of the histiocytes in the dermis showing positive reaction for S-100 and CD1a. Cutaneous LCH was diagnosed and he underwent the systematic evaluation that any other organ involvement was not found. Cutaneous lesions of the LCH usually distributed with predilection for the scalp, chest, back, groins and axillae. Perianal involvement of LCH was rarely reported in the childhood that is known to be associated with systemic involvement. In Korean patients, however, it had not been reported that we report a rare case of LCH presenting with solitary perianal weeping ulceration in adult.
Keyword: Langerhans cell histiocytosis

P505

Tufted angioma initially mimicking tinea faciei
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Tufted angioma is a rare benign vascular neoplasm that usually occurs in children. It appears as an erythematous to purplish, indurated papule on the trunk or neck. Clinically it can have variable presentations mimicking other diseases like pyogenic granuloma, hemangioma or vascular malformation. However, annular configuration of lesions resembling tinea infections has rarely been reported in the dermatologic literatures. A 47-year-old woman presented with annular and serpiginous erythematous plaque on her left chin for 7 months without subjective symptoms. Tinea faciei was considered as the initial clinical diagnosis. However, repeated KOH tests were all negative so that skin biopsy was performed. Histopathology revealed discrete circumscribed foci of capillaries scattered throughout the dermis, showing cannon ball appearances. Immunohistochemical stain for CD 34 showed positivity for endothelial cells of blood vessels of each lobules. These findings were compatible with tufted angioma. Clinical features showed marked improvement with 2 times intense pulsed light and 5 times pulsed-dye laser without any complications. Herein, we report a rare case of annular variant tufted angioma that was initially mimicking tinea faciei.
Keyword: Tufted angioma, Mimicking tinea faciei

P506

Axillary lymphadenitis after BCG injection
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The bacille Calmette-Guérin (BCG) vaccination is the live attenuated strain of Mycobacterium bovis and used to protect against tuberculosis. The BCS is included in infant vaccination routine schedule before 1 month. However cutaneous side reactions have been reported after BCG injection from vaccination site reactions, including axillary lymphadenitis and disseminated BCG disease, etc. Five months old female developed skin lesion with a 7 mm suppurative nodule on the left axilla at a distance of 5 cm from the BCG injection site after 4 month after BCG vaccination. Histopathologic examination of the nodule presented acute and chronic inflammatory infiltrate and granulomas with giant cells infiltration in the dermis, but caseation necrosis were not seen. So we diagnosed the patient axillary lymphadenitis caused by the attenuated from BCG injection. The skin lesion was prominently improved with oral medication (isoniazide 60 mg and rifampicin 75 mg) for 2 months without recurrence during 6 months.
Keyword: BCG, Axillary lymphadenitis

P507

An unusual clinical presentation of eccrine poroma occurring on the auricle
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Eccrine poromas are benign, slow-growing, solitary tumors originating from the intraepidermal portion of eccrine sweat ducts. Approximately 65% of these tumors occur on the soles of the feet, while 10% occur on the hands where a high concentration of eccrine sweat glands exists. Less frequently in other sites such as neck, chest, forehead, nose, and scalp with sporadic occurrences. A 43-year-old Korean female presented with a mass on her right auricle,