available. Results: The patients were 19 females, 18 males and 5.2±8.6 years old in average age. The location was 41 fingernails and 6 toenails. The disease duration was 1.6 years before diagnosis and follow up period was 27.9 months. Morphological change during follow up was found in 7 patients including band widening, color lightening or darkening, and disappearance. Dermoscopic image analysis was available in 12 children, and they showed 8 dark brown straight lines with color gradient, 1 homogenous light color bands, and 3 heavily pigmented bands with black color. It is not unusual to encounter pediatric melanonychia patient in daily clinic. Base on clinical reference of our study, further evaluation is required to avoid dystrophic scar by unnecessary biopsy.

Key Words: Melanonychia, Nail pigmentation, Pediatric dermatology

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Treatment of nevus of Ota using low fluence Q-switched Nd:YAG laser

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The nevus of Ota, caused by the presence of dermal melanocytosis, is cosmetically troublesome in Asian population. Previously, cryosurgery, dermabration, and surgical excision were used, but these treatments, not specific for dermal melanocytes or melanin pigments, can remain undesirable skin color or textual changes. The Q-switched laser systems using ruby laser, alexandrite laser, or Nd:YAG laser allowed the selective destruction of the target melanocytes. However, the destruction of dermal melanocytosis using the Q-switched laser systems carries high risk of post-inflammatory hyperpigmentation/hypopigmentation. Nowadays, in the treatment of melasma, low fluence Q-switched Nd:YAG laser treatment was introduced to avoid the disadvantage of previous treatment using Q-switched laser systems. To determine the usefulness, safety and adverse problems of low fluence 1064nm Q-switched Nd:YAG laser in the treatment of nevus of Ota, 19 Korean patients (5 male and 14 women; Fitzpatrick skin type IV), clinically diagnosed as nevus of Ota, were enrolled. The low fluence laser treatment were performed with a collimated Q-switched Nd:YAG laser using Medlite C6 in a 2 week interval. The fluence of laser treatment was set 2.5J/cm² and adjusted to the response of previous treatment session and sensitivity to pain of each patient. Treatment was applied until the lesions showed mild erythema.

Key Words: Low fluence Q-switched Nd:YAG Laser, Nevus of Ota

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Combination treatment of intense pulsed light (IPL) with fractionated pulse with collimated low fluence Q switched Nd : YAG laser in melasma

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Treatment options for melasma include topical agents like hydroquinone, retinoids and chemical peels, but the effectiveness of these treatments are not satisfactory. Recently, a novel collimated Q-switched Nd:YAG laser, a new concept of laser treatment that is selective photothermolysis with minimal thermal damage and inflammation reaction, is regarded as a new effective treatment for melasma. IPL is also generally used to treatment of superficial skin pigmentation, but it often makes hyperpigmentation for the treatment of melasma. Recently, a new type of IPL (Eclat™, Union medical Co., LTD, Seoul, South Korea) was developed. This type of IPL emits 40 micro pulse in pulse during 1ms. It delivers photothermal energy more effectively and gently. This study evaluated the clinical effects and safety of combination treatment for melasma, using IPL with fractionated pulse and Q switched Nd:YAG laser in one session for the treatment of melasma.

Key Words: Melasma, Laser, IPL, Nd:YAG

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Efficacy of a serum with soy extract and niacinamide in Korean women

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