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

**P436**

A case of confluent and reticulated papillomatosis without papillomatosis

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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 papillations. 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

**P437**

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

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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