suggested some specific histologic findings cutaneous nerve hyperplasia and/or thickening, increased number of Merkel cell, enlarged dendritic mast cells and centrally located hair follicles. We conducted prospective analysis of 15 cases of PN to review common histologic features and validate the significance of previously suggested specific findings. Fifteen subjects with a clinically diagnosed to PN were included in the study and all subjects underwent skin biopsy. All specimens were stained with hematoxylin and eosin (H& E), periodic acid-Schiff stain (PAS), Giemsa stain, CK 20, CAM 5.2 (CK8,18), neuron specific enolase (NSE) and S 100. Acanthosis, perivascular lymphocytic infiltration, irregular rete-ridge elongation and vertically oriented collagen fibers in the papillary dermis were common findings. However, the findings, Merkel cell hyperplasia and dendritic mast cell were not found. Neural abnormalities were observed in 26.6% and centrally located hair follicle was in 40%. This is preliminary results of our ongoing study and more patients will be enrolled to determine significance of the findings previously emphasized.

Key Words: Prurigo nodularis, Histology

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Tumors of the nail apparatus: A 10-year retrospective study
Department of Dermatology, School of Medicine, Pusan National University, Busan, Korea

Hyang-Suk You, Je-Ho Mun, Seung-Wook Jwa, Margaret Song, Hoon-Soo Kim, Hyun-Chang Ko, Byung-Soo Kim, Moon-Bum Kim

A variety of benign and malignant tumors can occur in nail apparatus, causing nail deformities and growths. It is sometimes difficult to diagnosis the nail apparatus tumors because of their similar clinical appearance. Many complications such as nail plate deformity, onycholysis and bone loss can result from the nail apparatus tumors. There are only a few reports about the prevalence and the clinical appearance of nail apparatus tumors. From 2002 to 2012, total of 129 patients with nail tumors were included in this study. Epidemiology, clinical features, histopathologic features, treatment and prognosis were retrospectively reviewed through medical records and pathologic slides. Nail tumors included glomus tumor, fibrokeratoma, digital mucous cyst, granuloma pyogenicum, subungual exocytosis, squamous cell carcinoma, melanoma, and etc. These tumors were usually treated with surgical management. We wish that this report could raise dermatologist’s interest on nail apparatus disorders including nail apparatus tumors.

Key Words: Nail apparatus, Tumor

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Utility of EMA immunostaining in the differentiation between palmoplantar pustulosis and pompholyx
Department of Dermatology, Seoul National University Boramae Hospital Seoul, Korea

So Young Yoon, Seonyong Park, Song Youn Park, Hyun Sun Park, Hyun Sun Yoon, Soyun Cho

The association between vesicle formation and acrosyringium has been studied in previous reports on palmoplantar pustulosis (PPP) and pompholyx. In PPP, the acrosyringium is suggested as the major site of pustule formation. The vesicles in pompholyx have been described as spongiosis, independent of sweat ducts. This study determined whether immunohistochemical (IHC) staining for sweat duct can separate PPP from pompholyx. Furthermore, the pathomechanism of pustules and vesicles was considered. We selected 31 cases of PPP (n=12) and pompholyx (n=19) and performed IHC analysis for EMA, GCDFP-15 and CEA. The staining was scored as 0 to 2+. There were some differences in EMA staining patterns. In PPP, EMA was strongly localized in the pustular wall but almost non-existent in the neighboring keratinocytes. In pompholyx, it was expressed diffusely in regional keratinocytes and especially more strongly near the eccrine ducts. EMA was expressed 0 in 25.0%, 1+ in 41.7% and 2+ in 33.3% of PPP, whereas 1+ in 21.1% and 2+ in 78.9% of pompholyx. IHC of EMA is useful diagnostic tool to differentiate between PPP and pompholyx. From the staining patterns, pustules in PPP are thought to originate from acrosyringium, whereas in pompholyx secondary microscopic damage to the acrosyringium seems to transform the immunophenotype of lesional keratinocytes as the disease progresses.

Key Words: Acrosyringium, EMA, Immunohistochemical, Palmoplantar pustulosis, Pompholyx