phenomenon or vitiligo. A 13-year-old girl visited our department presenting a depigmented patch (10 x 7 cm diameter) on her right thigh. The patient recalled the lesion as a dark nevus which appeared since birth and suddenly started to lose its pigmentation since 5 years ago. No other cutaneous depigmented lesion was seen. Histopathologic features of biopsy specimen showed nests of nevus cells infiltrating the superficial to deep dermis. Lymphohistiocytic infiltration adjacent to the nevus cells was also seen. By immunochemistry staining, the nevus cells were positive for S-100 and MART-1 but negative for HMB-45. Cells which were positive for Ki-67 were only less than 2% of total nevus cells. The halo phenomenon may be observed around congenital or acquired melanocytic nevi and may accompany vitiligo. Despite the clinical involution, pigmentary regression is thought to be caused by decrease in melanin production by nevus cells rather than a reduction in their number. We report a rare case of medium sized CMN which showed spontaneous involution without accompanying vitiligo. Keyword: Congenital melanocytic nevus, Halo phenomenon, Spontaneous involution

P602

Atypical proliferative nodule in a congenital melanocytic nevus arising in a pregnant woman
Asan Medical Center, University of Ulsan College of Medicine
Lee Ye Jin, Hye-Rim Moon, Chong Hyun Won, Sung Eun Chang, Mi Woo Lee, Jee Ho Choi, Kee Chan Moon

A 28-year-old woman in 38th week of first gestation presented with rapid enlarging multiple papules and nodules in large hyperpigmented plaque involving the right posterior thigh. On physical examination, there was a 15cm sized hyperpigmented plaque on the right thigh which existed since birth. Multiple clusted papules and nodules were observed within the pigmented plaque. The patient had noted these lesions abruptly developed during her pregnancy. Given the differential diagnosis of malignant melanoma arising in a congenital melanocytic nevus (CMN), an incisional biopsy was performed on right thigh, and diagnosis of atypical proliferative nodules in a CMN was made. Herein, we report a case of atypical proliferative nodules in a CMN during pregnancy, demonstrating the importance of caution in making a diagnosis of benign lesions in CMN that can mimic a malignant melanoma during pregnancy. Keyword: Congenital melanocytic nevus, Pregnancy

P603

Giant congenital melanocytic nevus with proliferative nodules mimicking congenital malignant melanoma
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Malignant transformation of giant congenital nevi are very rare, but may already occur in childhood. Benign proliferative nodules in GCN may clinically and histologically mimic a malignant melanoma. Herein, we report a case of benign proliferative nodules in giant congenital nevus mimicking congenital malignant melanoma. Keyword: Giant congenital nevus, Malignant melanoma

P604

Co-existence of congenital giant melanocytic nevus of the scalp with cranial defect, poliosis, and hair loss
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Congenital melanocytic nevi (CMN) are pigmented lesions presenting on the skin of approximately 1% of all newborns at or shortly after birth. A lesion greater than 20.0 cm is called a giant congenital melanocytic nevi (GCMN). GCMN show significantly greater risk of developing malignant melanomas and neurocutaneous melanocytosis. The reported lifetime risk for developing melanomas is between 4.5% and 10% in patients with GCMN. CMN have been described as being associated with several anomalies, including cranial bone hypertrophy, scoliosis, and spina bifida. We report a case of GCMN of the scalp, associated with an underlying
cranial defect, poliosis, and alopecia.
Keyword: Congenital melanocytic nevi, Cranial defect, Poliosis, Alopecia

P605

Intradermal nevus with Lichen simplex chronicus
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Intradermal nevus is a common pigment nevus. It is mainly asymptomatic but, can be itchy due to secretion of interferon alpha-2beta and intercellular adhesion molecule-1 produced by interaction between immune system and melanocyte. Lichen simplex chronicus may develop under various chronic pruritic conditions such as allergic contact dermatitis, atopic dermatitis and so on. We report a case of intradermal nevus in a 45-year-old female patient who presented with a erythematous nodule accompanied by scaly lichenified plaque, on left hip which seemed to be lichen simplex chronicus. The skin biopsy of erythematous nodule of left hip revealed hyperkeratosis, parakeratosis, acanthosis, irregular elongation of rete ridges with nests and cords of nevus cells within upper dermis. It was totally removed by excisional biopsy and the lesion of lichen simplex chronicus improved without specific treatment. Viewed in this case, lichen simplex chronicus was probably derived from itchy stimulate caused by intradermal nevus.
Keyword: Intradermal nevus, Lichen simplex chronicus

P606

Circumscribed pigmentations after intravascular iron injection
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Ferric carboxymaltose is a non-dextran-iron complex used in patients with iron deficiency. However, iron injection may lead to long-lasting brown discoloration secondary to extravasation at the injection site. A 36-year-old woman presented with circumscribed pigmentations on her left arm after having undergone intravenous iron injections for the treatment of iron deficiency anemia. Histopathologic examination revealed basal hypermelanosis and dermal infiltration of siderophages with positive staining for Prussian blue. Combined therapy with an Nd:YAG 1064-nm laser and a 595-nm pulsed dye laser was performed to treat the lesion. Marked improvement was noted after five sessions. We herein report a case involving a patient who developed circumscribed pigmentations after intravascular iron injection and was treated successfully with combined laser therapy.
Keyword: Hyperpigmentation, Iron compound

P607

Localized iron pigmentation after extravasated iron injection
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Heavy metal-induced hyperpigmentation is a frequent event but reports have become scarce in the current literature owing to the decreasing use of these drugs as medications. Iron salts can be used as a treatment in people with anemia caused by an iron deficiency. Injected into the skin of iron salts can cause a permanent gray to blue hyperpigmentation, most of which cases were developed after intramuscular injection. Herein, we report a rare case of localized hyperpigmentation due to extravasated iron injection. A 32-year-old female presented with circumscribed hyperpigmentation of the left arm for 9 months. She treated with intravenous iron for her anemia during the third trimester of pregnancy. On the first injection of the iron, the accidental extravasation in the left forearm produced a painful erythematous, indurated plaque within a few hours. One week later, the lesion had dark discoloration around the extravasated area of the forearm and it persisted without color changes for 9 months until she visited to us. Physical examination revealed a 20 cm x 7 cm sized, gray to brown hyperpigmentation on her left antecubital area and forearm. Histopathologic findings of the lesion revealed dispersed hemosiderin pigments and melanophages dispersed in all dermal layers, extending to the subcutis.