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solone was immediately increased to 60 mg daily and within 24 h, the violaceous discolouration had faded and the pyrexia subsided. This case is interesting because it demonstrates the tendency of pyoderma gangrenosum to recur at sites of surgical trauma and suggests that moderately large doses of prednisolone at 0.5 mg/kg may be required to suppress the pathergic response when planning for surgical procedures in susceptible individuals.

P19-32

Sarcoidosis nodularis faciei

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Sarcoidosis is a disease with unknown aetiology that may affect any organ system. The first case was described in 1869 by Jonathan Hutchinson. It most commonly involves granuloma formation in the lungs as well as lymphatic nodes (especially intrathoracic nodes), skin, eyes, nervous system, musculoskeletal system, liver, heart, renal, and endocrine systems. We present a 54-year-old female with a 6-month history of single skin coloured small knots on the face which darkened and grew in number. Physical examination: Multiple nodules can be observed on the face, size from lentis to peas, erythematous and unpainful under palpation. Histological examination: Sharply limited dermal granulomas consisting of epithelioid cells, confluent in some places; single Langerhans-type cells among the epithelioid cells; lack of necrosis caseosa. We treated the right half of the face with Flosteron/KRKA/amp., 0.2 mL per lesion consequently twice with an interval of 25 days. Laser evaporation of cupro halogenid was made on the left side of the face. The results from the treatment by the two methods were absolutely equal. All of the lesions disappeared without postlesional changes.

P19-33

Scabies: simple and problematic at the same time

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Particularly rare forms of scabies were reported in the last years in Lithuania. The dermatovenerologists, general practitioners and other medical workers have often given a false diagnosis. In 2000–2001, two women and a girl were treated for crusted.

P19-34

Transient eruptive seborrheic keratoses associated with erythrodermic pityriasis rubra pilaris

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The appearance of multiple seborrheic keratoses in association with underlying internal malignancy has generated much discussion and debate in the literature. However, comparatively few case reports exist that examine the appearance of multiple seborrheic keratoses associated with exfoliative erythroderma without underlying malignancy. We report a 69-year-old woman in whom multiple, biopsy-proven seborrheic keratoses appeared in conjunction with erythrodermic skin eruption. The underlying disease in this patient was pityriasis rubra pilaris. After the erythroderma resolved with etretinate treatment, the newly developed seborrheic keratoses proceeded to involute and gradually fall off. There was no evidence of an underlying internal malignancy. This case represents the second report of pityriasis rubra pilaris as cause of erythroderma-induced transient eruptive seborrheic keratoses.

P19-35

UVA1 therapy of chronic cutaneous graft versus host disease

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Despite improvements in post-transplant immunosuppression, up to 60% of patients who receive an allogeneic bone marrow transplantation will develop chronic graft versus host disease (cGVHD) that contributes substantially to morbidity and mortality. Skin is a very frequent target of cGVHD. In recent years, the role of UVA1 (340–400 nm) radiation in the modulation of skin immune functions and collagen metabolism has been assessed. We have treated eight patients: four with generalized lichenoid (2) or sclerodermoid (2) and four with localized sclerodermoid cGVHD skin lesions. Patients had only mild or no other organ involvement. Skin lesions in areas that were inaccessible by UVA1 radiation were chosen to serve as unirradiated controls. All patients had failed to respond to conventional therapies and seven out of eight patients had developed significant drug toxicity, opportunistic infections, or both. Fixed daily exposures of 50 J/cm² of UVA1 radiation were delivered three times a week. UVA1 therapy gave a complete clinical remission in five patients and a partial improvement in two after 19.25 ± 6.90 treatments. The remission was accompanied by improvement of histopathological findings. Unirradiated control lesions were not modified by treatment. Immunocytological studies did not show changes of circulating lymphocyte subsets. Adverse effects to UVA1 therapy were not observed. The gradual improvement of skin lesions allowed the timely reduction and discontinuation of most oral immunosuppressive agents leading to the improvement or, at the very least, cessation of progression of drug adverse effects and opportunistic infections. Extracutaneous cGVHD manifestations remained unchanged. At follow-up, patients with lichenoid cGVHD showed early relapses and entered in a prolonged maintenance regimen whereas sclerodermoid lesions showed more persistent remission. In conclusion, UVA1 radiation seems to represent an effective and well-tolerated treatment option for cutaneous cGVHD without relevant short-term adverse effects, although the risk of long-term toxicity, namely skin carcinogenesis, remains to be established.

P20 – LASER THERAPY

P20-1

308-nm excimer laser in the treatment of localized psoriasis

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Narrowband UV-B (311-nm) phototherapy is a well-established, widely used and highly efficient treatment for psoriasis. The narrowband wavelength is not very different from the 308-nm radiation generated by the excimer laser, and preliminary work has established efficacy for this new laser in the treatment of psoriasis. We have investigated the therapeutic effect of the excimer laser in comparison to conventional narrowband UV-B in localized psoriasis. Fifteen patients were included. Further treatment options were requested. At each visit a psoriasis severity score (PSI) was assigned. One of the psoriasis plaques was treated with the excimer laser, another one with narrowband UV-B. We increased the UV-B doses stepwise, starting with the minimal erythema dose similar to the conventionally used treatment protocols for the narrowband UV-B therapy of inflammatory diseases. Treatment was performed three times a week. The cumulative dose of irradiation was 18.3–110.5 J/cm² (mean 52.9 J/cm²) for the laser and 23.8–131.0 J/cm² (mean 64.9 J/cm²) for the narrowband phototherapy. PSI score could be reduced from mean 8.6 before treatment to mean 1.8 after 10 weeks of laser treatment and 1.1 after 10 weeks of narrowband phototherapy. Side-effects