Soft tissue augmentation by fillers has become a popular cosmetic tool to offer rejuvenation and aesthetic improvement. Its results are comparable to those previously achieved only by plastic surgery. However, marked increase of filler procedures is associated with a great number of complications. Complications associated with filler injection might have early onset within days or late onset after weeks to years. Delayed complications include infections, foreign body granulomatous reaction, migration of filler material, persistent discoloration, and scarring. Here we report two cases of delayed onset filler complications. In case 1, a 54-year-old woman presented with a 1 year history of subcutaneous nodule on the right upper eyelid. She had received filler injection to right lower eyelid 8 years before. A skin biopsy revealed multiple granulomas composed of lymphocytes, epitheloid cells, macrophages, and giant cells surrounding multi-vacuolated foreign material in the dermis. In case 2, a 60-year-old female presented with a tender, erythematous mass on the left temple for two days. She had received filler injection to the temples by an illegal practitioner. During skin biopsy, yellowish mass and rubbery consistency was bulged out. The biopsy specimen showed active and chronic inflammation with abscess in the dermis and subcutaneous tissue.

Keyword: Filler, Complication

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Celecoxib induced acute generalized exanthematous pustulosis: a serious reaction to a commonly used drug

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Acute generalized exanthematous pustulosis (AGEP) is a rare cutaneous eruption characterized by the appearance of widespread, sterile pustules on erythematous and edematous base. Most cases are attributed to drug reactions, with antibiotics being the most common offending drugs. A 70-year-old woman visited our clinic with fever, itching and diffuse erythematous patches with tiny pustules on trunk and extremities. She took celecoxib 100mg once a day for two days due to myalgia. Her laboratory examinations showed leukocytosis and skin biopsy demonstrated subcorneal pustules and dermal perivascular inflammatory cell infiltrates. She was diagnosed with AGEP due to celecoxib. Upon discontinuation of the medication and systemic corticosteroid management, the patient’s symptoms quickly abated and she was fully recovered within two weeks. In summary, we report a rare case of AGEP due to a cyclooxygenase 2 Inhibitor, celecoxib. Given the wide use of this drug in various fields, clinicians should be aware of this potential complication.

Keyword: Acute generalized exanthematous pustulosis, Celecoxib, Cyclooxygenase 2 inhibitor, Nonsteroidal anti-inflammatory drug

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A case of drug-induced lupus after minocycline administration

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Minocycline has increasingly been associated with different adverse reactions including drug-induced lupus (DIL). DIL is a less well-defined syndrome. Patients with DIL usually show the clinical features of polyarthralgia, polyarthritis often accompanied by liver abnormalities and positive antinuclear antibody test results. Representative dermatological manifestations are subcutaneous nodules, rash, livedo reticularis, oral ulceration, alopecia. A 20-year-old female presented with multiple erythematous, slightly elevated tender subcutaneous nodules on back, thigh and forearm. The patient had a past history of taking minocycline (Minocin®, 50 mg/day) steadily for 10 months with acne. Two weeks after taking minocycline (100 mg/day) again due to recurrence of acne, new skin lesions as well as arthralgia were newly developed. Laboratory test for anti-histone antibodies and anti-SSA were positive. Histological findings of the skin lesion revealed mild seiptal panniculitis with mild lymphoid lobular infiltration. Finally, the patient was diagnosed with DIL. After stopping minocycline and taking hydroxychloroquine sulfate (Oxiklorin® 200 mg/day) and methylprednisolone (Somelon® 12 mg/day), arthralgia...
completely disappeared within 2 weeks. Herein, we report this patient as a rare and educational case of DIL triggered by long-term exposure to minocycline.

Keyword: Drug-induced lupus, Minocycline, Polyarthralgia, Systemic lupus

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A case of methylphenidate induced livedo reticularis on the extremities
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Methylphenidate is the drug of choice for patients with Attention deficit hyperactivity disorders (ADHD). It acts as a dopamine and norepinephrine reuptake inhibitor, resulting in a prolongation of dopamine receptor effects. Most common side effects associated with its use include nervousness, insomnia, and dizziness. Although patients on methylphenidate frequently complain of dermatologic symptoms such as hyperhidrosis, hypersensitivity, pruritus, and hair loss, cases of peripheral vasculopathy without systemic involvement have rarely been documented. We describe the case of an 11 year-old male with ADHD who has been on methylphenidate for two years. On his initial visit to this hospital, he complained of regional erythematous reticular patches on both hands, lower legs, and both feet. The patient denied having systemic symptoms such as fever, malaise and arthralgia. Subsequent blood tests and rheumatologic labs were unremarkable. After discontinuing methylphenidate for two weeks, the patient’s symptoms were relieved. This case shows that the latent reaction of methylphenidate can induce symptoms of peripheral vasculopathy, such as livedo reticularis and the Raynaud phenomenon.

Keyword: Attention deficit hyperactivity disorders, Livedo reticularis, Methylphenidate, Raynaud phenomenon

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Purpuric fixed drug eruption possibly due to acetaminophen
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Fixed drug eruption(FDE) is a cutaneous adverse reaction and is characterized by recurrence of lesions at the same site on re-administration of the drug. Purpuric drug eruption(PDE) generally occurs in the lower extremities and presents with purpura such as ecchymosis or petechiae. A 58 years old male patient had relatively well demarcated violaceous purpuric maculopatches on the left buttock, dorsum of the left hand and left knee. Two weeks prior to this event, he had been treated with taramadol(acetaminophen + tramadol HCl) to relieve a