Differential diagnosis of erosive dermatosis of the nipple and areola includes allergic and irritant contact dermatitis, erosive adenomatosis, mammary Paget’s disease (MPD), and etc. MPD is a rare disorder of the nipple–areola complex which is usually associated with an underlying mammary duct carcinoma. MPD presents with an erythematous, scaly or crusted patch or plaque and is frequently misdiagnosed as dermatitis, leading to a delay in diagnosis. The differential diagnosis is usually facilitated by the clinical features of unilaterality, long duration, ulceration, or pain, but skin biopsy may be indispensable in some cases. Dermoscopy is a valuable and non-invasive diagnostic technique that has improved the diagnostic accuracy of pigmented as well as non-pigmented skin lesions. The objective of the present study is to evaluate the usefulness of dermoscopy in differentiation of MPD and nipple eczema. We retrospectively reviewed 5 patients with biopsy-proven MPD and 12 patients with biopsy-proven nipple eczema from August 2007 to August 2012. In the present study, we evaluate pigmented and non-pigmented structures including vascular patterns via dermoscopy.

Key Words: Dermoscopy, Mammary Paget’s disease, Nipple eczema

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Propranolol, doxycycline and the combination therapy for the treatment of rosacea
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Rosacea is a common and chronic facial disorder characterized by recurrent episodes of facial flushing and persistent centrofacial erythema and may be accompanied by papules, pustules, telangiectasias, edema, or burning. There are no satisfactory treatments for rosacea and the well-tolerated therapy with continuity of the improvement is important goal in management of rosacea. To date, there is no definitive evidence to suggest rosacea causality by any microbial pathogen, although most treatments for rosacea include an antimicrobial agent. Among them, doxycycline is currently the only systemic FDA approved therapy and so has become the mainstay of systemic treatment for rosacea. Recently, there are a few reports with ß-adrenergic blockers such as nadolol, propranolol and carvedilol for suppressing flushing reactions in rosacea. As our knowledge, there are no comparative study between propranolol and doxycycline. Thus, we investigated and compared the efficacy and safety of monotherapy of propranolol, doxycycline, and combination therapy of propranolol and doxycycline.

Key Words: Doxycycline, Propranolol, Rosacea

P097
Clinical course and prognostic variables of generalized pustular psoriasis
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Generalized pustular psoriasis (GPP) is a rare but severe form of psoriasis in which an acute, subacute or occasionally chronic eruption occurs with sterile pustules as its central feature. It is clearly related to psoriasis vulgaris, since the most of GPP patients have phases of ordinary psoriasis before or after the onset of GPP. However, the clinical course of GPP remains variable and unpredictable. The disease may undergo remission after one or two waves of pustulation, or it may recur every day or two for weeks. It is hard to predict how long the disease will last, whether a relapse will occur, or for what period of time the patient will remain free from GPP or psoriasis. Since GPP is very rare entity, data on the clinical course and prognostic variables of GPP has barely been studied. The aim of this study was to assess the clinical profiles and to determine their association with long-term prognosis of GPP. The study was performed by evaluating the clinical records of 30 GPP patients from the outpatient clinics of two tertiary hospitals (Pusan National University Hospital and Busan Paik Hospital) since 2002. The data included patients’ demographics, history of associative diseases, severity index, triggering factors, therapeutic history, and prognosis.

Key Words: Generalized pustular psoriasis