P001

Treatment of rosacea with ibuprofen: report of four patients
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Rosacea is a common, chronic dermatosis characterized by erythema, telangiectasia, papules and pustules, and ocular findings. Current treatment is based on the combination of systemic and topical medications; however, transient and persistent facial erythema often responds poorly to conventional treatment. There have been a few reports about the efficacy of non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of flushing, and ibuprofen is commonly used to relieve pain and inflammation in many disorders via inhibition of cyclooxygenases. We describe four patients with rosacea who were treated with ibuprofen.
Key Word: Rosacea, Non-steroidal anti-inflammatory drugs, NSAIDs, Ibuprofen

P002

Granulomatous rosacea mimicking contact dermatitis
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Granulomatous rosacea is a variant of rosacea that may present similar to other facial granulomatous diseases. As a variant, granulomatous rosacea is considered to be part of the spectrum of rosacea and not a distinct entity. Clinically, granulomatous rosacea often presents with erythematous to brownish papules with peripheral erythema on the malar and perioral region. We report a 47-year-old female presenting with pruritic, erythematous papules and patches on the perinasal, perioral and upper eyelid. Although, its clinical findings were similar to contact dermatitis, histopathologic exam confirmed the diagnosis of granulomatous rosacea. The cutaneous manifestations of granulomatous rosacea are variable. Therefore, clinicians should perform an appropriate diagnostic work-up based on history taking and histopathologic findings.
Key Word: Contact dermatitis, Granulomatous rosacea

P003

Rosacea successfully treated with carvedilol
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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, telangiectasia and edema. Treatment of rosacea with severe facial flushing and persistent erythema remains challenging. Carvedilol, a nonselective β-adrenergic blocker with α1 blocking activity and potent antioxidant activity, is indicated in treating mild to moderate congestive heart failure. Here, we report a case of rosacea successfully treated with carvedilol in whom minocycline, topical pimecrolimus and topical metronidazole had not achieved remarkable improvement.
Key Word: Rosacea, Carvedilol

P004

Nevus sebaceous treated with fractional CO2 laser followed by pulsed dye laser
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Nevus sebaceous is a benign neoplasm with a solitary, tan orange colored plaque with a smooth surface at birth which becomes verrucous at puberty. Surgical excision is the standard treatment because the nevus lies deep in the dermis and may undergo malignant change. However, excision of large nevus sebaceous needs subsequent graft or flap and may not be cosmetically acceptable especially when present on the face. A 24 year old woman visited with an 8x4 cm sized, tan orange colored verrucous plaque on her face that was present from birth. Fractional CO2 laser was performed at a 4 week
interval for three times in total. After fractional CO₂ laser, the ablated nevus was then treated 3 sessions with 595nm Pulsed dye laser (PDL). Improvement in color and texture was seen after 3 sessions of PDL and there was no relapse through the one year follow up. The results were cosmetically acceptable and there was no relapse through the six months follow up. We think fractional CO₂ laser therapy is an easy and effective technique to ablate large sized lesions, and consequent treatment with PDL helps to achieve the excellent cosmetic results overcoming the disadvantage of fractional CO₂ laser. We suggest a combined laser therapy as an alternative method for the treatment of nevus sebaceous.

Key Word: Nevus sebaceous, Laser

P005

Acne-like eruption induced by pseudoxanthoma elasticum

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We report a case of pseudoxanthoma elasticum associated with an acneiform eruption involving the cervical area of a 20-year-old female patient. When she was 18 years-old our patient was diagnosed with pseudoxanthoma elasticum, affecting the skin (abdomen and neck areas) in other hospital. Recently, acneiform lesions (inflammatory and comedones) developed on the cervical area. This association between pseudoxanthoma elasticum and acne-like eruption is rarely reported and we think that atypical, cervical acneiform lesions may be an indication of pseudoxanthoma elasticum. The mechanism for this association is not clearly understood. Treatment is difficult. Anti-acneic treatments are not effective except for tetracyclines.

Key Word: Acne, Pseudoxanthoma elasticum

P006

Foreign body granuloma after autologous fat injections

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Autologous fat injection is commonly used for facial rejuvenation. Although some adverse reactions including acute vision loss and hemiplegia due to fat embolism have been often reported, it is regarded to be relatively a safe filler compared with other artificial fillers. Here, we report a case of foreign body granuloma, which is thought to occur after autologous fat injections. A 57-year-old woman presented with multiple variable-sized, lightly erythematous nodules on both inferior periorbital areas and upper lip for two months. She has undergone three sessions of autologous fat injection into forehead and both cheeks for 4 years ago. After fat harvest, autologous fat injection was directly performed at the first session, but cryopreserved fat was used at the second and third sessions. Histopathologic findings revealed a non-caseating granulomatous inflammation around numerous round to oval lipid materials and multiple microcysts in the superficial and deep dermis. The special stain for Ziehl-Neelsen stain and Warthin-Starry stain revealed no organisms. The granulomatous lesions were treated by intralesional injections of triamcinolone with partial responses. Dermatologists should perceive that foreign body granuloma could also be developed by autologous fat.

Key Word: Autologous fat injection, Foreign body granuloma

P007

White fibrous papulosis of the neck showing partial response by fractional microneedle radiofrequency device

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White fibrous papulosis of the neck (WFPN) was first reported by Shimizu et al in 1985. WFPN presents with multiple 2-3 mm-sized asymptomatic whitish papules on the neck, mainly in the elderly persons. The main histopathologic feature of WFPN is thickened collagen fibers with decreased