hemorrhagic fever and dengue shock syndrome which can be fatal. A 26-year-old man presented with erythematous patches on whole body which had been preceded by fever. He had travelled India when fever started. Physical examination revealed characteristic skin findings of normal skin surrounded by an erythematous rash called "white islands in a sea of red" on his trunk, arms and legs. He was diagnosed as dengue fever by detection of viral nucleic acid in serum by reverse-transcriptase-polymerase-chain reaction (RT-PCR) assay and serological detection of IgM antibodies by enzyme-linked immunosorbent assay (ELISA). The patient recovered without complication by conservative therapy. A 25-year-old woman also presented with analogous skin lesion as above with fever during traveling Thailand. She was diagnosed as Dengue fever by RT-PCR and recovered without complication. Dengue fever is rare disease in Korea. It should be considered in any patient who has developed fever within 14 days after visiting the tropics or subtropics. The typical skin lesion called ‘white islands in a sea of red’ can be a helpful clue in differentiating dengue fever from other viral exanthem. Keyword: Dengue, Exanthema

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A case of tsutsugamushi disease manifested as palpable purpura
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A 73-year-old female presented with asymptomatic palpable non-blanchable purpuric macules on trunk and both upper and lower limbs for 3 days. The skin lesions began on the both legs, and spread to trunk and upper limbs. There was no eschar. She suffered from fever, chilling, myalgia and polyarthralgia. On laboratory examination, immunofluorescence assay of Orientia tsutsugamushi was positive. Histopathologic examination revealed dense perivascular neutrophilic infiltration with fibrinoid necrosis in the vessel walls. She was treated with doxycycline (200 mg daily for 7 days) under the diagnosis of Tsutsugamushi disease, and skin lesions were resolved. Tsutsugamushi disease is a mite-borne febrile bacterial infection caused by Orientia tsutsugamushi. Its typical skin lesions are characterized by blanchable erythematous, non-pruritic 3-5 mm sized macular or popular eruption with centrifugal evolution, and it has systemic symptoms, such as fever, chilling, cough, myalgia, nausea and dyspnea. Tsutsugamushi disease is one of the three most common febrile illnesses in the fall of Korea, and is treated under the clinical diagnosis based on visit history to endemic area, systemic symptoms and skin rash. Therefore, dermatologists should be aware of this rare differential diagnosis of palpable purpura where systemic symptoms are present. Herein, we report a rare case of Tsutsugamushi disease manifested with palpable purpura. Key word: Leukocytoclastic vasculitis, Scrub typhus

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Dermatophytosis of both hands and feet
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Two feet-one hand syndrome is characterized by bilateral tinea pedis with coexistent unilateral tinea manuum. This syndrome is thought to be well known to dermatologists. Bilateral tinea manuum and bilateral tinea pedis, which may be misdiagnosed as other diseases, can be also observed. We experienced a case of bilateral tinea manuum and bilateral tinea pedis in a patient with diabetes mellitus. A 57-year-old man presented for evaluation of hyperkeratotic lesions on the palms and soles. He felt numbness of the fingertips and intermittent tingling sensation on the soles. Skin examination showed hyperkeratotic lesions on the palms and soles. The palmar surfaces of the fingers and the plantar surfaces of the toes showed scaly lesions. He had a history of type 1 diabetes mellitus of 14 years’ duration. Fasting venous plasma glucose concentration and levels of hemoglobin A1c were 332mg/dL and 7.5%, respectively. Hyphae were detected from the palms, soles, and right 3rd toenail. Trichophyton rubrum was isolated from the specimens. He was treated with oral fluconazole (150mg/week) and topical flutrimazole spray and the lesional skin showed improvement. Key word: Bilateral, Tinea manus, Tinea pedis