histopathological findings, hydroxyurea-induced actinic keratoses was diagnosed. The patients were treated with a single treatment of CO2 laser with photodynamic therapy (PDT) using aminolaevulinic acid. The treatment results were assessed after 12 weeks. All the lesions were completely cured. This report aimed to describe squamous dysplasia, a precursor state to a more aggressive condition of squamous cell carcinoma, should be added to cutaneous complications of hydroxyurea therapy.

Keyword: Actinic keratosis, Hydroxyurea, Squamous dysplasia

P574

Generalized exanthematous eruption caused by influenza vaccination
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Inactivated trivalent influenza vaccine (ITIV) is a universally vaccinated vaccine, with minimal local side effects, such as pain, erythema and induration. However, there is no evidence of ITIV causing generalized dermatitis. We report a case of generalized exanthematous eruption on a 8-year-old male child which developed the day after influenza vaccination. Initially, there was a pruritic erythematous patch around the vaccination site that developed into wide distributed erythematous macules and confluent patches on the whole body. Skin biopsy showed perivascular lymphohistiocytic infiltration with occasional eosinophils. Based on history and clinico-pathologic features, we diagnosed him as drug eruption due to influenza vaccination. Even though severe side effects due to influenza vaccination are rarely reported, dermatological complications that need intervention such as Stevens-Johnson syndrome or leukocytoclastic vasculitis have been reported. Thus, physicians need to be careful not to overlook the skin findings of patients with a history of influenza vaccination.

Keyword: Influenza vaccination, Exanthematous eruption

P575

Methotrexate-induced hyperpigmentation in a rheumatoid arthritis patient

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Methotrexate (MTX) is a folic acid antagonist used in the treatment of psoriasis and rheumatoid arthritis (RA). As with all chemotherapeutic agents, various adverse events of MTX mainly involving the liver, lung or bone marrow have been reported. Cutaneous adverse reactions have also been noted with MTX, but they appear to be uncommon. We herein report on a rare case of hyperpigmentation induced by MTX therapy in a RA patient. A 37-year-old female presented with a diffuse brownish hyperpigmentation on the knuckles, lateral side of toes and heels for 6 months. She had been diagnosed with RA in June 2010. The first treatment given for RA was oral MTX 2.5 mg, folic acid and Layla® tablet per week. Because her symptom was uncontrolled, the dose of MTX was increased by 2.5 mg each month. After 5 months taking MTX 20 mg/week, she admitted to the dermatologic department due to hyperpigmentation. There was no other cause inducing pigmentation, including underlying disease and medication except MTX. After 6 months of dose reduction with MTX 10 mg/week, hyperpigmented skin lesions were gradually improved.

Keyword: Methotrexate, Hyperpigmentation

P576

Pseudolymphomatous form of chronic actinic dermatitis (actinic reticuloid)
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Pseudolymphomatous form of chronic actinic dermatitis is the extreme variant in the spectrum of chronic actinic dermatitis. Patients have infiltrated papules and plaques of mainly light-exposed skin with lymphoma like features and sensitivity to ultraviolet (UV) A and/or B. A 58-year-old male had pruritic erythematous infiltrated papules and plaques on the face, posterior neck, and hands for four years. He also had the lesions on arms and back with lesser extent than sun-exposed areas. The