interface change on dermoepidermal junction were also seen. We diagnosed her as subcorneal pustular dermatosis, began administration of dapsone and systemic steroid. But soon after methemoglobinemia occurred, the medication was changed from dapsone to acitretin. Phototherapy was together for 5 months. Lesions got improved, and there has been no recurrence since then. Subcorneal pustular dermatosis (SPD) is rare chronic, relapsing, pustular eruption with characteristic appearance. The primary lesions are pustules described as half-half blister, above clear fluid with pus accumulating in the lower half. SPD is associated with monoclonal gammopathy, multiple myeloma, pyoderma gangrenosum, etc. Histologically subcorneal pustules with neutrophil accumulation are seen, suggesting the presence of potent chemoattractants. The treatment of choice is dapsone. Retinoids, phototherapy, corticosteroids can be used as alternatives. Recently, effectiveness of anti-TNF agents was reported. Herein we report a case of subcorneal pustular dermatosis with rare incidence.

Keyword: Subcorneal pustular dermatosis, Pustular psoriasis

P566

A case of exacerbation of psoriasis after chemotherapy (TS-1)
Department of dermatology, Samsung Medical Center
Jae Ho Lee, Youngkyoung Lim, You Jin Lee, Jong-Yoon Chung, Ji-Hye Park, Jong Hee Lee, Dong-Youn Lee, Joo-Heung Lee, Jun-Mo Yang

Psoriasis usually regresses with chemotherapy. A 62-year-old woman with a pre-existing psoriasis was treated with TS-1 chemotherapy (120 mg/day, orally administrated) for an advanced gastric cancer. Within 8 weeks of starting therapy, she developed a psoriasis flare, proved by skin biopsy. After consulting with oncology department, we decided to continue chemotherapy and treat psoriasis with topical creams. The erythematous lesion markedly improved within 2 weeks following the treatment. In previous report on TS-1 with psoriasis, the skin lesion was improved after TS-1 intake. We report here that psoriasis can be a side effect of TS-1 therapy for cancer.

Keyword: Psoriasis, Chemotherapy, TS-1

P567

A case of psoriasis and systemic lupus erythematosus, associated with myasthenia gravis
Department of dermatology, Samsung Medical Center
Jae Ho Lee, Youngkyoung Lim, You Jin Lee, Jong-Yoon Chung, Ji-Hye Park, Jong Hee Lee, Dong-Youn Lee, Joo-Heung Lee, Jun-Mo Yang

Myasthenia gravis (MG) is an autoimmune condition that involves acetylcholine receptors in the nerve endings that causes progressive muscular weakness and atrophy. In the recent reports, some autoimmune conditions can occur together either coincidental or having causative relationships. There has been many reports on systemic lupus erythematosus (SLE) in association with MG in approximately 2-8% of cases. But there are only three reports on the "triple case": a case of psoriasis, MG, and SLE in one patient. Herein, we report on this rare concomitant autoimmune condition. A 60-year-old woman visited our clinic with chief complaint of hyperkeratosis of palmoplantar area. She had been on the treatment of MG since 1996. In 2009, she felt dryness of eye and mouth which made her visit rheumatology clinic, and it turned out to be SLE on the laboratory and clinical examinations. Skin biopsy result of patient’s palm is consistent with psoriasis. She treated with phototherapy and oral acitretin for 2 months and no treatment after all. She started oral hydroxychloroquine for SLE. Interestingly, the psoriasis lesion was alleviated even on the hydroxychloroquine.

Keyword: Psoriasis, Myasthenia gravis, Systemic lupus erythematosus

P568

Paradoxical flare of psoriasis after ustekinumab therapy
Department of Dermatology, Ilhan Paik Hospital, College of Medicine, Inje University, Goyang, Korea
Ho Yeol Lee, Ji Young Seo, Cheong Ha Woo, Hai-Jin Park, Sik Haw

Ustekinumab, the most recent biological agent approved for treatment of patients with moderate to severe psoriasis, is a human monoclonal antibody that binds to the p40 subunit of interleukin (IL)-12 and IL-23. The