erythematous papules or plaques typically located on the face or back. Sometimes, the eruption resolves spontaneously after months or a few years, but most cases show wax and wane course for several years. A variety of treatments has been tried with often limited success. We report a 56-year-old female patient with Jessner’s lymphocytic infiltration of the skin that was successfully treated with methotrexate (MTX). After treatment with MTX, the skin changes disappeared completely and did not recur during the 3 months of observation.

키워드: Jessner’s lymphocytic infiltration of the skin, methotrexate

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Laser treatments for various types of post-operative scars

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Post-operative scar is now a common and important problem of patient’s quality of life. Some patients, left with permanent scars, experience stress difficult to cope with in one’s daily life. To improve the scar characteristics and patients’ satisfactions of the post-operative conditions, many laser devices have been used recently. Non-ablative 1,550-nm erbium-glass fractional photothermolysis systems (FPS) and 10,600-nm carbon dioxide fractional laser systems (CO2 FS) have been effective to treat various types of post-operative scars. In this study, we compared the efficacy and safety of the treatments with FPS and CO2 FS for surgical scars. Thirtys-seven patients with post-operative scars the on neck, face, trunk and extremities were enrolled in this study. They had been treated with both FPS and/or CO2 FS. Vancouver scar scales(VSS) and photographs were taken in each visit. Moreover, both the investigators’ assessment and patient’s satisfaction survey were performed. Two months after the treatment, the mean grade of improvement based on the clinical assessment was 2.67±0.66 on FPS only, 2.67±0.78 on CO2 FS only, and 3.21±0.87 on the combination therapy of both. Herein, we suggest our study could be used as an essential reference when choosing laser modalities for scar treatment.

키워드: Laser, scar, operation, post-operative

P484
Lichen sclerosus et atrophicus in young female

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Lichen sclerosus et atrophicus is a chronic inflammatory disorder of the skin and mucosa, presenting to genitourinary physicians and dermatologists. Classical clinical picture is of atrophic white plaques in the anogenital region in both sex group. Although the exact etiology is uncertain, genetic predisposition, infections, and autoimmune factors have implicated in its pathogenesis. Lichens sclerosus et atrophicus can occurs in all age group with a bimodal peak in incidence from prepubertal children to the post-menopausal group. Symptoms include pruritus and soreness, but asymptomatic presentations are not uncommon. Herein, we report an interesting case of lichen sclerosus et atrophicus in 29 year-old Korean women with severe symptoms. Pruritus has been evolved in 3 months earlier and skin lesion occurred from vaginal and urethral orifice and spread to entire labia majora, minora. Surface of lesion was covered with well demarcated whitish plaque and moderate degree of atrophy with focal excoriations and discharge. Histopathologic examinations confirmed lichen sclerosus et atrophicus with basal cell degeneration, upper dermal edema, homogenization of collagen and a chronic inflammatory infiltrate.

키워드: Lichen Sclerosus et Atrophicus

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Lichen striatus occurring after allogenic peripheral blood stem cell transplantation

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Lichens striatus (LS) is an acquired self-limiting inflammatory dermatosis. It is an eruption characterized by sudden onset of flat-topped, 1 to 4 mm, pink, tan, or hypopigmented papules in a linear configuration or Blaschkoid distribution. The etiology of LS is unknown, but several theories have been proposed including environmental factors, viral infection, cutaneous injury, hypersensitivity, and genetic predisposition. We describe a 19-year-old woman who developed a unilateral