hee-Kyong Lim, Yu-Jin Oh, Bun-Ju Lee, Mu-Hyoung Lee, Nack-In Kim, Choong-Rim Haw, Min-Kyung Shin

Hyperkeratosis of the nipple and areola (HNA) is a rare disorder, in which the skin becomes thickened, hyperpigmented, and covered with verrucous surface. It is subdivided into three clinical types. Although most patients do not have any specific symptoms, cosmetic concern might be serious. Moreover, there are not much satisfactory therapeutic modalities. A 21-year-old men referred to our clinic with 1-year history of mild itching and oozing of his left nipple and areola. A physical examination revealed a hyperpigmented verrucous thickening of the unilateral nipple and areola. The skin lesion had shown mild improvement to topical steroid, but repeated to relapse. Histological examination showed hyperkeratosis, acanthosis, and increased pigmentation. Based on the clinical and histological findings, we concluded the diagnosis of HNA, type I. Topical tacrolimus tried for treating the lesion. In the second month of therapy, the lesion were observed as markedly improved. We report this rare case of HNA, treated with topical tacrolimus, which can be suggested as a therapeutic option for HNA.

키워드: Hyperkeratosis of the nipple and areola, tacrolimus