**P039**

Mitten-line hyperpigmentation of an Infant  
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Mitten-line hyperpigmentation, also known as sock-line hyperpigmentation, is a recently described benign skin condition characterized by linear, circumferential hyperpigmented lesions developed in infants after wearing tight garments. To our knowledge, approximately 20 cases of sock- or mitten-line hyperpigmentation have been reported under the terms 'sock-line band' or 'infantile garment band' in the literature. Herein, we report the first Korean case of mitten-line hyperpigmentation developed on the right forearm of a 9-day-old female. A 9-day-old female infant recovering from respiratory distress syndrome was referred to us for linear skin eruption on her forearm during hospitalization. She was born at GA 38+1 weeks by normal spontaneous vaginal delivery and weighed 3260g at birth. For the 5 days preceding the development of the skin lesion, mittens had been placed on both her hands to prevent acrocyanosis. Physical examination revealed a linear, partially circumferential, erythematous and vesicular patch corresponding to the elastic band of the mitten on the dorsal side of the right forearm. After 1 week without mitten use and application of a topical steroid cream, the skin lesion healed and became an area of brown hyperpigmentation. During the 1-month follow-up period, the hyperpigmentation line gradually faded.

Keyword: Infant, Mitten-line, Sock-line, Hyperpigmentation

**P040**

A case of zosteriform tinea corporis caused by Trichophyton mentagrophyte  
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Tinea corporis classically presents as an erythematous annular plaque with a scaly, centrifugally advancing border. However, sometimes vesicles and pustules can be observed. We report a case of atypical tinea corporis presenting with multiple pruritic erythematous plaques and pustules on left chest, following the line of T4 dermatome. The patient was 60 years old male, and had a past history for herpes zoster. During the hospitalization for COPD management, he was consulted for skin lesion on the trunk. On the basis of clinical morphology, the initial differential diagnosis included herpes zoster, eczematoid dermatitis, drug induced skin lesion, and localized pustular psoriasis. He had been treated with antiviral therapy without an improvement. Finally, he was diagnosed as tinea corporis caused by Trichophyton mentagrophyte on fungal culture and confirmed in the periodic acid-Schiff (PAS) stain. Skin biopsy revealed subcorneal pustule filled with polymorphonuclear leukocytes and mixed perivascular inflammatory infiltrate in the superficial dermis. He was dramatically improved after 2-week antifungal agents. Our case emphasises that dermatologist should be aware of atypical manifestations of tinea corporis.

Keyword: Zosteriform, Tinea corporis, Trichophyton mentagrophyte