3RD SPRING SYMPOSIUM

SOFIA 2005

19 - 22 MAY 2005

Sophia Dermatologica

BOOK OF ABSTRACTS

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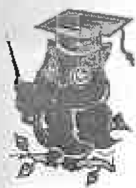

THIRD EADV SPRING SYMPOSIUM
19 - 22 MAY 2005, SOFIA, BULGARIA

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Abstracts of the Third EADV International Spring Symposium

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The patient had noticed that a similar local reaction at the site of the first injection of adalimumab, 15 days ago, but it was of limited significance, not accompanied by general symptoms. Since the therapy at the time of reaction did not include any other possible causative agents that could lead to the pathophysiology of the local and the systemic manifestations, the reaction was attributed to adalimumab. Besides, the same local reaction followed the first application of the drug at the injection site.

Results: A skin biopsy was performed that revealed a prominent infiltrate of eosinopsis involving the entire thickness of the dermis. Moreover focal infiltration of lymphocytes was also noticed. Prominent "flame figures" were found, consisting of eosinophilic necrotic collagen surrounded by granular debris. The clinical and histological features were consistent with the diagnosis of eosinophilic cellulites (Wells' syndrome). Local and generalized manifestations were treated with iv fluid supplementation and administration of corticosteroids and antibiotics. The patient's condition regarding local as well as systemic symptoms gradually improved and was discharged from the hospital after an 8-day hospitalization. Eosinophilic cellulites is a rare condition of unknown etiology. Similar eosinophilic syndromes have been described to emerge after consistent antigenic stimulastions. The classical presentation comprises tender or mildly pruritic cellulites-like eruptions accompanied by typical histology characterized tissue eosinophilia, oedema, and "flame like" figures. Papular and nodular eruptions are also reported in its clinical presentation. Given the clinical and histological findings the patient fulfilled criteria for the diagnosis of eosinophilic cellulites.

Conclusion: This is the first report of Wells' syndrome developing after treatment with anti-TNF therapy. The evaluation of this case indicates the need of a closer follow up of the patients who receive anti-TNF therapies, even those that are considered to be less immunogenic (human analogues).

References:

1. Holme SA, McHenry P. Nodular presentation of eosinophilic cellulites (Wells' Syndrome). Clin Exp Dermatol 2001; 26(8):677-9.

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ERYTHEMA DYSCHROMICUM PERSTANS

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Erythema dyschromicum perstans is a clinical syndrome of unknown origin. It is characterized by appearance of grayish-blue macules of hypermelanosis in healthy people, which can occur in the first or second decade of life.

We present a 9-years-old boy with 11-month history of existence of erythematous macules on the trunk and upper quarters of the arms and the legs. In its evolution, the macules receive grayish color. During the time, the margins from a lot of them become palpably infiltrated. The condition persisted without causing any symptoms. Laboratory tests were in normal values. The pathohystology of biopsy specimens showed vacuolar degeneration of the basal keratinocytes and pigmentary changes such as incontinence of melanine in the epidermis and dermis. Some authors believe that this rare dermatosis is a variant of lichen ruber, but the exact relationship is still uncertain.

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BALNEOTHERAPY AT THE PATIENTS WITH PSORIASIS AND ECZEMA IN PROLOM BANJA

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Introduction: Prolom Banja is a spand climate center located in Southern Serbia. Its mountainous surroudings are of volcanic origin. Prolom water falls in the category of sodium hydrocarbonate, silicum, alcaline, oligomineral and hypotermic waters.

Aim of the work is following the effect of water and peloid from Prolom Banja according to the clinic signs and symptom in patients with eczema (allergic contact dermatitis-ACD i neurodermitis-ND) and psoriasis vulgaris (PV).

Materials and metods: We have observed 30 randomly selected patients with eczema (22 with ACD and 8 with nd), 12 male and 18 female, from 39-66 years old, and 30 patients with PV, 16 male and 14 female, age from 20-76 years. Aplication involved bathing in mineral water twice daily, for 7 days. Score of signs and symptoms (induration, lichenification, exudation, inflamation, crusting, scaling, exoriation, pruritus, pain) and PASI score were calculated at the beginning and the end of the therapy.

Results: Eczema-the oweral score was improwed for 57,14%; at the ACD group 59,06%, and 38,72% at the ND group. regarding the mentionel symptoms improvement greater than 60% was recorded for crusting, scaling, exoriation, exudation, pruritus and pain; 46,5% for infiltration, 47,4% for induration and only 33,2% for lichenification. Psoriasis: Percentage of PASI score improvement is 25,69% score for erythema 15,68% for infiltration 26,13% and desquamation 38,26%.

Conclusion: The effect of balneotherapy in Prolom Banja on signs and symptoms of eczema is satisfactory. For psoriasis, have been longer treatment. The natural surrounding of Prolom Banja can be recommended as additional help therapy in the treatment eczema and psoriasis

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CUTANEOUS HORN - CASE REPORT

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Cornu cutaneum is an outgtowth from the skin resembling animal horns and consisting of keratinous material. It may be perpendicular or inclined to the skin, and cylindrical or pyramidal. Often with longitudinal growth. There is surrounding base witch may be macular, popular or nodular, with inflammation or infiltrated setting. Multiple disorders can result in Cornu cutaneum formation: hypertrophic solar keratoses, squamous cel carcinoma, Bowens disease, tricholemmona, keratoacanthomas, actinic keratosis, viral wart. Cutaneous horn vary in size, from a few milimeters to se several centimetres. The color of the horn may be white, blackor yellowish and straight, and curved or spiral in shape. Histologically shows solid hyperkeratosis and parakeratosis. Cornu cutaneum is a chronic disease that can transform into squamous cell Ca. The transformation is seen clinically as infiltration at the base, so all cases of cornu cutaneum should be treated. Case report:Our