IDEA
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ORAL PRESENTATION ABSTRACTS
OP-001
COMPLICATIONS ASSOCIATED WITH AESTHETIC DERMATOLOGY, A PROSPECTIVE STUDY FROM BENGHAZI, LIBYA

Safa Süleman Elfaituri1

1Benghazi University, Faculty of Medicine, Department of Dermatology, Benghazi, Libya

Aim: Over recent decades aesthetic dermatology has expanded dramatically. Botulinum toxin, soft-tissue fillers, lasers and chemical peels are among the most popular non-invasive rejuvenation procedures. Despite their safety and quick effects, complications can occur. Recognition of complications and intervention are important for optimal patient outcomes. Our aim was to determine frequency of aesthetic procedures among aesthetic patients and the frequency of variable complications associated with these cosmetic procedures. Bruising after lip filler.

Materials and Methods: A prospective study was performed at the central aesthetic clinic, Benghazi -Libya over a period of 1 year. All patients presented with aesthetic complaints were included. age, sex, main complaints and the procedures done were recorded. All procedures were performed by consultant dermatologist who evaluated them for complications.

Result: A total number of 1370 aesthetic patients were included; 98% was females, mean age was 38 year, 94 % underwent cosmetic procedures; the cosmetic procedures were filler (25%), botulinum toxin (23%), microneedling (16%), laser (15%), mesotherapy (10%), Platelet rich plasma (7%) and chemical peels (4%). The most common complication from injections was bruising (46%). Burn with secondary infection was reported in 4% of chemical peels and laser whereas hyperpigmentation was seen in 27% and 8% respectively. Complications associated with soft tissue fillers included under correction (12%), over correction (3%), superficial placement with tyndall effect (1%) and hypersensitivity reaction (0.3%). Muscle paralysis was reported in 5% after botulinum toxin injection; ptosis (1%), asymmetrical smile (1%) and eating difficulty (2%) whereas diplopia, neck weakness and dysphagia each reported in single patient. Frozen facial expression was documented in 4%, lid edema in 1%, and lack of effect in 0.6%. Conclusion: The relatively new field of cosmetic dermatology in Libya is relatively safe with low complication rates. Awareness of the potential side effects, recognition of their presentations, and understanding management options are important to ensure an excellent and safe outcome.
A CASE DEVELOPING ALOPECIA AREATA DURING SECUKINUMAB THERAPY

Arzu Kılıç¹, Rana Başara¹, Sinan Özçelik¹

¹Balıkesir University Hospital, Department of Dermatology and Venereal Diseases, Balıkesir

Aim: Alopecia areata is a common, inflammatory, nonscarring form of hair loss. Secukinumab is a fully human anti-interleukin-17A monoclonal antibody that has been used for many immune-mediated conditions such as psoriasis, alopecia areata. Autoimmune conditions including rheumatical, gastrointestinal, hematological, and dermatological diseases may develop paradoxically as an adverse effect while using biological drugs. To the best of our knowledge, a few case developed alopecia areata while using tumor necrosis factor and interleukin inhibitors for immun-mediated diseases, have been reported in the literature. Herein, we present a case who had 38 of the severity of alopecia tool (SALT) score, developed alopecia areata during secukinumab therapy in the 24th week of treatment for psoriasis.

Result: Number of biologic-induced autoimmune diseases is expected to increase. There is need for studies on biologic-induced autoimmune diseases. We should be aware of that alopecia areata may develop in psoriasis patients on secukinumab.
OP-003
LEPROSY IN NORTH AFRICA: FROM THE CLINIC TO CONTACT TRACING

Gamal Ahmed Duweb

1Benghazi University, Faculty of Medicine, Department of Dermatology, Benghazi, Libya

Aim: In this lecture, I will review and update the diagnosis, treatment and epidemiological data of leprosy in our North African countries.

Materials and Methods: Leprosy is a chronic granulomatous disease principally affecting the skin and peripheral nervous system, caused by infection with Mycobacterium leprae. It was the first bacillus to be associated with human disease. The skin lesions and deformities were historically responsible for the stigma attached to the disease. Humans are the primary reservoir of M leprae. The principal means of transmission is by aerosol spread from infected nasal secretions. The incubation period is 6 months to 40 years or longer. It affects the cooler parts of the body. Clinical manifestations depend upon the immune response mounted by the host. Cutaneous lesions are in the form of hypopigmented macule or erythematous plaque. Nerve involvement is in form of areas of hypoaesthesia. The most common nerve affected is the posterior tibial nerve. Eye damage is common with facial lesions. Diagnostic tests include slit skin smears, histamine tests and methacholine sweat testing. The diagnosis of leprosy is primarily a clinical one. A general classification of disease is based on the number of skin lesions present and the number of bacilli found on tissue smears.

Result: The Ridley-Jopling classification is used to differentiate types of leprosy and helps in determining the prognosis. WHO has recommended multidrug therapy (MDT). Vaccines are immunoprophylactic and therapeutic. Complications are the Reactional states that occur in approximately one third of patients and are acute inflammations of the disease. The prognosis depends on the stage of disease. Leprosy is a treatable disease that can be managed mostly on an outpatient basis. Global prevalence rate is 0.23 per 10000. In India, the prevalence rate is 0.66 per 10000.
OP-004
SURGICAL SCAR REVIEISON IN SKIN TYPE IV

Fatima Abdelkader El Mahdi1

1Sebha University, Department of Dermatology

Aim: to figure out whether scar revision in skin type 4 can be effective and give good result without any common known complication in this type of skin

Materials and Methods: Surgery done for the 3 patients with 3 different scars, one on the upper lid two on the middle cheek, and on the temporal and jawel area with different sizes 10mm, 2cm and 6cm removed by elliptical incision using 15 blade, trimming of subcutaneous tissue to approximate the edges without tension then the wound closed by cutting 6/0 , 5/0 vicryl and proline sutures Consecutively, wound dressed and patient received antibiotic and pain killer SOS, the dressing repeated each other day , and on the fifth day the suture removed patient instructed to use antibiotic ointment for next 2 days , and to start using silicon gel after 2 weeks. Follow up was every months for 3 months for 1 patient and for 6 month by the other two patients

Result: The all scars healed good without hyperatrophy or keloid formation or annoying dyschromia scar revision Before and after 4 months.
A CASE OF BROOKE-SPIEGLER SYNDROME

Melis Bal¹, Bengü Çevirgen Cemil¹, Volkan Buran¹, Efe Yetişgin², Aysun Gökçe², Müzeyyen Gönül¹

¹University of Health Sciences, Dışkapı Yıldırım Beyazıt Training and Research Hospital Department of Dermatology
²University of Health Sciences, Dışkapı Yıldırım Beyazıt Training and Research Hospital Department of Pathology

Aim: Brooke-Spiegler syndrome (BSS) is a rare autosomal dominant disease characterized by cylindroma, trichoepithelioma and spiradenoma. The disease gene was mapped to 16q12-13 and mutations in the CYLD gene were identified in families with BSS. Herein we present a case of Brooke-Spiegler syndrome which is a rare disorder.

Materials and Methods: A 46-year-old woman presented with multiple lesions on face and scalp. She reported that scalp and face lesions appeared in adolescence. Scalp lesions have constantly increased in number and size. They have also grown faster in the past two months. She reported a positive family history of similar lesions in her father and two brothers. On dermatological examination, there were clusters of oval smooth, skin-coloured papules that were 2–5 mm in diameter on the mid-face, notably in the nasolabial folds. She also had multiple, firm, dome-shaped, nontender nodules in the range of 0.5-2.0 cm with no associated loss of hair on the scalp. Histopathological examination of the scalp lesions and the nasolabial papules revealed spiradenocylindroma and trichoepithelioma respectively. Based on the clinical and histopathological features, the diagnosis of Brooke-Spiegler syndrome was established.

Result: Brooke-Spiegler Syndrome is an uncommon disease with a predisposition to development of cutaneous adnexal neoplasms. Cylindromas typically occur on the scalp, whereas trichoepitheliomas show a predilection for the face. Apart from the skin, major and minor salivary glands are rarely involved in BSS patients, particularly parotis gland. Since Brooke Spiegler Syndrome is rarely seen, it may be overlooked. It should be borne in mind when the patients have multiple skin tumors localized on scalp and face.
SEROLOGY RESULTS IN PATIENTS WITH ANOGENITAL WARTS

Murat Öztürk, Sevda Önder

Health Sciences University, Van Training and Research Hospital, Van, Turkey

**Aim:** Anogenital wart is a sexually transmitted skin disease caused by HPV. Apart from the oncogenic possibility of HPV, which causes anogenital warts, another importance is that the HPV carrier may also be at risk of being infected with potentially sexually transmitted HIV, hepatitis B, hepatitis C and syphilis. In this study, serological test results of sexually transmitted diseases were evaluated in patients diagnosed with anogenital warts.

**Materials and Methods:** The study included data of 102 anogenital warts patients applied to the dermatology outpatient clinic between May 2018 and July 2019. All the patients had Hepatitis B surface antigen (HbsAg), anti-HBs antibody (anti-HBs), anti-hepatitis C virus antibody (anti-HCV), anti-HIV antibody and VDRL records. The results were evaluated statistically.

**Result:** Of the 102 patients whose results were evaluated, 84 were male and 18 were female. The average age was 30.5 years. While 1 patient had anti-HIV positivity, 1 patient had anti-HIV and Hbs Ag positivity, 2 patients had only Hbs Ag positivity, and 1 patient had anti-HCV positivity. Anti-HBs were positive in 40 patients.
EROSIVE PUSTULAR DERMATOSIS OF THE SCALP: A RARE CASE

Esma İnan Yuksel, Betül Demir, İlknur Çalik, Sevil Savas Erdogan

1Fırat University, Department of Dermatology, Elazığ, Turkey
2Fırat University, Department of Pathology, Elazığ, Turkey
3University of Health Sciences, Sultan Abdulhamid Han Training and Research Hospital, Department of Dermatology, Istanbul, Turkey.

Aim: Erosive pustular dermatosis of the scalp (EPDS) is a rare inflammatory disorder of the scalp characterized by keratotic, erosive, and purulent plaques, which heal with scarring alopecia. It occurs most commonly in the elderly with bald and sun-damaged scalp. Picture 1 Inflammatory reaction with a wide, erosive, painful pustular and crusted eruption in the treated area. Picture 2 After two months of the treatment complete resolution of the eruption is observed with a significant improvement of the atrophic condition.

Materials and Methods: A 61 year-old man presented with extensive actinic keratoses of his alopecic and sun-damaged scalp. He underwent several courses of topical fluorouracil cream. Lesions improved by 80% and cryotherapy was performed to two remaining actinic keratoses. After 4 month of the therapy, an inflammatory reaction with a wide, erosive, pustular and crusted eruption developed in the treated area. The patient was received oral and topical antibiotherapy. No improvement was observed after a couple of weeks. Punch biopsy was taken. Histologic examination of a skin biopsy specimen revealed an ulcerated epidermis and dermis; a chronic inflammatory dermal infiltrate composed of lymphocytes, macrophages, and neutrophils. Candida albicans was identified in microbiological examination. The diagnosis of EPDS was established based on the personal history, clinical features and histopathologic findings. The patient treated with topical clobetasol propionate, topical cicloproxolamin and oral fluconazole. After two months of the treatment complete resolution of the eruption is observed with a significant improvement of the atrophic condition.

Result: EPDS is a rare inflammatory disease with a chronic course and the need of long-term management. The pathophysiological mechanisms of this inflammatory process remain unclear. Actinic damage and androgenetic alopecia are thought to be a predisposing factor. Numerous factors have been associated with the onset of condition, including infections, surgical procedures, or topical agents such as fluorouracil. Scalp traumas on a sundamaged atrophic scalp promotes a neutrophil-rich environment through an imbalance of stimulating cytokines and chemokines. The initial pustules are sterile. However, many patients present bacteria or fungi isolated from lesions. Microorganisms found in EPDS represent a secondary colonization rather than primary infection. Cutaneous bacterial and fungal infections and many inflammatory conditions such as folliculitis decalvans, scarring alopecias and pyoderma gangrenosum can mimic EPDS. The diagnosis of EPDS is made through recognition of personal history, physical and biopsy findings and the exclusion of other conditions.
OP-008
RELAPSING POLYCHONDritis CASE: AN IMPORTANT Diagnosis NOT TO BE DELAYED

Havva Hilal Ayvaz

Süleyman Demirel University, Department of Dermatology, Isparta, Turkey

Aim: Relapsing polychondritis (RP) is a rare disease characterized by inflammation of cartilage and connective tissues with destructive episodes. Although the pathogenesis is not completely known, there is an autoimmunity in which antibodies against mainly type II collagen play a role. Most commonly affected cartilages are the auricular, laryngo-tracheo-bronchial, and nasal. RP has many clinical manifestations with variable presentation among patients and may lead to death as diagnosis of RP is difficult.

Figure 1
Auricular chondritis in the patient with RP

Figure 2
Saddle nose deformity and auricular appearance in the patient with RP

Materials and Methods: A 38-year old Caucasian male presented to the dermatology department with bilateral redness and thickening localized on auricle for almost 2 months. The lesions which are painful, appeared suddenly on left ear without any preceding trauma, then in time both ears became puffy. The patient received multiple courses of antibiotics that resulted in no improvement of lesions. There was no history of rheumatological or medical anomalies including arthralgia or arthritis, nor remarkable family history or similar disorders. Dermatological examination revealed remarkable erythema, swelling and tenderness of the bilateral antihelices of the ears with sparing of the ear lobes (Figure 1). Moreover, a remarkable saddle nose deformity (Figure 2) was noticed. He was consulted to ENT, rheumatology, ophthamology and cardiovascular diseases departments. Hearing assessment revealed a mildly decreased remarkable hearing loss. A biopsy was performed which was consistent with chronic inflammation. Laboratory evaluation including complete blood count and complete metabolic profile including liver and renal function tests was unremarkable. Detailed investigation of underlying malignancy or cartilage involvement were detected by 18F-fluorodeoxyglucose positron emission tomography-CT (PET-CT) and the result was negative. Ophthamological examination and echocardiography was normal. His condition had been stable after induction with 40 mg/day prednisolone for 4 days and with a 32 mg/day prednisolone maintenance dose for a week, then it was further tapered to 8 mg every day and 20? mg of methotrexate weekly for the past few weeks. He is being followed-up by rheumatology department without any flares.

Result: We would like to raise awareness of this rare disease and remind the fact that it causes mortality besides severe morbidities, makes the diagnosis of this disease more important.
Aim: Background: Cryotherapy is a commonly used modality during dermatologic practice with several pre-defined modifications such as intralesional cryotherapy to reach deeper layers of the skin. Herein we tried to test the possible enhanced penetration of cryotherapy in combination with erbium:YAG laser.

Materials and Methods: Materials and Methods: Pieces of skin from sacrificed healthy adult male pigs were used to test our hypothesis. Three independent experiments were carried out with different cryotherapy durations that were determined as 10 (C10), 20 (C20) and 30 seconds (C30). Both durations were also tested in 3 different subgroups, including similar laser settings (Fotona XS, Dynamis) with different pulse durations (100 µs vs. 1500 µs) for the first two against vehicle control. Cryotherapy was applied immediately after the laser emission; and the penetration depth is evaluated by a hand-held dermatoscope mounted on iPhone8plus. The experiments were repeated ten times. Wilcoxon’s test was used for statistical analysis.

Result: Results The comparisons of penetration depth in C10 and C20 treatment groups were insignificant (p>0.05); whereas in C30 groups, a statistically significant increase in both laser settings in comparison to vehicle control was noted (p=0.016). The intragroup comparison of two laser settings in C30 groups did not reveal a difference between the two groups (p=0.122). Penetration depth gets stabilized during cryotherapy due to the formation of the iceball. Fractional lasers might enhance penetration possibly by avoidance of this phenomenon along with less damage to the superficial layers of the skin. This approach might aid the management of various conditions including recalcitrant verruca vulgaris, keloid, basal cell carcinoma and keratinocytic intraepithelial neoplasia.
OP-011
COEXISTENCE OF DERMATOMYOSITIS AND OVARIAN CANCER: A CASE REPORT

Elif Moustafa1, Esra Yıldırım1, İliteriş Oğuz Topal1, Ahmet Bahadır Göktaş2

1Okmeydani Training and Research Hospital, Department of Dermatology
2Okmeydani Training and Research Hospital, Department of Pathology

Aim: Dermatomyositis (DM) is a systemic autoimmune disease characterized by proximal muscle weakness and characteristic skin rash. Dermatomyositis may be associated with malign neoplasia. Adult-onset dermatomyositis has been reported to be associated with internal malignancies at the percentage of 3-40%. Our aim is explain of features related to paraneoplastic dermatomyositis and propable mechanisms in this poster presentation.

Materials and Methods: A 49-year old woman presented with heliotrop rash, poikilodermal plaques and muscular symptoms. After the systemic examinations, dermatomyositis was considered. Due to acute onset of symptoms, we suspected of malignancy. After then, a solitary malign lesion was revealed on the right over via abdomen ultrasonography. The operation was planned for patient.

Result: Current case is an example of the association with dermatomyositis and ovarian cancer. Adult patients diagnosed with dermatomyositis should be systematically examined and monitored with respect to possibility of a malignancy that may be cause of disease.
A NEW AND SAFE TREATMENT OPTION FOR VULVOVAGINAL CONDYLOMATA ACUMINATA LESIONS IN A TERM PREGNANT WOMAN BEFORE THE DELIVERY

Gizem Yavuzcan1, Burcu Sarıgedik2

1 Düzce Atatürk State Hospital, Düzce
2 Düzce University Department of Obstetrics and Gynecology

Aim: Condylomata acuminata (CA) lesions, or genital warts, is a common sexually transmitted diseases caused by infection of the human papillomavirus (HPV) especially with HPV types 6 and 11 (1). The HPV infection has prevalence of around 46% during pregnancy and CA tend to enlarge and increase in number during pregnancy due to physiological changes in the external genitals and alteration of the immune system (2, 3). Additionally, during delivery, CA can cause massive hemorrhage, complicate the repair of obstetric lacerations, and increase the risk of neonatal HPV infection (4). These tumor-like structures exhibit a very low potential of malignant degeneration, and the conventional treatment of these lesions involves the use of surgical excision, laser, electrocautery, and/or application of trichloroacetic acid (5). The ultrasonic thermal scalpel (Harmonic Scalpel) is a device that performs cutting and coagulation using ultrasonic vibration at the same time. The device has advantages of causing minimal lateral thermal injury and producing minimal smoke (6-7). The excision of CA using HS and without using adjuvant therapy is a new treatment modality (7). The temperature is between 50 and 100°C in procedures performed with HS, and the risk of injury to the surrounding tissues is minimal (8). On the other hand, the number of the cases is limited about treatment for vulvovaginal condylomata acuminata lesions in pregnant woman. Yavuzcan et al. performed excision of CA using HS in a woman’s second trimester of pregnancy (7). We aimed to present HS as a treatment option for vulvovaginal condylomata acuminata lesions in a term pregnant woman before the delivery.

Case: A 27-year-old primigravid patient at 35 weeks and 6 day of pregnancy presented to the hospital complaining of palpable lesions in the vulva and perianal region. The dermatological examination revealed that skin-colored to purple papules verrucous papules and plaques (Figure 1).

Figure 1. The lesions of the patient.

The patient underwent excision of GCA in the mid trimester using a HS without any additional treatment (Figure 2) and subsequently delivered a single live healthy baby via cesarean section at 37 weeks of gestation due to preeclampsia.
Discussion: In pregnant women the treatment belongs to lesion size, lesion number (single or multiple), lesion extent (intensive or extensive), anatomical site (internal or external genitalia), patient preference, ease of treatment, adverse effects of drugs and surgery, doctor’s experience, and gestational age (9). In pregnant women with CA the lesions grow rapidly due to elevated progesterone levels, increased vaginal discharge, moist local environment, and reduced immune responsiveness (10,11). Sugai S, et al advised in their review that the cryotherapy should be as first line treatment in pregnant women and laser therapy at third trimester (11). Harmonic Scalpel treatment dissects the lesion using ultrasonic vibration energy and many advantages as minimal tissue trauma, removal of all lesion in one session and also no recurrence reported before. On the other hand, this procedure may be performed under spinal anesthesia or local anesthesia. Prospective, randomized, and controlled studies are needed to provide clear evidence of the efficiency and safety of HS in the treatment of CA in pregnant women. The excision of GCA occurring during pregnancy using HS is a new successful method in pregnant women at term. Prospective, randomized, and controlled studies are needed to provide clear evidence of the efficiency and safety of HS in the treatment of CA in pregnant women.
OP-013
EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF PATIENTS WITH FLUSHING

Ayşegül Sevim Keçici

1University of Medical Sciences, Haydarpaşa Numune Training and Research Hospital

Aim: Flushing is defined as visible reddening of the skin accompanied by a sensation of warmth. Classic areas of flushing are the face, ears, neck, and upper aspect of the chest. Main mechanism is cutaneous vasodilatation and increased blood flow to the area.

Materials and Methods: All the patients with a complaint of flushing who were admitted to our outpatient clinic between October, 2019 and February 2020 were included in this study. Sociodemographic data of the patient group, disease duration, as well as concomitant medication use and accompanying medical conditions were recorded. Underlying etiological factors were investigated.

Result: A total of 32 patients were enrolled in the study. Twenty of the patients were female (62.5%) while 12 were male (37.5%) and mean age was 54.4 (range 20-75 years). Mean disease duration was 25.4 months (range 4-119 months). Most common etiological causes of flushing in this cohort were thermoregulatory (n:7), vasodilatory substances (n:6), menopause (n:6), emotional distress (n:5) and acne rosacea (n:4). Among thermoregulatory flushing causes, exercise (n:5) and heat exposure (n:4) were the most common factors and in some subjects coexistence of various factors were observed. Among vasodilatory substances, alcohol, capsaisin and calcium channel blocking agents were most commonly responsible agents. One patient in our cohort were later diagnosed with hyperthyroidism and one patient with systemic mastocytosis. Although flushing is usually benign, potentially life-threatening and malignant conditions may also be associated with cutaneous flushing. It is important to consider underlying systemic diseases in patients presenting with nonphysiologic causes of flushing when there is concurrent systemic symptoms and erythema involving extensive portions of the body, or episodes that do not resolve within minutes.
CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF HIDRADENITIS SUPPURATIVA: SINGLE CENTER, 2-YEAR EXPERIENCE

Özlem Dündar, Pelin Eşme, Aysenur Botsali, Gülşen Akoğlu, Ercan Çalışkan

1University of Health Sciences Gülhane Medical Faculty, Dermatology Department

Aim: Hidradenitis suppurativa (HS) is a chronic inflammatory recurrent, debilitating skin disease of the hair follicles. Since it is a rare disease, the literature contains some conflicting reports on its epidemiology and frequency. This study was performed to describe clinical and demographic characteristics of HS patients in our tertiary hospital.

Materials and Methods: Data was retrospectively collected from HS patients’ medical charts who were on follow-up in our clinic between 2018-2019. Severity of HS was determined by Hurley stage. Clinical and demographic characteristics of patients including medical comorbidities, body mass index, cigarette smoking, alcohol consumption, triggering factors, family history related to HS and also previous medical and surgical treatments were evaluated.

Result: A total of 176 patients (103 male and 73 female) were enrolled in the study (ratio: 1.41). At the time of presentation, 62 of 176 patients were Hurley III and the rest of them were Hurley I and II (in equal numbers). The median age of the disease onset was found as 21 (6-40) in females and 25 (13-56) in male patients. Median of diagnostic delay in HS was found as 48 (0-360) months. HS and Alzheimer disease history in family members of the patients were detected in 31 (17.6%) and 18 (10.2%) of 176 patients, respectively. Family history for Alzheimer disease was found to be statistically significantly higher in the group of HS patients who also have positive family history for HS (p=0.01). Diabetes mellitus (n=22, 12.5%), hypertension (n=12, 6.7%), dyslipidemia (n=11, 6.25%), arthritis/arthralgia (n=11, 6.25%), familial mediterranean fever (n=8, 4.5%), bipolar affective disorder (n=5, 2.8%), pyoderma gangrenosum (n=4, 2.2%) were most frequent medical comorbidities accompanying HS. The most prescribed treatment was systemic doxycycline in early stages (n=49) and adalimumab in more severe patients (n=41). Results of this large scale epidemiological study points the male predominancy contrary to the literature and draws attention to diagnostic delay in HS and makes an important contribution to the previous literature, by highlighting the possible coexistence between familial Alzheimer disease in HS patients and increased frequency of bipolar affective disorder in HS.
OP-015
CORRELATION OF SERUM FERRITIN LEVELS IN FEMALE PATIENTS WITH CHRONIC TELOGEN EFFLUVIUM

Gülhan Aksoy Sarac

1Ufuk University, Faculty of Medicine, Department of Dermatology, Ankara

Aim: Introduction: Iron is involved in critical physiological processes within the hair follicle, suggesting that iron deficiency could disrupt hair synthesis. The relationship between body iron status and hair loss has been investigated in a number of studies, however, with relatively different findings. Aim: The aim of this study is to evaluate whether chronic telogen effluvium was associated with decreased tissue iron stores, as measured by serum ferritin levels.

Materials and Methods: Material and Methods: 209 female patients aged between 20 and 85 years, having chronic diffuse hair loss, were recruited

Result: Results: Mean serum ferritin levels of the patients calculated. There was a wide range of serum ferritin levels (1-237 microgram/L) 22% of the patients had serum ferritin levels <10 microgram/L indicating iron deficiency. 28.2% of the patients had serum ferritin levels ranging 10-20 microgram/L indicating iron depletion.
OP-016
DRUG SURVIVAL OF OMALIZUMAB FOR CHRONIC URTICARIA IN DAILY PRACTICE CARE

Bilgen Gencler1, Müzeyyen Gönül1

1University of Health Sciences, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Dermatology, Ankara, Turkey

Aim: Omalizumab is a recombinant humanized monoclonal antibody that selectively binds to IgE. Its efficacy on both chronic spontaneous urticaria (CSU) and chronic-induced urticaria (CindU) has been demonstrated by studies. However, studies on omalizumab survival rates are lacking in the literature. In this study, we evaluated the drug survival, efficacy and safety of omalizumab in chronic urticaria patients followed up in our clinic.

Materials and Methods: Chronic urticaria patients who received omalizumab treatment between January 2015-February 2020 were retrospectively analyzed. The demographic findings of the patients and their medical data including omalizumab treatment protocols were recorded. In this study, the Kaplan-Meier analysis estimated the drug survival. The independent predictors of discontinuous omalizumab were investigated using the logistic regression analyzer univariate Cox regression model.

Result: Seventy-three patients (49 females and 24 males) were included in the study. The mean patient age was 43. 86.3% of the patients had CSU, while 13.7% had CindU. Angioneurotic edema coexisted in 28.8%. Mean urticaria activity score (UAS) score prior to omalizumab treatment was 30.7. Mean UAS score of 57 patients still receiving treatment at the 6th month was 2.9. At the moment of data lock, omalizumab was discontinued in 47 patients, while 27 patients were still using it. The reason for discontinuation was well-being in 30 patients, inefficiency in 4, side effects in 2, pregnancy request in 2 and discontinuation of follow-up in 9. Mean discontinuation time of omalizumab was 11.5 months. There was no significant difference between the CSU and CindU groups in terms of UAS scores before omalizumab treatment and at the 6th month, mean number of doses, dose change, number of patients discontinued and reasons for discontinuation. Median follow-up time was 8.0 (min-max: 0-61) months for all patients. Median overall drug survival time was 12.0 months (95% CI: 5.2-18.7). The mean annual drug survival rate of omalizumab was 83%, 67%, 63%, 47% and 34% at years 1, 2, 3, 4 and 5, respectively. This retrospective study supports the efficacy and durability of omalizumab in patients unresponsive to H1 antihistamines.
Aim: Unusual angiomatous/lymphangiomatous vascular malformations are rarely seen. They are usually noticed at birth, and can be superficial or deeper. One of them is lymphangioma (LA), which is a rare benign lymphovascular abnormality as seen clear vesicles on the skin. It is usually seen in the types of circumscription (or capillary), cavernous and cystic. Here, we report a unique case of LA with a patchy appearance.

Figure 1
clinical appearances of the lesion
Figure 2
sonographic images

Materials and Methods: A seventeen-year-old girl was admitted to us seeking a cosmetic remedy for her bizarre leg lesion, which has been noticed since she was ten years old. The lesion initially was brownish and symptomless macula, but then darkened. The patient complained of both its ugly-color, and a leak wetting her clothes when the lesion rubs anywhere. In the dermatological examination, brownish, smooth-surfaced, patchy, irregular-bordered, 23x18 cm in diameter macular plaque was seen on inner surface of left leg. The surface of the lesion was dry unless pressure was applied. With the palpation, it was felt slightly warmer than the surrounding tissue. No infiltration was detected. When the lesion was strongly scratched, multiple, small, milimetric and clear droplets occured on the surface of the patch (Figure 1).
Sonography demonstrated heterogeneous intradermal lesion consisting dilated and tortuous vessels (Figure 2) Histopathological examination showed thin-walled a lot of dilated vascular proliferations in mainly the papillary dermis and also focal areas in the reticular dermis. Immunohistochemically, the vascular endothelial cells were stained positively for SMA CD31, and D2-40, but not for CD34 (Figure 3).

Result: With the obtained findings, the lesion was diagnosed with a lymphangioma. Because of its unusual macular appearance and ill-defined contours in USG examination, we preferred to call it as “silhouette lymphangioma”. The case was presented due to the interesting symptoms and eccentric clinical expression of the lesion. To the best of our knowledge this type LA is an unknown entity and has not previously been reported in literature. We think that this case will bring innovation to the concept of superficial lymphangioma.
A CASE OF SCLEROMYXEDEMA WITH DERMATO-NEURO SYNDROME

Gizem Gökçedağ1, Burçe Can Kuru1, Bilgen Erdoğan1, Zeynep Topkarci1, Hüseyin Emre Korkmaz1, Damlanur Sakız2

1Bakırköy Dr.Sadi Konuk Training and Research Hospital, Department of Dermatology, Istanbul
2Bakırköy Dr.Sadi Konuk Training and Research Hospital, Department of Pathology, Istanbul

Aim:

Introduction: Scleromyxedema also known as sclerodermoid lichen myxedematosus is a rare primary cutaneous mucinosus characterized by generalized waxy papules and sclerodermoid eruption. It is usually associated with a monoclonal gammopathy but progression to multiple myeloma is rare. Patients with scleromyxedema can have systemic manifestations that cause serious morbidity and mortality. The dermato-neuro syndrome is a rare, acute neurologic complication of scleromyxedema characterized by fever, convulsion, confusion and coma often preceded by flu-like symptoms.

Case: We describe the case of a 46-year-old man who presented with multiple papules that had been present for eight months. Two months prior to skin lesions, he started to have fever, headache and flu-like symptoms that were followed by seizures and abrupt loss of consciousness, even though he had no history of epileptic seizures. He was hospitalized and admitted to Intensive Care Unit. CT-scan, MRI, EEG, CSF analysis were all normal and provided no evidence for his neurological symptoms. Antibioteraphy and anticonvulsives were initially prescribed empirically and the patient was discharged. About 2 months later, papules started to appear initially around his ears then spreaded gradually. Dermatological examination revealed multiple 2 to 3 mm, skin-colored, firm, closely spaced papules symmetrically distributed on his ears, face, neck, arms, legs and trunk. Histopathologic examination of the skin biopsy showed mucin deposition in the dermis and results were found consistent with scleromyxedema findings. Serum electrophoresis showed IgG monoclonal gammopathy. He was hospitalized at the dermatology clinic for further investigation.

Result: The dermato-neuro syndrome is a rare yet sometimes lethal complication of scleromyxedema. Scleromyxedema is primarily a cutaneous disease, however extracutanous findings may be the initial symptoms. Patients who were initially diagnosed with scleromyxedema, must be examined further in terms of systemic manifestations.
OP-019
TEMPERAMENT FEATURES OF 3-6 YEARS OLD CHILDREN WITH DERMATOLOGICAL DISEASE

Dursun Türkmen¹, İlkınr Ucuz², Nihal Altunışık¹

¹İnönü University, Faculty of Medicine, Dermatology, Malatya
²İnönü University, Faculty of Medicine, Pediatric Psychiatry, Malatya

Aim: Dermatological and psychiatric diseases are related to each other in a wide range. The temperament-character traits of individuals are one of the important determinants for the development of psychiatric illness. When the related literature is examined, it is seen that the studies mostly focus on adult and advanced childhood dermatological diseases. In this study, we aimed to contribute to the literature by giving a perspective to dermatological diseases in terms of temperament characteristics by evaluating the dermatological diseases and childhood behavior characteristics especially in preschool children under 6 years of age.

Materials and Methods: The study was carried out in cross-sectional type. Patients under 6 years of age who were followed-up with the diagnosis of alopecia, vitiligo and psoriasis in the Dermatology outpatient clinic between June and December 2019 are included. Psychiatric evaluation was done by filling the sociodemographic data form, Short Temperament Scale for Children (STSC) and Children Behavior Questionnaire Short Form (CBQ). STSC has four sub-dimensions: approach/withdrawal, persistence, rhythmicity and reactivity dimensions. CBQ is a likert type scale that evaluates 15 temperament features.

Result: The mean age of 16 children with dermatological diseases included in the study was 5.6 (min: 3-max: 6). Male patients accounted for 62.5% of the cases. Psychiatric disorders were detected in 5 patients (31.3%) after psychiatric evaluation. In the evaluation of the sub-areas of STSC, it was determined that these children had the most rhythmic and least reactive and temperament features. When the sub-scale scores of the CBQ scale are analyzed, CBQ has the highest score in the sub-fields of satisfaction and perceptual sensitivity with the low intensity stimulus and the lowest in the shyness sub-field. Since the number of cases is low, subgroup analysis could not be performed according to the type of dermatological diseases. The results of this study determined that some temperament characteristics were observed more frequently in children with dermatological disease. Studies to be carried out by determining a larger sample and control group may reveal more precise results regarding the risk of developing psychiatric disorders in these disease groups.
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OP-020
EVALUATION OF BOWEL HABITS OF PATIENTS WITH ACNE VULGARIS

Munise Daye¹, Fatma Gökşin Cihan², Begüm Işık, Berna Hafızoğlu²

¹Necmettin Erbakan University, Faculty of Medicine, Department of Dermatology, Meram, Konya, Turkey
²Necmettin Erbakan University, Faculty of Medicine, Department of Family Medicine, Meram Konya, Turkey

Aim: Acne is a chronic inflammatory disease of the pilosebaceous units, characterized by excessive production of sebum, follicular hyperkeratinization. The pathophysiology of acne vulgaris are affected by lifestyle, dietary, psychological factors, testosterone levels, gastrointestinal dysfunction. In the literature, intestinal habits of acne cases haven't been determined. We aimed to evaluate the bowel habits of patients with acne vulgaris.

Materials and Methods: In this case control study, case group had 102, control group had 104 participants. Hospital Anxiety Depression Scale (HADS), Bristol Fecal Scale, Rome III criteria and Dietary Fiber Information (KADF), International Physical Activity Survey-Short were used. The mean age was 20.9 ± 3.9 years in case group, 21.8 ± 5.0 years in the control group. A significant difference was found between the acne patients and the control group in terms of anxiety scores (p = 0.005), total physical activity sitting score (p = 0.000). Of the case group 2.9% (n = 3) stated that there was a change in their intestinal routine during the period when they had acne. Irritable Bowel Syndrome (IBS) was present in 15.7% (n = 16) of the acne group and 22.1% (n = 23) of the control group (p = 0.317). According to global acne score (GAS), 55.9% (n = 57) had moderate acne. In the acne group, there was no significant relationship between IBS and GAS (p = 0.162).

Result: Skin diseases, particularly those with facial involvement, may cause deterioration of physical and mental health. Our results indicate that acne cases were more anxious as known in literature. The pathogenesis and development of acne is associated with intrinsic testosterone levels, gastrointestinal dysfunction, bacterial infection and psychological factors. Although it is statistically unsignificant cases with acne reported intestinal habbit changes during the flare of acne symptomps. Further research is required to clarify the correlation between acne vulgaris and intestinal function.
Aim: Allergic contact dermatitis (ACD) is a T-cell mediated, delayed – type hypersensitivity response to exogenous agent in pre-developed allergensensitized individuals. Patch testing is an essential investigation to identify allergens in ACD. Our aim was to evaluate the patch test results in our patients with allergic contact dermatitis.

Materials and Methods: One hundred eighty two patients were evaluated with the diagnosis of allergic contact dermatitis between January 2017 and January 2020. According to series, the most common allergens; age, sex and occupation characteristics were recorded.

Result: The most common allergens were found as nickel, epoxy rosin and formaldehyde in standart series and benzyl salicylate in cosmetic series. Medical history, lifestyle, occupation and complaint of the patients should be taken into account when selecting the appropriate patch test materials in order to reveal the triggering allergens and establish optimal management protocols.
OP-022
A CASE OF RECURRENT TOXIN-MEDIATED PERINEAL ERYTHEMA

Hediye Rana Gümüşdağ, Beyza Deveci, Volkan Buran, Müzeyyen Gönül

1University of Health Sciences Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Dermatology

**Aim:** Recurrent toxin-mediated perineal erythema is a benign, self-limiting mucocutaneous disorder caused by both staphylococcal and streptococcal toxins. It has been only reported young adults. It is characterized by well defined, asymptomatic desquamating rash in the perineum, upper thighs and lower abdomen. Here we report a 16-year old case in the first episode of recurrent toxin-mediated perineal erythema.

**Materials and Methods:** A 16 year-old girl presented to our outpatient clinic with an acute onset of asymptomatic perineal erythema, which started a few days after the sore throat. She did not define similar rash her past medical history. Dermatological examination revealed a sharply demarcated slightly edematous symmetrical salmon like erythematous plaque with peripheral desquamation and pustules located on the perineum, inside of the thigh and lower area of abdomen. Also, strawberry tongue and white plaque with undefined borders on gingival mucosa were detected. The patient was otherwise healty. Routine laboratory tests were normal except leukocytosis and neutrophilia. While Streptococcus pyogenes was identified in the throat culture, any microorganisms were not detected in the skin culture from the perineum. Recurrent toxin-mediated perineal erythema was diagnosed based on the clinical findings and laboratory tests. Mucocutaneous lesions improved by amoksilsin-klavulonate therapy within 10 days.

**Result:** Recurrent toxin-mediated perineal erythema is rarely seen bacterial toxin-mediated disorder that has been recently defined. It should be differentiated many disorders from local infection to Kawasaki’s disease. Recognition of recurrent toxin-mediated perineal erythema, a benign self-limited disorder, is important in terms of not performing unnecessary tests and comforting the patient and the family.
OP-023
DO BLOOD GROUPS PLAY A ROLE IN THE ETIOLOGY OF CHRONIC URTICARIA?

Murat Öztürk

Aim: If urticaria persists for more than six months, it may cause chronic skin inflammation. Proinflammatory cytokines such as IL-1β, IL-6 and tumor necrosis factor alpha (TNF-α) increase in chronic urticaria. Single nucleotide polymorphisms in the ABO locus are associated with two serum inflammation markers, TNF-α and soluble intercellular adhesion molecule (ICAM-1). Genetic factors such as blood group antigens affect the risk, severity, and development of certain medical conditions. To our knowledge, the relationship between blood groups and urticaria has not been investigated previously.

Materials and Methods: Eighty-two patients with chronic spontaneous urticaria and 290 healthy individuals whom had blood group record were included in this study. The results were analyzed statistically.

Result: In terms of ABO blood groups, 34 (42%) patients had A, 18 (22%) patients had B, 6 (7%) patients had AB, 24 (29%) patients had O blood groups in the patient group. In the control group, 139 (47.9%) individuals had A, 40 (13.8%) individuals had B, 22 (7.6%) individuals had AB, 89 (30.7%) individuals had O blood group. There was no significant difference between the groups (p> 0.05). In terms of Rh groups, 76 (90.4%) patients were Rh (+) and 6 (9.6%) patients were Rh (-). In the control group, 252 (85.3%) individuals were Rh (+) and 38 (14.7%) were Rh (-). There was no significant difference between the groups (p> 0.05). We didn’t find a relationship between blood groups and chronic spontaneous urticaria. But we think this is an interesting hypothesis. Further research is needed to reveal this possible relationship.
OP-024
“ERYTHEMA GYRATUM REPENS: PARANEOPLASTIC DISEASE OR NOT?”

Hüseyin Emre Korkmaz1, Zeynep Topkarci1, Burçe Can Kuru1, Bilgen Erdoğan1, Damlanur Sakız1

1Bakırköy Dr. Sadi Konuk Training and Research Hospital, Dermatology and Venereal Diseases Clinic, Istanbul

Aim: Erythema gyratum repens (EGR) is a type of annular erythema forming annular concentric rings with a distinctive figurate “wood-grain” appearance. It has strong association with malignancy.

Materials and Methods: A thirty-six-year-old male patient admitted to our clinic for erythematous wide plaques consisted of annular concentric rings with a wood grain appearance on his back, groin and buttocks for 15 years. Also, he had bilateral anterolateral leg alopecia for 8 years. He had epilepsy for 15 years and he had been using carbamazepine for 15 years and valproic acid for 5 years. Skin biopsy from a plaque on the upper back revealed as compatible with erythema gyratum repens. Biopsy from the alopecic area of the leg revealed as keratosis pilaris. Further examination was performed to screen for internal malignancy and there was not any pathology. No other medical, surgical, or family history was reported. EGR may occur rarely drug-related, but no case has been reported with antiepileptics. However, since the lesions began with carbamazepine intake, we consulted patient to the Neurology clinic for drug exchange. The drug dose was gradually reduce and change was planned with EEG controls. As a result of clinic, laboratuary and histopathologic examination diagnosis was compatible with idiopathic EGR. Treatment with topical mometasone furoate and moisturizer was initiated and at the second week, partial regression and discoloration started from center of the plaques.

Result: EGR may rarely occur as idiopathic. However, since it is usually a paraneoplastic disease, patients should be screened for malignancy first, and even if it is not detected, it should be followed up for a long time. Great mimicker mycosis fungoides can also present with EGR-like lesions, a skin biopsy must be performed for differential diagnosis.
OP-025
PREVALENCE OF FATTY LIVER IN PATIENTS WITH PSORIASIS:
A CROSS-SECTIONAL STUDY OF 100 PATIENTS

Göksen Ertugrul, Habibullah Aktaş

1Karabük University, Training and Research Hospital, Department of Dermatology, Karabük, Turkey

Aim:

Objective: Psoriasis is a chronic recurrent skin disease of unknown etiology, thought to be of autoimmune origin, which has been associated with metabolic syndrome in recent years. Fatty liver is a common finding of metabolic syndrome. Based on this association, we wanted to observe the prevalence of fatty liver in patients diagnosed with psoriasis.

Material and Method: The records of patients diagnosed with psoriasis vulgaris between January 2018 and December 2018 in the dermatology outpatient clinic of Karabük Training and Research Hospital were reviewed retrospectively. Psoriasis patients who had an abdominal ultrasonography test were included in the study. Age and gender-matched individuals who had an abdominal ultrasonography test for other reasons were included in the study as a control group.

Results: There was no significant difference between psoriasis patients and control group in terms of age and gender distribution (p=0.416, p=0.589, respectively). 58 of 100 psoriasis patients were female (58%) and 42 were male (42%). The average age was found to be 47.2 years. Fatty liver was found in 46 psoriasis patients (46%), while fatty liver was found in 18 individuals (18%) in the control group. It was significant that fatty liver was seen more in psoriasis patients than in the control group (p=0.002). In the psoriasis patient group, the average age of patients with normal liver was 42.3 years, while the average age of psoriasis patients with fatty liver was 53.9 years. Fatty liver was detected in 41 (60%) of 69 patients with psoriasis over the age of 40. The average age of individuals with fatty liver in the control group was 55.8 years, and the average age of individuals without fatty liver was 40.3 years.

Conclusion: Fatty liver is more common in psoriasis patients than expected in society. This rate is even higher in elderly patients with psoriasis and men with psoriasis.
A LARGE OUTBREAK OF JUVENILE SPRING ERUPTION AND THE REVIEW OF THE LITERATURE

Sıla Kılıç Sayar;

1Public Hospital of Lüleburgaz

Aim: Juvenile spring eruption (JSE) is a rare sun-induced skin disorder of the ears characterized by erythematous papules evolving into vesicles, causing outbreaks during early adulthood. We aim to report a large outbreak at a military unit, determine the demographic and clinical characteristics of the patients.

Materials and Methods: Herein, we report a large series of patients with JSE at a Turkish military unit.

Result: Fifty-eight male private soldiers (age range, 18-20), who referred to our clinic by the military health services, could be retrieved with JSE during the outbreak. The skin findings consisted of erythematous papules (n=31), papules and vesicles (n=27) with the symptoms as follows: pruritus (n=33) and pain (n=4). The Fitzpatrick skin phototypes were determined as III or IV in all patients except 4 patients with type II. Patients had no dermatological comorbidities except, two patients with psoriasis of mild severity and one patient with alopecia areata; none of the patients had a medical history of similar lesions or was receiving a medication that made him predisposed to photodermatosis. Initial lesions of the patients were observed in the first week of April when was characterized with sunny but cold weather (0-12°C degrees) when the military unit was training daily at 6 a.m. for up to one hour. Topical steroids and emollients were used in the management of lesions and wet dressings were also applied in the patients with vesicles. Full recovery was observed in two weeks in all patients except 4 patients in whom lesions left minimal atrophic hypopigmented scars. Negative phototesting results in JSE suggested the cause as a combination of triggering factors such as ultraviolet radiation, cold, and other probable environmental factors. Presenting the largest series of JSE among soldiers from Turkey and the world, the number of affected patients in a single outbreak was remarkable in our series. Three outbreaks among soldiers including one in Turkey were described so far; however, the largest reported outbreak was in a labor camp in the literature. In conclusion, JSE is a less-known, not a well-understood photodermatosis and, can be worrisome for the patients and the doctors if not be diagnosed correctly.
AN ANALYSIS OF THE MONTHLY DERMATOLOGY CONSULTATIONS IN THE POST-COVID-19 ERA

Özge Aşkin, Defne Özkoca

İstanbul University, Cerrah paşa Faculty of Medicine, Department of Dermatology and Venereal Diseases

Aim: Although dermatology is mainly an outpatient practice, inpatients frequently have dermatologic concerns as well. Teleconsultation was a frequent practice during the first few months of the COVID-19 pandemic. However, starting with June 2020, hospitals started to accommodate non-covid patients in the inpatient wards as well. The aim of this study is to analyse the dermatology consultations within a month and to reflect our daily practice.

Materials and Methods: This is a retrospective study performed using the data on the “ishop” patient system of Istanbul Üniversitesi-Cerrahpaşa, Cerrahpaşa Medical Faculty. All the consultations that were requested from dermatology between June 1st 2020 and July 1st 2020 were included in this study. The department that requested the consultation, the complaint and the day of the consultation were noted.

Result: A total of 113 consultations were requested from dermatology within the first month of post-covid normalisation. Of these, 42 were requested by internal medicine wards, 14 were requested by infectious diseases and 12 were requested by pediatrics. Plastic Surgery, Neurosurgery, Ophtalmology and Pediatric Surgery did not request any consultations. The most frequently consulted complaints were soft tissue infections (16), pressure ulcers (11), tinea infections (9), dermatitis (8), drug eruptions (7), insect bites (6). The most frequent days for consulting patients were Tuesday (29) and Monday (22). The departments that most frequently requested consultations were internal medicine, pediatrics and general surgery in literature. Our study showed that internal medicine requests the most of the consultations, which is in alignment with the previous literature. Previous studies showed that the most frequently consulted complaints were drug eruptions, psoriasis and dermatitis. However, we found that soft tissue infections, pressure ulcers and tinea infections were the most common. Even though normalisation of the inpatient wards have been initiated, the patient profile has slightly shifted due to the pandemic. In contrast to the previous studies, we examined the days of consultations as well. With this, we aimed to compare the days consulted with the daily practices of other departments. As was expected, most of the consultations were requested on Mondays and Tuesdays, which is in parallel with the busy days of other departments.
Aim: Seborrheic dermatitis is a chronic skin disorder, characterized by erythematous papulosquamous lesions in body regions that are rich in sebaceous glands, particularly the scalp, face, and intertriginous areas. Seasonal variation has been reported in different skin diseases with conflicting results. Herein we wanted to analyze the demographic characteristics of the patients with seborrheic dermatitis and to determine the impact of seasonality on seborrheic dermatitis.

Materials and Methods: In this study, the patients, who visited for the diagnosis of seborrheic dermatitis to our outpatient dermatology clinic between 01.06.2015-01.06.2020, were included. We reviewed the outpatient dermatology service database retrospectively. Both pediatric and adult dermatology outpatient administrations were evaluated.

Result: A total of 2,656 patients with seborrheic dermatitis were admitted to our outpatient clinic between the study period. The mean age of the patients was 31.99±15.88 (0-87) years. Among these patients, 1,540 (58%) were males and 1,116 (42%) were females. Seborrheic dermatitis was most common in 20-30 years (29.9%). The mean age of the females was 29.51±15.43, and 33.80±15.96 in males. As we compare according to the seasonal activity, 817 (31%) patients admitted in winter, 615 patients in spring (23%), 452 patients in summer (17%), and 772 (29%) patients in autumn.
A CASE OF PEDIATRIC PSORIASIS ACHIEVING REMISSION AFTER ALLOGENIC BONE MARROW TRANSPLANTATION

Dilara Güler1, Gülhan Gürel1, Gülsüm Şeyma Yaçın2, İbrahim Eker3, Çiğdem Özdemir2

1Afyonkarahisar Health Sciences University, Department of Dermatology
2Afyonkarahisar Health Sciences University, Department of Pathology
3Afyonkarahisar Health Sciences University, Department of Pediatric Hematology

Aim: Psoriasis is an inflammatory disease that is mainly associated with dermatological manifestations, and affects approximately 2–3% of the general population. Aplastic anemia is a bone marrow deficiency syndrome that is characterized by an extreme reduction in the number of blood cells as a result of failure in hematopoiesis. Patients undergoing allogeneic stem cell transplantations may also experience remission in some immune-mediated diseases that are comorbid with aplastic anemia. We presented the first case of pediatric psoriasis to achieve complete remission upon transplantation for a non-malignancy indication.

Materials and Methods: A 12-year-old male patient with psoriasis identified four years previously presented to the pediatric hematology clinic with fever and fatigue. The patient was thus diagnosed with aplastic anemia. Dermatological assessment revealed annular plaque on an erythematous base covered with squamae on the trunk and upper extremities, and squamous plaque lesions with erythema and a yellowish, greasy look around the eyes and on the scalp. Seven months after the aplastic anemia diagnosis, the patient underwent a bone marrow transplantation from his fully-matched brother without a psoriasis diagnosis. Dermatological assessment was made on day 7 following the allogeneic stem cell transplantation, revealing complete remission in the lesions of the patient. He was discharged on day 43 with follow-up by the Pediatric Hematology department on an outpatient basis. The patient experienced no complications during follow-up in the outpatient setting, and the final follow-up visit on day 80 also revealed no sign of the pre-transplantation skin and scalp lesions.

Clinical condition of the patient after bone marrow transplantation

Result: Literature contains reports of cases that enter into remission in psoriasis after bone marrow transplantation. A review of literature identified no previous case of pediatric aplastic anemia that achieved complete remission in psoriasis after a transplantation for a non-malignancy indication. To the best of our knowledge, this is the first such pediatric case, and so the available knowledge related to this matter is highly limited. Our case report needs to be supported by prospective studies involving larger patient populations.
A VERY RARE LOCALISATION OF A RARE DISEASE: PALMAR LICHEN NITIDUS

İrem Nur Durusu1, Dilara Güler1, Gülhan Gürel1, Gülsüm Şeyma Yalçın2

1Afyonkarahisar Health Sciences University, Department of Dermatology
2Afyonkarahisar Health Sciences University, Department of Pathology

Aim: Lichen nitidus is an uncommon lichenoid dermatosis that could be defined as grouped, small, flesh-colored, separate, pinpoint papules. The most commonly involved sites are flexor areas of upper extremities, hand dorsums, trunk and genitalia. The disease usually affects children or early adults without any sex predilection. The aetiology of the disease is unknown and the diagnosis usually established with clinical appearance although the histopathologic examination may be required in some situations. Palmoplantar lichen nitidus is a very rare variant of lichen nitidus which may be seen on the palms and soles only or together with lichen nitidus lesions of other body parts.

Materials and Methods: There are a few dermoscopic findings defined for lichen nitidus in some case reports. Absence of dermatoglyphics, radial ridges, central depression with non polarised mode; ill defined hypopigmentation with diffuse erythema and linear vessels with polarised mode were observed in classical lichen nitidus. In palmoplantar variant specifically; well-defined, ovoid to flattened depressions surrounded by white scales and between them linear white thicker scales were described. The histopathological definition of lichen nitidus also consist of some characteristic features. Subepidermally located lymphohistiocytic infiltrate surrounded by acantotic, parakeratotic epidermis makes the so called “ball-in-clutch” or “ball-in-claw” appearance.

Result: A twenty four year old man presented with asymptomatic, pitted, hyperkeratotic, grouped papules on his third and fourth phalanges at the palmar aspect of left hand. With dermoscopic examination fine brownish, round-to-ovoid comedo-like central depression areas surrounded by white halo-like scales and white linear scales connecting them were detected. 3 mm punch biopsy confirmed the clinical diagnosis of palmar lichen nitidus. We report this very rare disease to contribute to the literature and emphasise the diagnostic importance of dermoscopic description.

image 1
Asymptomatic, pitted, hyperkeratotic, grouped papules on the third and fourth phalanges at the palmar aspect of left hand.

image 2
Fine brownish, round-to-ovoid comedo-like central depression areas surrounded by white halo-like scales and white linear scales connecting the ovoid structures.
OP-032
NEVUS LIPOMATOSUS CUTANEOUS SUPERFICIALIS: DERMOSCOPIC FINDINGS AND DIFFERENT DIAGNOSIS

İşin Nur Sultan Öncü, Seçil Soylu, Çiğdem Özdemir

1 Afyonkarahisar Health Sciences University, Faculty of Medicine, Department of Dermatology, Afyonkarahisar, Turkey
2 Afyonkarahisar Health Sciences University, Faculty of Medicine, Department of Pathology, Afyonkarahisar, Turkey

Aim:
INTRODUCTION: Nevus lipomatosus cutaneous superficialis (NLCS) is a rare idiopathic benign hamartomatous tumor, characterized by dermal deposition of mature adipose tissue. It has been often misdiagnosed as condyloma acuminata, epidermal nevi, connective tissue nevi, papillomas, and nevus sebaceus. Dermoscopy can be useful in differential diagnosis. Herein we report dermoscopic findings and different diagnosis of this rarely seen disease.

Materials and Methods: CASE
A 13-year-old boy presented with soft, skin-colored, polypoid, well-defined papules and plaques, extending from left intergluteal region to thigh in zosteriform pattern, which existed for about 7 months. Dermoscopic evaluation of the lesion showed honeycomb-like pigmenetary network, cerebriform surface with pink structureless areas, regularly dispersed central vascular lesions and terminal hair follicules. The histopathologic examination of punch skin biopsy revealed the diagnosis of NLCS.

DISCUSSION: NLCS is classified in two type; classical and solitary type. The classical variant presents as coalescing multiple, soft pedunculated or cerebriform papules in a zonal pattern located on the lower back, upper thighs, or in the gluteal region. It is usually present at birth or appears during the first third decades of life. The limited number of articles on dermoscopic features of NLCS in the literature have been reported cerebriform surface formed by gyri and sulci, keratin plugs, yellowish structureless areas, some of them showing a perifollicular distribution, honeycomb-like pattern, comedo-like openings, rim of the cerebriform surface showed a "ground glass" white film or "veil. However no single dermoscopic feature is distinctive of NLCS is also stated. Dermoscopic evaluation of our patient showed honeycomb-like pigmentary network, keratin plugs, cerebriform surface with pink structureless areas and in addition to and different from these findings, regular distribution of central vessels and papillomatous projections were observed.

Result: In conclusion, as treatment is not necessary except for cosmetic reasons, the differential diagnosis of NLCS from especially anogenital warts and usefulness of dermoscopy should be remembered. Although the dermoscopic findings monitored in our case are not specific to NLCS, they are important because they are poorly defined in the literature and we believe that dermoscopy together with clinical findings can help distinguish NCLS from other diagnoses along with the findings.
EVALUATION OF RELATIONSHIP BETWEEN ANTIHYPERTENSIVE DRUG USE AND DERMATOSCOPIC FEATURES IN PATIENTS WITH KERATINIZING SKIN CANCER

Hatice Gamze Demirdağ

1 Self-Employed Physician, Ankara

Aim: Actinic keratosis (AK), in situ squamous cell carcinoma (in situ SCC), invasive squamous cell carcinoma (SCC) and keratoacanthoma (KA) exist on a spectrum that grouped under the category of keratinizing skin cancer. Dermatoscopically, these lesions have several features, such as scale, vascular structures, and erythema, are ubiquitous among them. There have been some reports about association between use of photo-reactive antihypertensive drugs and AK/SCC risk, recently. This study aims to evaluate the relationship between antihypertensive drug use and dermatoscopic features in patients with keratinizing skin cancer.

Materials and Methods: A total of 46 patients with 64 keratinizing skin cancer lesions that histopathologically diagnosed (AK, in situ SCC, SCC, and KA) were included in the study. The age, gender, body-mass index, phototype, history of keratinizing skin cancer, sunglasses and sunscreen usage, history of sunburn in childhood and use of antihypertensive drug were recorded. The number, duration, localization and dermatoscopic features of lesions were also recorded. All patients were divided in two groups as users of antihypertensive drug and non-users.

Result: Of the 46 patients, 24 (52.2%) were females and 22 (47.8%) were males with a mean age of 69.8±13.28. A total of 64 lesions including 47 AK, 5 in situ SCC, 10 invasive SCC and 2 KA were evaluated dermatoscopically. A red pseudonetwork and scale were significantly associated with AK, whereas keratin and linear-irregular vessels were significantly more prevalent in SCC. Scale and glomerular vessels were significantly associated with in situ SCC. Central keratin, hairpin and serpentine vessels were statistically significant in KA. Ulceration, blood spot and white structureless area were significantly more common among in situ SCC, SCC and KA compared with AK. The users of anti-hypertensive drugs were 22 (47.8%) and non-users were 24 (52.2%). Dermatoscopic features of lesions were compared and there was no statistically difference between two groups. (Table 1).

Dermatoscopy may aid clinicians in differentiating keratinizing skin cancer lesions. This study did not found a relationship between antihypertensive drug use and dermatoscopic criterias in keratinizing skin cancer. To our knowledge, this is the first study that investigate a possible relationship. Further studies with large populations are needed.
### Table 1

<table>
<thead>
<tr>
<th>Dermatoscopic Features</th>
<th>Non-users of antihypertensive drug n=24</th>
<th>Users of antihypertensive drug n=22</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema</td>
<td>19 (65.5%)</td>
<td>25 (71.4%)</td>
<td>0.405</td>
</tr>
<tr>
<td>Red pseudonetwork</td>
<td>9 (31%)</td>
<td>10 (28.6%)</td>
<td>0.522</td>
</tr>
<tr>
<td>Keratin</td>
<td>14 (48.3%)</td>
<td>14 (40%)</td>
<td>0.340</td>
</tr>
<tr>
<td>Central keratin</td>
<td>2 (6.9%)</td>
<td>1 (2.9%)</td>
<td>0.429</td>
</tr>
<tr>
<td>Scale</td>
<td>22 (75.9%)</td>
<td>28 (80%)</td>
<td>0.460</td>
</tr>
<tr>
<td>Ulceration</td>
<td>9 (31%)</td>
<td>10 (28.6%)</td>
<td>0.522</td>
</tr>
<tr>
<td>Blood spot</td>
<td>12 (41.4%)</td>
<td>12 (34.3%)</td>
<td>0.372</td>
</tr>
<tr>
<td>Brown pseudonetwork</td>
<td>4 (13.8%)</td>
<td>6 (17.1%)</td>
<td>0.495</td>
</tr>
<tr>
<td>Brown-grey dot</td>
<td>6 (20.7%)</td>
<td>10 (28.6%)</td>
<td>0.334</td>
</tr>
<tr>
<td>White structureless area</td>
<td>5 (17.2%)</td>
<td>7 (20%)</td>
<td>0.519</td>
</tr>
<tr>
<td>White circle</td>
<td>18 (62.1%)</td>
<td>22 (62.9%)</td>
<td>0.576</td>
</tr>
<tr>
<td>White clod/rosette</td>
<td>8 (27.6%)</td>
<td>15 (42.9%)</td>
<td>0.157</td>
</tr>
<tr>
<td>Dotted vessels</td>
<td>0 (0%)</td>
<td>1 (2.9%)</td>
<td>0.547</td>
</tr>
<tr>
<td>Glomerular vessels</td>
<td>2 (6.9%)</td>
<td>3 (8.6%)</td>
<td>0.590</td>
</tr>
<tr>
<td>Hairpin vessels</td>
<td>3 (10.3%)</td>
<td>2 (5.7%)</td>
<td>0.410</td>
</tr>
<tr>
<td>Linear-irregular vessels</td>
<td>6 (20.7%)</td>
<td>3 (8.6%)</td>
<td>0.152</td>
</tr>
<tr>
<td>Serpentine vessels</td>
<td>2 (6.9%)</td>
<td>2 (5.7%)</td>
<td>0.619</td>
</tr>
</tbody>
</table>

The number, frequency and comparison of dermatoscopic features among users and non-users of antihypertensive drug.
OP-034
QUALITY OF LIFE IN PATIENTS WITH RADIODERMATITIS

Burcu Tuğrul1

1Dr. Abdurrahman Yurtaslan Oncology Research and Training Hospital, Department of Dermatology

Aim: Radiodermatitis is a cutaneous reaction due to intense exposure to ionizing radiation and may cause significant impairments to the quality of life (QoL) of cancer patients. The purpose of this study is to report skin-related and general health related QoL in patients with acute radiodermatitis.

Materials and Methods: The study population was selected from patients who had radiodermatitis and were consulted to Department of Dermatology. Age and sex matched 30 patients and 30 healthy controls completed the Dermatology Life Quality Index (DLQI) and Short-Form-36 (SF-36). Patients were questioned about their medical and radiotherapy history and the dermatologist reported patients’ stage of radiodermatitis. Non-parametric tests were used for statistical analysis due to small number of participants.

Result: The median age of the patients was 51.5 years (18-76) and the median age of the controls was 48.5 (36-65) and there was no statistically significant difference between them (p = 0.796). The gender distributions of the patients and healthy controls were the same: 66.7% (n: 20) of them were women; 33.3% (n: 10) of them were male and there was no statistically significant difference (p: 0.784).

33.3% (n:10) of the patients were Phase-1, 26.7% (n:8) were Phase-2 and 40% (n:12) were Phase-3 radiodermatitis. There was not any patient with phase -4. When the QoL index scores were examined according to the phase of radiodermatitis, a statistically significant difference was found between the groups in terms of DQLI, physical role difficulties, and mental health scores (respectively p values; 0.005,0.035,0.038). Phase-3 patients had lower QoL.

When patients’ and healthy controls’ DLQI scale scores were compared, the patients’ DLQI scale scores (median: 17 (1-30)) were found to be significantly lower than healthy controls’ (median: 0 (0-8)) (p <0.001). The patients’ scores of physical dysfunction, emotional and physical role difficulties, social dysfunction, and pain were found to be significantly lower than the healthy controls (p <0.001, p: 0.004, p: 0.001, p respectively). <0.001, p <0.001) (Table-1)

The results of this study showed that the radiodermatitis causes low dermatologic QoL and causes physical dysfunction, emotional and physical role difficulties, social dysfunction and pain. Multiprofessional interventions may improve patients’ QoL who suffers from radiodermatitis.
Table 1

<table>
<thead>
<tr>
<th></th>
<th>PATIENTS (n:30)</th>
<th>HEALTHY CONTROLS (n:30)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>DLQI</td>
<td>Median (min-max)</td>
<td>Median (min-max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 (0-30)</td>
<td>0 (0-8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Vitality</td>
<td>47.5 (10-75)</td>
<td>42.5 (30-75)</td>
<td>0.715</td>
</tr>
<tr>
<td>Physical functioning</td>
<td>52.5 (0-100)</td>
<td>80 (20-100)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Bodily pain</td>
<td>32.5 (0-100)</td>
<td>77.5 (32.5-100)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>General health perceptions</td>
<td>45 (10-70)</td>
<td>55 (30-81.5)</td>
<td>0.003</td>
</tr>
<tr>
<td>Physical role functioning</td>
<td>0 (0-100)</td>
<td>100 (0-100)</td>
<td>0.001</td>
</tr>
<tr>
<td>Emotional role functioning</td>
<td>33.3 (0-100)</td>
<td>66.6 (0-100)</td>
<td>0.004</td>
</tr>
<tr>
<td>Social role functioning</td>
<td>50 (0-100)</td>
<td>75 (50-100)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Mental health</td>
<td>48 (32-72)</td>
<td>52 (36-68)</td>
<td>0.704</td>
</tr>
</tbody>
</table>

Comparison of the scores of the Dermatology Life Quality Index (DLQI) and Short-Form-36 (SF-36) between patients and healthy controls. P-value considered statistically significant when P<0.05.
OP-035
ASSESSMENT OF QUALITY OF LIFE IN WOMEN PATIENTS WITH MELASMA

Sevda Önder

1Ordu University, Department of Dermatology

Aim: Melasma is a common chronic acquired hypermelanosis. It is a challenging pigmentation disease to treat. It has significant impacts on appearance, psychosocial and emotional distress, reduce the quality of life of the affected patients. Aim of this study is to determine the profile of the melasma patients and quality of life of them.

Materials and Methods: Local ethics committee approval for the study. This was a prospective study involving 71 subjects with melasma. The diagnosis was made based on history, clinical features and by Wood's lamp examination. Demographic data of the patients were recorded. Melasma quality of life scale (MelasQoL) was used to evaluate quality of life of the patients. All collected data were processed and statistically analysed.

Result: 71 patients with melasma were evaluated in this study. The mean age of the patients was 37.7 years (21-58). The mean duration of the disease was 7.2 years (1-25). 73% of the patients were married and 27% were single. Most of the patients had Fitzpatrick skin types 3 and 4. 52.1% of the patients did not use regular sunscreen. Melasma was associated with pregnancy in 45.1% of the patients. There was a family history of first degree relatives in 36.6% of the patients. 11.3% of the patients had a history of thyroid disease. The dermatology quality of life index was 5.7 on average. Melasma quality of life index was on average 38.6 ± 15.2. When the patients were evaluated as those above the age of 40 and under the age of 40, MelasQoL was found to be significantly higher in patients under the age of 40 (p = 0.037). When the patients were evaluated according to the duration of melasma there was no significant relationship in terms of MelasQoL. As a result in this study, we found that it affects the quality of life at a moderate level in all patients, especially those under the age of 40.
Lokalize Sklerodermada Ultrasonografi Shear Wave Elastografinin Klinik ve Patoloji ile Korelasyonu

Gülen Burakgazi¹, Gamze Seraslan², Zeynel Önder², Tümay Özgür³, Emre Dirican⁴

¹ Recep Tayyip Erdoğan University, Faculty of Medicine, Department of Radiology
² Mustafa Kemal University, Faculty of Medicine, Department of Dermatology and Venereal Diseases, Hatay
³ Mustafa Kemal University, Faculty of Medicine, Department of Pathology, Hatay
⁴ Mustafa Kemal University, Faculty of Medicine, Department of Biostatistics and Medical Informatics, Hatay

Aim: Lokalize skleroderma (LS) dermis ve subkutiste inflamasyon ve kollajen birikimi ile karakterize olup deride kalınlaşmaya yol açabilen bir hastalıktır. Yüksek frekanslı (4-20 mHz), lineer ultrason (US) probu ile ultrasonografik (USG) incelemenin LS'de deri tabakalarını ve dokuların perfüzyon paternlerini belirlemeye yardımcı olabileceği bir tanı aracı düşünülmektedir. Bu çalışmada yüksek frekanslı USG incelemenin LS'nin klinik ve histopatolojik tanılarında rolünün belirlenmesi amaçlanmıştır.

Materials and Methods: Prospектив çalışmanın etik kurulu onayı alındı ve çalışmaya XXX Tıp Fakültesi Dermatoloji polikliniğine başvuran hastalar dahil edildi. Deri tutulumunun klinik değerlendirmesi Modifiye Lokalize Skleroderma Deri Sıddet İndeksi (mLoSSI) ve Lokalize Skleroderma Deri Hasar İndeksi (LoSDI)ne göre yapıldı. Klinik olarak en belirgin (skoru en yüksek) olan lezyon US sheär wave elastography (SWE) (Logic E9 XDCLEAR, GE Healthcare, Milwaukee, WI, USA) teknigi ile gri skala US bilgilerine göre deri elastisitesi (kPa) ve kalınlığı (mm) değerlendirildi. Ayrıca karşı taraftaki etkilenmemiş deri alanı ile karşılaştırıldı. USG inceleme yapılan lezyonlardan aynı zamanda biyopsi alındı ve her örnek patolojeye gönderilerek inflamasyon, skleroz ve atrofi açısından değerlendirildi.

Result: Çalışmaya toplam 27 hasta (23 kadın (%85.2), 4 erkek (%14.8)) dahil edildi. Tanı sırasında yaş ortalaması 44.78±17.81 yıl (9-71 yaş) ve hastalık süresi 19.37±22.47 ay (1-84 ay) idi. Lezyonlar hastaların %37'inde (n=10) gövde ön yüz, %30'unda (n=8) ayaq ekstremitesi, %22'inde (n=6) üst ekstremitesi ve %11'inde (n=3) gövde arka yüz yerleşimi idi. Klinik olarak %63'ünde (n=17) sınırlı plak tip, %33.3'ünde (n=9) jeneralize plak tip ve %3.7'sinde (n=1) lineer-jeneralize plak tip LS saptandı. Ortalama mLoSSI=3.37±1.77 ve LoSDI=2.50±1.01 idi. Histopatolojik gruplandırma göre 10 hasta inflamatuvar, 10 hasta sklerotik, 7 hasta atrofik tipte LS ile uyguluydu. Histolopatolojik grupların arasında ortalama USG kalınlık değerleri arasında anlamli fark tespit edilememiş olmakla birlikte (p=0.063), anlamli fark çok yakın olduğundan ROC (Receiver Operating Characteristic) analizi ile değerlendirilmeye alındı. Inflamatuvar ve sklerotik gruplar arasında USG deri kalınlığının anlamlı (sensitivite %91, spesifite %81, p=0.020) ve cut off değerinin 2,20 mm olduğu saptandı. Ancak klinik ve USG değerler arasında anlamli fark saptanmadı.
**OP-037**  
**A VERY RARE VARIANT OF MYCOSIS FUNGOIDES: SYRINGOTROPIC MYCOSIS FUNGOIDES**

Fatma Etgü, Havva Erdem

1Ordu University, Educational and Research Hospital, Dermatology Department  
2Ordu University, Educational and Research Hospital, Pathology Department

**Aim:** Mycosis Fungoides is the most common primary cutaneous lymphoma and it is classified in the group of non-Hodgkin lymphomas. Syringotrophic mycosis fungoides is a very rare variant of cutaneous T-cell lymphomas and clinically difficult to distinguish from folliculotopic MF. Here we present a case of syringotrophic mycosis fungoides with extensive skin involvement.

**Materials and Methods:** CASE:

83-year-old man presented with a 1 year history of erythematous plaques. Dermatological examination showed diffuse keratosis, erythematous plaques on abdomen and back, erythematous plaques and nodular lesions on lower extremity with a small ulceration. Also there is hair loss on arms and legs (Figure 1). And the patient describe severe pruritus and hypohydrosis. There is no lymphadenopathy at physical examination. Laboratory examination was normal. Excisional biopsy was taken from arm, trunk and legs. The patient accepted as syringotrophic mycosis fungoides. The patient didn't come to follow up and we couldn't treat the patient.

**Result:** Conclusion: In folliculotropic mycosis fungoides neoplastic lymphocytes infiltrates the hair follicles and sparesthe interfollicular epithelium when the eccrine glands are also infiltrated by the neoplastic cells the disease is named as syringotrophic MF.

FMF has skin lesions like erythematous patches and plaques, acneiform lesions, comedo like openings, epidermal cysts, milia, alopecia and nodules. It is preferably located at face, neck and upper trunk (4,5). SMF usually appear as papules, plaques and nodules. Alopea, hypohydrosis and less frequently ulceration can be seen in SMF (2). The predilection sites for SMF are lower extremities, palms and soles (2,5). Histopathological hallmark sign of MF, epidermotropism, usually absent in FMF, atypical T-cells invade hair follicles (6). SMF is characterised by atypical lymphocytes surrounding eccrine glands, syringometaplasia and epidermatropism (2). SMF can be treated with NBUVB, PUVA, local radiotherapy, systemic altretinoin and retinoids (2)

FMF has a worse prognosis than tumor stage MF according to the WHO-EORTC (3). However syringotrophic MF has a good prognosis (2,3,6). Since FMF and SMF has different prognosis and because these two disorders indistinguishable clinically histopathological diagnosis is crucial. Dermatologist and dermatopathologist should be aware of SMF to avoid delayed treatment (2,5).
POSTER PRESENTATION ABSTRACTS
A CASE OF LYMPHOMATOID PAPULOSIS TREATED WITH PUVA TREATMENT

Havva Hilal Ayvaz1, İjlal Erturan1, Selma Korkmaz1, Mehmet Yıldırım1, Gamze Erkilınç2, Nermin Karahan2, Sema Bircan2

1Süleyman Demirel University, Department of Dermatology, Isparta, Turkey
2Süleyman Demirel University, Department of Pathology, Isparta, Turkey

Aim: Lymphomatoid papulosis (LyP) is a rare, non-aggressive T-cell lymphoma which is seen about 12% of all cutaneous lymphomas. Although the peak incidence is in the fifth decade, any age group can be affected. Men are more likely to have LyP than women, but there is no ethnic predisposition. Here, a male patient with LyP was presented.

Figure 1a-1b

The appearance of LyP lesions before the treatment

Figure 3a-3b

The appearance of LyP lesions after the treatment

Materials and Methods: A 57-year-old Caucasian male admitted to our clinic with a history of 6 months expanding skin lesions. He received several treatments with topical and systemic antibiotics, antihistamines with no improvement. No pruritus was mentioned, but he suffered mild burning sensation. On clinical examination there was disseminated papules and nodules of variable size were seen, some of them covered with a crust on the extensor surface of the both thighs, trunk, the upper extremities (Figures 1a-1b). Hyperpigmented maculae and scars were also seen. The palms, the soles, and the mucous membranes were normal. There was no consistent systemic B symptoms. The differential diagnosis included lymphomatoid papulosis, other cutaneous lymphomas, sarcoidosis, and histiocytosis. Histopathologic examination of biopsy was on behalf of LyP (Figure 2). Laboratory examination including ANA revealed no pathology. No atypical cells were observed in the peripheral blood smear. Ultrasound scan of systemic involvement was investigated which resulted in no involvement. PUVA treatment was started as twice a week. 2 months later, skin lesions improved (Figure 3a-3b) and no recurrence was observed in the last 3 month follow-up.

Result: LyP lesions are characterized by recurrent, often disseminated, red or purple, rarely pruritic papules and nodules, measuring less than 2.0 cm and sometimes necrotic lesions. Several histopathologic types of LyP have been described according to the number of lymphocytes expressing CD30 and their size. The most commonly used treatment choices are topical corticosteroids, phototherapy, methotrexate, bexarotene, interferon. Although LyP has a well prognosis, there is a 5% to 30% risk of secondary malignancies, especially systemic lymphomas. For this reason, long-term follow-up is required in all patients with LyP. For the reason that LyP is a rare but important disease, this LyP case which have a good response was presented.
PP-002
GUTTATE MORPHEA IN A 31-YEAR-OLD FILIPINO FEMALE: A DIAGNOSTIC CHALLENGE IN ITS EARLY STAGE

Nadine Elizabeth Villariba Romano1, Cindy Jao Tan1, Camille Berenguer Angeles1, Ruth Bueno Medel1

1University of The East Ramon Magsaysay Memorial Medical Center, Inc., Faculty of Medicine Department of Dermatology, Philippines

Aim: Guttate morphea, also known as localized scleroderma, describes a distinctive inflammatory skin disorder that ultimately leads to sclerosis. It is differentiated from systemic scleroderma by the absence of vasculopathy and organ involvement.1 Guttate morphea is used to characterize small 2-10mm yellow-white sclerotic lesions which primarily arise on the trunk. Initial erythema may precede the sclerotic stage by a few months causing initial diagnostic confusion. High index of suspicion and knowledge of disease evolution are essential.

Materials and Methods: A 31-year-old Filipino female who presented with multiple erythematous plaques on the trunk and extremities and arthralgia was initially diagnosed with cutaneous drug reaction. Prompt treatment led to partial relief of symptoms. Two months later, eruption of multiple ivory-white small patches and plaques were noted on the same affected areas. Serum markers revealed elevated ANA levels and negative anti-Scl70/anti-centromere serum autoantibodies. Biopsy showed homogenized thick dermal collagen bundles consistent with morphea. Topical therapy with calcipotriol + betamethasone dipropionate ointment showed remarkable improvement. Adjunct narrowband-UVB phototherapy also provided relief due to its ability to reduce collagen synthesis and cytokine production.

Result: Morphea may be easily misdiagnosed during the early stages. Characteristic clinical appearance of erythematous plaques with violaceous borders may not always be present. Histologic examination and serum autoantibodies help exclude other disorders with the same clinical and histopathological spectrum. Treatment is individualized depending on the severity and depth of skin involvement, early treatment and monitoring should be initiated before complications arise.
Aim: Introduction: IgA pemphigus is a rare, distinct variant of pemphigus characterized by vesiculopustular eruptions mediated by IgA autoantibodies targeting keratinocyte cell surface antigens, desmocollins 1-3 and sometimes desmogleins 1 and 3. Its classical features have been described in literature but atypical cases have also been documented. This report presents such case posing a diagnostic dilemma.

Materials and Methods: Case Report: A 35-year-old female presented with a 16-year history of intermittent eruptions of multiple hyperpigmented, annular and circinate, desquamating plaques and coalescing flaccid pustules on erythematous bases on the scalp, neck, trunk, and extremities. Histopathologic examination revealed subcorneal pustular dermatitis, and direct immunofluorescence was positive for granular intercellular IgG and IgA deposits in the epidermis. Antinuclear antibody test was negative and C3 level was normal. Antibody tests against desmoglein 1 and 3 were both negative. Topical potent corticosteroid therapy resulted in complete resolution of all lesions in three weeks.

Result: Conclusion: Diagnostic dilemmas arise when laboratory results do not correlate with clinical findings. Findings of IgA autoantibodies in patients with pemphigus-like skin eruptions led to the diagnosis of subcorneal pustular dermatosis type of IgA pemphigus. Dapsone is the treatment of choice although topical potent corticosteroid alone may provide complete remission in some cases, avoiding the potential adverse effects of systemic therapy.
PP-004
EROSIVE PUSTULAR DERMATOSIS AFTER HERPES ZOSTER

Hüsnə Gider1, Semiḥ Güder2, Şükrü Yıldırım1

1Maltepe University, Faculty of Medicine, İstanbul
2Bezmialem Vakıf University, Faculty of Medicine, İstanbul

Aim: Erosive pustular dermatosis of the scalp is an uncommon, idiopathic dermatosis with varying thickened gray or yellow-brownish crusts and inflammatory erosion on scalp. We aimed to present this rare disease which may occurs after herpes zoster infection for keep in mind in differential diagnosis. The patient with crusty lesions of the scalp (a)

Figure a
The patient after treatment (b)

Materials and Methods: A 82-year-old male patient presented with a crusty wound on the left side of his head started 4 years ago shortly after herpes zoster infection. In the left frontal scalp region, eroded lesions covered with dense hyperkeratotic debris with pus were observed. Biopsy was taken from the patient with preliminary diagnosis of erosive pustular dermatosis and squamous cell carcinoma.

Result: Topical clobetasol propionate cream treatment was started for the patient. Within a month, the lesions healed almost completely. Erosive pustular dermatosis should be considered in chronic wounds of scalp in the elderly.
Aim: Systemic sclerosis (SSc) is an autoimmune connective tissue disease of unknown etiology that affects the skin, blood vessels and internal organs. The word “scleroderma” means hard skin in Greek, and the condition is characterized by the buildup of scar tissue (fibrosis) in the skin and other organs. Major clinical subtypes: limited and diffuse. The diagnosis of SSc is based on clinical findings and laboratory abnormalities. The differential diagnosis includes SSc as well as generalized morphea, eosinophilic fasciitis, scleromyxedema, scleredema. Although SSc can occur in children and the elderly, the onset is typically between the ages of 30 and 50 years. SSc is associated with a significant mortality rate, with an overall 10 year survival of less than 70%. Parameters that predict a worse prognosis include male sex, black race, older age at diagnosis, internal organ involvement at diagnosis, skin fibrosis affecting the trunk and elevated ESR.

Materials and Methods: Twenty years old female patient suffered from pain in knee and metacarpophalangeal joint, lack of mobility, stiffness started from legs and spread all over the body. Occasionally she describes shortness of breath. She has been sick for 1 year. But she never been at a doctor. In her dermatological examination, there were diffuse sclerotic plaques, leukoderma of scleroderma, clubbed fingers, fingertip cracks and atrophy. The face is without gestures and a microstomy. A biopsy was taken from patient’s skin. In the blood tests, rheumatoid factor positivity, ESR elevation were detected. ANA and anti-SCL 70 antibody were positive. Lung x-ray was taken, consulted to rheumatology and chest disease department. After evaluating all examination results, the patient was diagnosed with diffuse systemic sclerosis.

Result: With this presentation we would like to state that we have to think about systemic scleroderma in young patients who come to the polyclinic and that early diagnosis and treatment play a role in preventing cosmetic and functional deformities.
PP-006
ERYTHROPOIETIC PROTOPORPHYRIA

Javad Pashabayli

1Azerbaijan State Advanced Training Institute for Doctors Named by A.Aliyev

Aim: EPP is characterized by cutaneous photosensitivity that manifests early in life, i.e. during early childhood. Incidence and aetiology. The prevalence of EPP is around 1/100 000. EPP results from deficient activity of ferrochelatase, the final enzyme of haem biosynthesis. This causes the accumulation of protoporphyrin predominantly in cells of the erythroid series, which causes a phototoxic reaction as the porphyrin-laden cells pass through small upper dermal blood vessels and are exposed to the ultra-violet rays in sunlight. The photoactivated porphyrin from red cells and plasma causes an acute injury to the endothelium mediated by singlet oxygen and the hydroxyl radical.

Materials and Methods: Clinical features. EPP causes immediate pain on exposure to bright sunlight. It presents most commonly in the first year. In spring and summer, after anything from a few minutes to an hour or two of sun exposure, patients describe discomfort or irritation in sun exposed skin, particularly on the nose, cheeks and dorsal aspects of the hands and the face, followed by erythema, edema, crusts, petechiae and then wax-like scarring. Children often find partial relief with cold water and wet cloths. Diagnosis. The diagnosis of EPP is established by finding an abnormally high level of total erythrocyte protoporphyrin and showing that this increase is mostly free protoporphyrin rather than zinc protoporphyrin. Furthermore, you can diagnose EPP on its clinical features and the anamnesis of the patient. The history of our patient: The patient X.X. is 52-year-old. He had been faced this situation since 3 years old. He observed erythema, edema, crusts, petechiae and then wax-like scarring on his sun exposed skin such as face and hands. During his teenage period, he incurred mutilation of his acral zones such as fingers, nose, ears and etc. As he points out his father has the same symptoms however his children do not.

Result: Treatment. Photoprotection. Vitamin D. Beta-Carotene. Liver protection. In an occasional patient, protoporphyrin causes liver problems, so monitoring liver function is important. EPP patients should also not use any drug or anesthetic which causes cholestasis (slowing down bile flow) and should also avoid alcohol.
Azerbaijan State Advanced Training Institute For Doctors Named By A.Aliyev, Department Of Dermatovenerology

**Aim:** The goal of our research is to study the disease more deeply and by multiple ways. And also a successful treatment with modern ways.

**Materials and Methods:** Pyoderma gangrenosum is a rare condition that causes large, painful sores (ulcers) to develop on your skin, most often on your legs. The exact causes of pyoderma gangrenosum are unknown, but it appears to be a disorder of the immune system. People who have certain underlying conditions, such as inflammatory bowel disease or arthritis, are at higher risk of pyoderma gangrenosum. Most common age 41 – 67 (average 59) Pathophysiology: Abnormalities in the function of inflammatory cytokines, the immune system, and neutrophils combined with specific genetic mutations predispose patients to develop this complex disease process. Treatment • Corticosteroids • Steroid-sparing drugs. An effective nonsteroidal drug is cyclosporine. Other options include mycophenolate (Cellcept), immunoglobulins, dapsone, infliximab (Remicade) and tacrolimus (Protopic), which is a calcineurin inhibitor. • Methotrexate • Antibiotics • Pain medication The diagnosis of pyoderma gangrenosum is based mainly on clinical findings because biopsies show no specific diagnostic features. In many cases, however, a biopsy can help exclude other conditions such as malignancy, infections, or cutaneous vasculitis.

**Result:** Male, 67 years old. Duration of illness 2 years. Many painful ulcers at forearm, chest and neck. Our treatment strategy is long term corticosteroids and pulse therapy with methotrexate. We have seen positive results after the first course of treatment.
Azerbaijan State Advanced Training Institute For Doctors Named by A.Aliyev,Dermatology,Baku

**Aim:** Leishmaniasis is a protozoal disease transmitted by sandfly vectors. Transmission is via the bite of infected female sandflies from the genera Phlebotomus and Lutzomyia. There are four major clinical patterns: 1. cutaneous, which is restricted to the skin and is seen more often in the Old World; 2. mucocutaneous, which affects both the skin and mucosal surfaces and occurs almost exclusively in the New World; 3. diffuse cutaneous, which occurs mainly in the New World; 4. visceral, which affects the organs of the mononuclear phagocyte system, e.g. liver, spleen. There are approximately 2 million new cases of leishmaniasis annually. The disease is endemic in 88 countries, most commonly in tropical and subtropical regions. Clinical manifestations of disease range from aggressive cutaneous ulcers to systemic multiorgan disease.

**Materials and Methods:** The patient M.Y is 16 years old. She complains the lesion on the left cheek. She has not any subjective complaint. She has been ill for 9 month. It occured red –pink papula. Then it gradually enlarged. She has lived in the Zardab district, which is the epidemiology region of Azerbaijan. She was ill on december ,after one month she moved to Baku the capital of Azerbaijan. She doesn't remember to bite the sandfly. She saw that the papula was enlarged and has gone to dermatologist since she was ill in 5 month. At that moment the dermatologist did electrocoagulation and she rubbed ointment within 10 days. But she doesn’t remember that ointment. After few days around the lesion has been infiltration. After 3 month she went other dermatologist and the doctor took biopsy. He has confirmed the diagnosis of “Leishmaniasis” and sent the patient to us.

**Result:** Glucantime (Meglumine Antimoniate) 1.5g/5ml. 2 ml around the lesion, 3ml i/m. 10 day, 5 day interval , 5 day. Total 15 days.
PP-009
CHRONDROID SYRINGOMA: A CASE REPORT AND REVIEW OF THE LITERATURE

Yavuz Semiz¹, Alper Kara¹, İlteriş Oğuz Topal¹, Arzu Dobral²

¹Okmeydanı Training and Research Hospital, Department of Dermatology, İstanbul
²Okmeydanı Training and Research Hospital, Department of Pathology, Istanbul

Aim: Chrondroid syringoma is a benign skin appendageal tumor originating from the ecrine and apocrin sweat glands as it histologically resembles mixed tumor of salivary gland (pleomorphic adenoma) The clinical presentation of chondroid syringoma is indistinctive. The tumour is presented with solitary, small, and red nodule that usually located on upper lips, cheek or nose. The incidence of this tumor among primary skin tumors is reported to be less than 0.01%. Malign variants are reported on lower extremity. We want to discuss of clinical and histopathological features of chondroid syringoma in this poster presentation.

Materials and Methods: A 60-year-old male visited us with a 1-year history of asymptomatic swelling and it was gradually progressive in size during recent 2 months. A solitary, approximately 1 cm diameter in size, solid nodule was seen on right side of the upper lip. Excisional biopsy was made. Histopathologic findings were compatible with apoccrin mixt tumor that is a variant of chondroid syringom.

Result: Chondroid syringoma should be considered in differential diagnosis of face tumors. It should be remembered that there may be malign variants. Because of that histopathologic examination was made carefully. Also the patients should be followed for recurrence.
PP-010
DRUG-INDUCED PEMPHIGUS: SYSTEMATIC REVIEW OF THE LITERATURE

Aslı Bilgiç1, Claire E Gollins2, Dedee F Murrell3

1Akdeniz University, Faculty of Medicine, Department of Dermatology and Venereology, Antalya, Turkey
2St George’s Hospital, London, England
3St George Hospital, department of Dermatology, UNSW, Sydney, Australia

Aim: Pemphigus is a part of autoimmune blistering diseases. It is due to pathological autoantibodies directed against structural components within desmosomes in the skin and mucous membranes, leading to acantholysis. There have been many exogenous triggering factors (pesticides, malignancy, pharmaceuticals, hormones, infectious agents and immunisations, gastronomy, ultraviolet radiation and stress), suggested in patients with a predisposing genetic basis. Since the first report of drug-induced pemphigus in the 1950s, several medications have been suggested to cause pemphigus.

Materials and Methods: A comprehensive English literature search was performed according to the PRISMA guidelines using the PubMed, MEDLINE, EMBASE and Cochrane Library, Scopus, ProQuest, and Web of Science databases. Search criterion used to facilitate this were: [“drug-induced pemphigus”, “drug, trigger, pemphigus”, “drug-induced, pemphigus”]. The search was limited those published before the 1th October 2019. Articles covering PNP and Hailey Hailey Disease and reports about induced pemphigus in animals have not been included. Publications in any other language than English have been excluded. Further studies were identified through manual evaluation of the references included in the retrieved publications.

Result: At present, over 70 medications have been associated with inducing pemphigus. The awareness of the medications associated with pemphigus enables clinicians to identify drug-induced pemphigus earlier and to decrease unnecessary long-term immunosuppressive therapies.
LICHEN PLANUS DUE TO HIRUDOTHERAPY

Munise Dayel, Begüm Isık, Fahriye Kılınç

1Necmettin Erbakan University, Meram Faculty of Medicine, Department of Dermatology, Konya, Turkey
2Necmettin Erbakan University, Meram Faculty of Medicine, Department of Pathology, Konya, Turkey

Aim: Lichen planus is a chronic, inflammatory, papulosquamous disease that affects the oral mucosa, genital mucosa, scalp and nails. It is characterized by erythematosus papules and plaques, which generally begin acutely and often involve the forearm and leg flexor surfaces, triggered by trauma. In 2014, the use of leeches within the scope of the Regulation on Traditional and Complementary Medicine (TCM) Practices in our country (Hirudotherapy) was approved by the FDA in 2004 to ensure flap feeding in plastic surgery. Purple colored papules and plaques are found in the bilateral perimalleolar region and knees, a multi-layer flat epithelium showing hyperkeratosis (H), irregular acanthosis and hypergranulose (triangle) was observed on the surface. Band-like cell infiltration was observed in the upper dermis in lymphocyte predominance (L).

Materials and Methods: A 34-year-old male patient presented to our outpatient clinic itchy, purple colored rashes on the legs and back for 1 month, with white, lacy rashes in the mouth. It was learned that he had leeches to his knees and ankles for knee and leg pain 1 week before her complaints. It was learned that rashes in the places where leeches were adhered 1 week after the application and within 1 month rashes occurred in the genitals, abdomen and arms. The patient had no chronic disease and medication. No trigger other than leech was detected as the initiator. In dermatological examination, purple colored papules and plaques are found in the bilateral perimalleolar region and knees compatible with leech adhesion sites. And there were purple plaques on the penis, sacrum, forearm and anterior abdominal wall, where there were no leeches, and white plaques showing reticular branching on the oral mucosa. Punch biopsy was taken with a preliminary diagnosis of lichen planus. In the sections of hematoxylin / Eosin prepared from skin tissue, a multi-layer flat epithelium showing hyperkeratosis, irregular acanthosis and hypergranulose was observed on the surface. Band-like cell infiltration was observed in the upper dermis in lymphocyte predominance. The patient was diagnosed with lichen planus triggered by hirudotherapy. Systemic methylprednisolone treatment was started and topical methylprednisolone aseponate and levocetirizine were added. After the 2nd week, itching and eruptions of the patient decreased.

Result: As far as is known, the case of lichen planus developing with hirudotherapy has not been reported in the literature. In recent years, interest in TCM methods, including hirudotherapy, has increased. Lichen planus and similar dermatoses may be triggered after hirudotherapy and adverse side effects of hirudotherapy should always be kept in mind by dermatologists and all other physicians.
Aim: Trichofolliculoma most commonly occur in adults as a solitary white or pigmented papule or nodule with a dilated central pore from which emerges a tuft of villous hairs. But central pore is not always present. Papulonecrotic tuberculid is the most common form of tuberculid that is accompanied by itching papules or pustules. Trichofolliculoma can be confused with papulonecrotic tuberculid due to similarity of involvement and clinical appearance.

Materials and Methods: A 86-year-old woman presented with a four-month history of pruritic, monomorphic, purple papules and plaques on the his face and neck (figure 1). There was no contact with tuberculosis patients and the patient did not describe fever, respiratory complaints, anorexia or weight loss. Histopathologic analysis of a skin biopsy showed a proliferated epithelial islets around the central dilated follicles (Figure 2). The case was diagnosed as trichofolliculoma. We gave the patient topical methylprednisolone and oral levocetirizine treatment for itching.

Result: Trichofolliculoma is common in adulthood with no definitive racial or gender predilection. It has been found that pluripotent skin cells undergo a failed differentiation against hair follicles. Trichofolliculoma is caused by the growth of abnormal cytokeratin 15-positive hair follicle stem cells and is confused basal cell carcinoma, dermal nevus, epidermoid cyst, trichoepithelioma and papulonecrotic tuberculid. Bcc and trichofolliculoma can be distinguished histologically. Trichofolliculomas stain positive for CD34, while basal cell carcinoma stain negative for CD34 and BCC show more nuclear atypia, often an infiltrative growth pattern. Papulonecrotic tuberculid is characterized by chronic, symmetrical scar-healing papules and prefers acral and extensor surfaces and rarely affects the face. It is thought to be a hypersensitivity to fragments released from a different region of existing or past tuberculosis. It is usually seen in young adults and epithelioid granulomas are common in histopathology. In our case, although age and histopathology is incompatible, papulonecrotic tuberculid may be confused with trichofolliculoma due to similarity of involvement sites and macroscopy.
PP-013
EVALUATION OF THE OCULAR SURFACE BY IMPRESSION CYTOLOGY IN PATIENTS WITH LICHEN PLANUS

Refik Oltulu1, Hüseyin Buğra Türk1, Pembe Oltulu2, Nazlı Türk2, Selman Belviranlı1

1Necmettin Erbakan University, Meram Faculty of Medicine, Department of Ophthalmology
2Necmettin Erbakan University, Meram Faculty of Medicine, Department of Pathology

Aim: The aim of this study was to investigate the effect of Lichen Planus (LP) on the ocular surface.

Materials and Methods: A total of 62 patients were included in the study and divided into two groups. Group 1 consisted of 32 patients with LP. Group 2 had 30 control patients. All patients underwent complete ophthalmic examination, and the right eyes were included in the study. To evaluate the ocular surface, both groups were tested with the following: the Schirmer I test, tear breakup time (TBUT), the conjunctival impression cytology (CIC), and the Ocular Surface Disease Index (OSDI). The results were subsequently compared.

Result: The mean Schirmer-I test result was found as 10.8 ± 8 mm in group 1 and 19.5 ± 10.1 mm in group 2 (P=0.001), while the mean TBUT value was found as 3.5 ± 2.1 sec in group 1 and 9.5 ± 4.8 sec in group 2 (P<0.001). The OSDI scores were significantly higher in group 1 (28.5 ± 17.5) than group 2 (13 ± 15.7, P=0.001). The CIC scores were significantly higher in group 1 (1.8±0.8) than group 2 (0.6 ± 0.6, p<0.001).
PP-014
PRIMARY CUTANEOUS FOLLICLE-CENTERED LYMPHOMA IN A 55-YEAR-OLD WOMAN

Onur Sivaz1, İlknur Kıvanç Altunay1, Ezgi Ozkur1, Özlem Ton2, Metin Figen3

1University ff Health Sciences Sisli Etfal Training and Research Hospital, Department of Dermatology and Venereology Clinic
2University of Health Sciences Şişli Etfal, Training and Research Hospital, Department of Pathology
3University of Health Sciences Şişli Etfal, Training and Research Hospital, Department of Radiation and Oncology Clinic

Aim: B-cell lymphomas are non-hodgkin lymphomas that often originate from the lymph node, very few of them are primarily non-hodgkin lymphomas originating from the skin. Cutaneous B-cell lymphomas are the type of lymphoma usually limited to the skin, characterized by the monoclonal proliferation of B lymphocytes. Primary cutaneous follicle center cell lymphoma (PCFLCL) is the most common type of cutaneous B cell lymphomas caused by neoplastic proliferation of germinal center cells. It is clinically characterized by single or group solitary, papules, plaques or tumors on the erythematous floor, especially localized on the head, neck and chest. The diagnosis of PCFLCL is made based on the pathological evaluation of skin biopsy in a patient without evidence of systemic lymphoma upon staging studies. Here, a 55-year-old woman was diagnosed with PCFLCL. We wanted to remind the presence of this group of diseases that we do not encounter very often in daily practice through this case.

Materials and Methods: A 55-year-old female patient applied to us with the result of excisional biopsy performed in the outer center with the complaint of bump on her forehead. The patient stated that the lesion was started like acne 4 years ago and gradually grew. Excisional biopsy specimen evaluated in the department of pathology of our hospital and in sections, morphological and immunohistochemical findings are compatible with PCFLCL, diffuse type. In the laboratory findings of the patient were within normal limits. PA chest radiography, FDG PET-CT and bone marrow aspiration biopsy were evaluated as normal. Thus, it was observed that there was no involvement in screening tests or systemic examination for systemic lymphoma. With these findings, the patient was diagnosed with PCFLCL.

Result: The diagnosis is made by histopathologically with biopsy (usually excisional) and exclusion of non-cutaneous systemic disease. Since PCFCL is a rare disease, there is no clear consensus on treatment. Treatment approaches varies depending on the number of lesions, their localization, and the presence of symptoms associated with the lesions. As a result, we reported this case to remind presence of this entity, and emphasize the need of considering cutaneous lymphomas in the differential diagnosis of such tumoral lesions.
Aim: We see value to present a case with an acral compound nevus since it has a crescent image. Acral melanocytic nevus on the left side of the left thumb

Materials and Methods: An eleven years old girl applied to our dermatology clinic because of a pigmented lesion on her left thumb. The pigmented lesion started suddenly on the medial side of her left thumb in a crescent aspect when she was three. It has growth by the years in the same figure. Dermoscopic examination of 20mmx4mm dark brown pigmented lesion has reticulo-globular pattern. Her parents and she wanted us to excise the lesion because of cosmetic care.

Result: It was excised by the plastic surgeon. The histopathologic result was acral compound nevus.
LUPUS TUMIDUS: A CASE REPORT

Nurgül Bayram1, Burçe Kuru1, Bilgen Erdoğan1, Zeynep Topkarcı1, Fatmagül Çabuk2

1Bakırköy Dr. Sadi Konuk Training and Research Hospital, Department of Dermatology, Istanbul
2Bakırköy Dr. Sadi Konuk Training and Research Hospital, Department of Pathology, Istanbul

Aim: Cutaneous manifestations of lupus erythematosus can be classified into specific subtypes which include acute cutaneous lupus erythematosus, subacute cutaneous lupus erythematosus and chronic cutaneous lupus erythematosus. Lupus erythematosus tumidus is considered a rare subtype of chronic cutaneous lupus erythematosus characterized by erythema and bright urticarial erythematous –violaceous lesions that leave no scars after regression. Unlike other subtypes of cutaneous lupus erythematosus, lupus tumidus is rarely associated with systemic lupus erythematosus.

Materials and Methods: A 45-year-old female patient presented with non-pruritic skin lesions on her face and left thigh for 3 months. Her medical history included Hashimoto’s thyroiditis for six years and using levothyroxine. Dermatological examination revealed remarkable rash on the face, chin and left thigh characterized by erythematous, edematous papule and plaques. Laboratory analysis indicated ANA positivity. Histopathological examination of the skin biopsy showed dermal perivascular lymphocytic infiltrate and interstitial mucin deposition. With these clinical and histopathological findings the patient diagnosed as lupus erythematosus tumidus. Onset of hydroxychloroquine treatment was planned.

Result: We emphasize the importance of detailed clinical examination supplemented by histopathological study, because of the rarity of the disease.
HEMODIALYSIS-RELATED NODULOCYSTIC ACNE TREATED WITH ISOTRETINOIN

Eda Haşal

1Atatürk State Hospital, Department of Dermatology and Venerology, Düzce, Turkey

Aim: Acne vulgaris is a common disorder involving the sebaceous follicle, and nodulocystic acne is a type of severe acne (1). Hemodialysis and renal transplant patients may have nodulocystic acne due to the use of androgens, steroids and cyclosporine therapy (2,3). However, some hemodialysis patients without taking any acnegenic agents may develop severe nodulocystic acne without known causes. Isotretinoin, 13-cis-retinoic acid, is a derivative of vitamin A. Although isotretinoin is effective in the treatment of recalcitrant nodulocystic acne, its use in dialysis patients is rare and only a few reports were noted in the literature (4,5). Here we report a case of a 22-year-old female patient with ongoing peritoneal dialysis and severe nodulocystic acne which was unresponsive to conventional treatments and showed complete recovery after 6 months of isotretinoin treatment.

Before the treatment with isotretinoin

Isotretinoin treatment at 6 months

Materials and Methods: A 22-year-old woman presented with a 1-month history of severe facial pustular, and nodulocystic acne. She has never had a complaint of acne before. In her medical history, she had been on peritoneal dialysis for 5 years. She was not receiving any treatment other than occasional iron replacement. There was no clinical response to clindamycin treatment started according to the antibiogram results. 0.2 mg/day isotretinoin (10 mg) treatment was initiated. The patient showed complete clearance of acne after 6 months of isotretinoin treatment and no side effects other than cheilitis were noted. No significant changes in the biochemical evaluation were found. The patient still continues to treatment.

Result: Nodulocystic acne poorly responds to conventional acne therapy therefore, it severely interferes with the quality of life of these patients. Our case emphasizes that the small doses of isotretinoin is an effective and safe treatment regime for hemodialysis patients with nodulocystic acne. Isotretinoin may be the treatment of choice for nodulocystic acne in end-stage renal disease patients. However, the liver function and other isotretinoin-related side effects in these patients should be carefully monitored.