effective for the treatment of EPF. The effect of topical tacrolimus for EPF can be explained by blocking T-cell-derived cytokines such as IL-4 and IL-5. We experienced excellent effect without significant adverse reaction of tacrolimus in 3 patients with EPF who were recalcitrant to various other treatment and suggest topical tacrolimus could be a good therapeutic modality for EPF.

키워드 : Eosinophilic pustular folliculitis, Topical tacrolimus

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Late onset of multiple myeloma in a patient with IgA pemphigus
Department of Dermatology & Cutaneous Biology Research Institute, Yonsei University College of Medicine, Department of Dermatology, CHA Bundang Medical Center, CHA University
Jae Yong Sung, Sang Eun Lee, Soo-Chan Kim

IgA pemphigus is a rare autoimmune bullous disease which is divided into two subtypes: the subcorneal pustular dermatosis (SPD) type and the intraepidermal neutrophilic dermatosis type. Wallach reviewed 29 cases of IgA pemphigus and he noted six cases were associated with an IgA gammopathy and two of the six patients had MM. A 59-year-old woman visited our department in 1990 with a 10-year history of recurrent erythematous, discrete, or grouped annular vesicopustules on the scalp, trunk, and extremities. Direct immunofluorescence of perilesional skin demonstrated IgA deposition in the cell surfaces of the keratinocytes. The diagnosis was SPD type of IgA pemphigus. In 2007, inhomogeneous bone marrow signal intensity in a vertebral body was incidentally found on magnetic resonance image. The laboratory work-up revealed leukocytopenia (white blood cell count 2420/mm³) and mild anemia (hemoglobin 10.8g/dl). Serum immunoelectrophoresis showed a monoclonal gammopathy with a markedly elevated IgA level (2092.4 mg/dl) in association with a kappa free light chain (305.1 mg/L) and elevation of β2-microglobulin (2.80 mg/L). The bone marrow aspirate smears showed hypercellular marrow with increased atypical plasma cells, confirming the diagnosis of MM. Our patient did not experience a complete remission of MM despite treatment with melphalan and prednisolone, and we found no relationship between hematologic condition and improvement of skin lesions.

키워드 : IgA pemphigus, Subcorneal pustular dermatosis type, Multiple myeloma

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Delayed diagnosis of epidermolysis bullosa simplex Dowling-Meara as a congenital bullous pemphigoid
울지대학교 의대 피부과학교실, 1울지대학교 의대 피부과학교실, 1연세대학교 의대대학 피부과학교실
이혜민, 우유리, 김수찬, 구대원, 이중선

Epidermolysis bullosa simplex (EBS) is a group of hereditary bullous diseases characterized by intraepidermal blistering. EBS is classified in three main subtypes: Weber-Cockayne, Kobner and Dowling-Meara. The EBS Dowling-Meara is a rare severe blistering disease transmitted by autosomal dominant pattern. We report a case of EBS Dowling-Meara initially misdiagnosed as a congenital bullous pemphigoid (BP) due to the confused clinical and histological findings. A day-old female neonate who showed multiple acral tense vesicles and ruptured bullae, and subsequent erosions on both feet, ankles, and hands. Histologically, there were subepidermal blisters containing many eosinophils. Suspecting the BP or other autoimmune bullous disorders, direct immunofluorescence (DIF) test was done but, there were only unspecific findings. For the accurate diagnosis, we performed additional electron microscopic (EM) examination, indirect immunofluorescence (IIF) test, immunofluorescence (IF) mapping and repeated DIF. Finally, diagnosis is confirmed as the EBS Dowling-Meara. For optimal treatments, when the dermatologists encountered the neonatal patients presenting with multiple tense blisters, skin biopsy and immunofluorescene test should be performed routinely. However, if the diagnosis could not be confirmed with the routine examination mentioned above, additional examination including EM, IF mapping should be considered for the accurate diagnosis.

키워드 : Epidermolysis bullosa simplex Dowling-Meara, Bullous pemphigoid

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Bullous pemphigoid induced by contact with rhus tree
울지대학교 의대대학 피부과학교실, 2울지대학교 의대대학 병리학교실, 1카이스트 부속의원 피부과
이혜민, 조영훈, 이혜경, 구대원, 이중선

Bullous pemphigoid (BP) is the most common autoimmune blistering disease induced by auto-antibodies against the