added as purpose of filler injection. However, wide application of filler increased complications. Injection necrosis is rare but clinically critical complication caused by interruption of the vascular supply. We report here two cases of vascular complication caused by filler injection. A 33-year-old female was referred to our department with diffuse purpura with pustular erythematous patch on the nose. The patient was injected with hyaluronic acid on the dorsum of the nose for cosmetic reasons. With the diagnosis of cellulitis associated with skin necrosis, the patient was treated by injection of hyaluronidase, IV antibiotics and aseptic dressing. A 31-year-old female visited our department with the complaint of atrophic skin lesion on the left nasal ala after fat injection on the nasolabial fold. Immediately after the injection, she noticed reddish discoloration and blister from the left side of the nose which corresponded to the anastomosis of the facial artery. When the patient was referred to our department, linear erythematous scar with atrophy on left nasal ala was present. These complications are unpredictable and can break-out doctor-patient relationship easily. Complication can be minimized by judicious patient selection, the application of time-tested basic principles, and a strong working knowledge of available treatment.

Two cases of dissecting cellulitis improved with isotretinoin and surgical intervention

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Dissecting cellulitis, also known as perifolliculitis abscedens et suffodiens, is a rare chronic inflammatory disease grouped as follicular occlusion triad with hidradenitis suppurativa and acne conglobata. This is more common in Caucasian and Black people and very rare in East Asia including Korea. The treatment of dissecting folliculitis is very difficult and there is no well established treatment regimen. Nowadays, isotretinoin is assumed the first treatment of the choice and there are some recommended regimens for Black people not for Asian. Here, we report two cases of dissecting cellulitis in Korean adolescents improved with isotretinoin and surgical intervention and recommend the more suitable treatment regimen for Korean.

키워드: Dissecting cellulitis, Isotretinoin, Surgical intervention

Two cases of primary anetoderma on the face

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Anetoderma is a relatively rare cutaneous disorder characterized by circumscribed skin atrophy due to a local defect of elasticity without other obvious change in the pathologic findings. It has been divided into the primary or secondary types by existing of preceding other skin diseases. The primary type also could be classified by inflammatory (Jadassohn-Pellizari) or non-inflammatory (Schweinger-Buzzi) types. Anetoderma usually occurs in young, female between the age of 15 and 30 years of age and on the chest, back, neck, and upper extremities, rarely on the face. Here we report two uncommon cases of anetoderma presenting as a skin colored papule on the face of a 7 year-old boy and 26 year-old woman. Histologically, loss of dermal elastic fibers was seen in the dermis without any other marked cutaneous change.

키워드: Anetoderma, Face

Two cases of senile gluteal dermatosis

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Elderly people may develop typical hyperkeratotic skin lesions on the superior part and both sides of the anal cleft. These lesions occur particularly in those who spend most of the day sitting or floor. Two old females presented with symptomatic hyperkeratotic skin lesion of gluteal region. Skin biopsies showed hyperkeratosis, acanthosis, follicular plugging and ‘meandering’ superficial vessels. Both patients responded well to treatment with low dose acitretin. These condition is relatively common, but there’s no definite diagnosis and well known effective treatment. We report two cases of