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,
which had been present for 5 years. The mass increased gradually in size with pain, oozing, and bleeding. A biopsy of the mass revealed monomorphic basaloid cells, which may extend into the underlying dermis, in a richly vascularized stroma, with a variable number of cystic or ductal structures. The patient was diagnosed as having eccrine poroma. In this case, the eccrine poroma showed unusual clinical presentation.
Keyword: Eccrine poroma, Auricle, Ear

P508
Oral allergy syndrome to hazelnut and 6 nuts which have cross-reactivity with hazelnut
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Oral allergy syndrome (OAS), an immediate swelling and itching sensation of the mouth and throat after ingestion of a food allergen is the most common food allergy-related manifestation. It can be presented as isolated symptom or can be associated with systemic symptoms, and may even result in anaphylaxis. Tree nut allergy is commonly reported with walnut, pecan, hazelnut, cashew nut, brazil nut, pistachio, almond and less commonly to pine nut, macadamia nut and coconut. Hazelnut allergy is commonly associated with OAS and with hypersensitivity to pollens and other plant foods. Walnut, pecan and hazelnut form a group of strongly cross-reactive tree nuts. But other nuts show less cross-reactivities. Herein, we report a case of OAS to hazelnut and 6 nuts (walnut, pecan, cashew nut, brazil nut, pistachio, almond) which have cross-reactivity with hazelnut in an 23 month-old boy.
Keyword: Oral allergy syndrome, Hazelnut, Nut

P509
Reemergence of wild grown Korean Bedbug bite

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Bedbugs are well known nocturnal hematophagous insects. The common human bedbug, Cimex lectularius, is distributed worldwide, which sucks the blood of humans and animals. Bedbugs in Korea have disappeared in the 1970s, but in 2008, one reported reemergence of a bedbug. And they assumed that the bedbugs were brought from abroad. Recently, an increasing incidence of bedbug infestations has been widely reported in Canada, United States, Europe, and in the UK. Herein, we report a case of wild grown bedbug bites, which is generally believed to have been disappeared completely in korea.
Keyword: Bedbug, Cimex lectularius

P510
A case of multiple palisaded encapsulated neuroma

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Palisaded encapsulated neuroma (PEN) is a clinically-distinctive, benign, cutaneous nerve sheath tumor. Clinically, it is usually a single small asymptomatic white or flesh-colored papule. Most lesions occur on the face, although PEN may present at a variety of anatomic locations. Histologically, the majority appears as dermal nodules of Schwann cell-rich fascicles, with or without distinctive encapsulation. Differentiation of PEN from neurofibroma is imperative because neurofibroma is characteristic of neurofibromatosis 1, a disease with serious implications for systemic disease, and potential malignancy. Conversely, PEN is not known to represent a sign of underlying disease and may be excised without recurrence. A 67-year-old man presented with multiple grouped flesh-colored papules on right flank area. It gradually increased in sized over 10 years. There was no history of trauma, and he had no other significant medical history or notable family history. Histological examination revealed a well-circumscribed, round tumor in the dermis. It was composed of uniform, broad and interlacing fascicles of spindle cells. There was no atypia or mitotic evidence of malignancy. The diagnosis of palisaded