

VOLUME 17 • SUPPLEMENT 3 • NOVEMBER 2003

JEADV

JOURNAL OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY

Founding Editors: Torello Lotti and Derck Freedman



Abstracts of the 12th Congress of the
European Academy of Dermatology
and Venereology

15–18 October 2003

Barcelona, Spain

 Blackwell
Publishing

 EADV

EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY (www.eadv.org)

J EADV

Journal of the European Academy of Dermatology and Venereology
Published on behalf of the European Academy of Dermatology and Venereology
EADV House, Avenue General de Gaulle 38, B-1050 Brussels, Belgium
Tel: +32 2 650 00 99
Fax: +32 2 650 00 98
E-mail: office@eadv.be

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The *Journal of the European Academy of Dermatology and Venereology* publishes articles of general and practical interest in the field of Dermatology and Venereology including clinical and basic science topics, as well as research with practical implications. It does so through editorials, review and practice articles, original papers of general interest, short reports, case reports, letters to the editor, news items, features and Academy announcements.

Indexing and Abstracting

The journal is abstracted in Core Journals in Dermatology, Current Contents/Clinical Medicine, EMBASE, Index Medicus/MEDLINE, Oncology and Information Service, Research Alert and SciSearch.

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Journal of the European Academy of Dermatology and Venereology is published bimonthly in 2003. Subscription prices for 2003 are: Institutional £461 (Europe); £617 (Overseas); \$938 (North America). Customers in the UK should add VAT at 5%; customers in the EU should also add VAT at 5% or provided a VAT registration number or evidence of entitlement to exemption. Customers in Canada should add 7% GST or provide evidence of entitlement to exemption. For more information about online access to Blackwell Publishing journals, including access information and terms and conditions, please visit www.blackwellpublishing.com. Other pricing options for institutions are also available on our website, or on request from our customer services department, tel.: +1 800 835 6771 or +1 781 388 8206 (US office); +44 (0) 1865 778315 (UK office).

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Journal of the European Academy of Dermatology and Venereology is despatched within the UK by second class post, within Europe by air mail, and to other continents by various forms of air-speeded delivery, to the US by air freight for forwarding to second class post*, to India by air freight for guaranteed local delivery, and to all other countries by accelerated surface post. Add to the cost of a regular subscription £24.00/\$36.00 for air mail delivery outside Europe.

Cover illustration

EADV House, Avenue General de Gaulle 38, B-1050 Brussels, Belgium.

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Paper

The Publisher's policy is to use acid-free permanent paper, to the draft standard ISO/DIS/9706, made from sustainable forests using chlorine-free pulp. The paper used in this journal has an ECO-CHECK 4 star rating.

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Journal of the European Academy of Dermatology and Venereology has a world wide web site at: <http://www.blackwell-science.com/jdv>

* second class postage paid at Rahway NJ, Postmaster send address changes to Journal of the European Academy of Dermatology and Venereology c/o Mercury Airfreight International Inc., 365 Blair Road, Avenel, NJ 07001 (US Mailing Agent), USA

Printed in the UK by Bell & Bain, Glasgow
Typeset by Graphicraft Limited, Hong Kong

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0929-0168(200311)17:06+1;1-S

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Methods The study was performed at the Dermato-venereological Center, 'Carol Davila' Clinical Hospital for Dermatology, Bucharest among 40 patients with mild (25 cases) and moderate (15 cases) chronic plaque psoriasis and 15 patients with vitiligo. Daivonex® was applied twice a day; in 30 patients with psoriasis – 20 cases; vitiligo – 10 cases) Daivonex® was applied once a day, in combination with a corticosteroid. There were assessed the efficacy of treatment and the adverse events.

Results The age of patients, 21 men and 34 women, was comprised between 1 and 68 years (mean age 34.5 years). In all patients with psoriasis, after a course of treatment of 8 weeks, it was noticed a favourable evolution (respectively the whitening of lesions in 24 cases – 60% and a marked regression in 16 cases – 40%); the therapeutically response was significantly better in patients with combining therapy. In the series of patients with vitiligo, after 8 weeks of treatment, in six cases (40%) was obtained the regression of lesions, in six cases (40%) the lesions remained stable and in three patients (20%) the evolution of disease was not influenced. The side-effects, represented by local irritation, were observed in six cases (10.9%); they did not necessitate the interruption of therapy.

Discussions and conclusions This study confirms the efficacy of Daivonex (calcipotriol) in therapy of mild and moderate chronic plaque psoriasis. Also, it is a useful alternative in the therapy of vitiligo.

P25-37

Treatment of granuloma annulare with isotretinoin

C. Mansur, L. Mansur, R. Freitas, F. Linhares, R. Castro, F. Lamounier & R. Rostey

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Introduction Granuloma annulare (GA) is a benign, common inflammatory skin disease of unknown aetiology. The typical lesions are single or multiple small cutaneous papules with an annular distribution. Hands and forearms are attacked in 63% of patients, feet and legs in 20% and trunk in 5%.¹ GA appears for no known reason, although it has been reported to follow insect bites, sun exposure, tuberculin skin tests, trauma, viral infections, including HIV and herpes zoster, and in association with diabetes mellitus, thyroid disease and arthritis rheumatoid. Generalized and atypical forms of the disease are difficult to treat. They may evolve slowly, may not change for years or disappear spontaneously. The unpredictable course of the disease complicates the evaluation of treatment. There have been reports of successful treatment with oral and intralesional corticosteroid, cryotherapy, dapsone, PUVA, hydroxychloroquine, alkylating agents, cyclosporin, and isotretinoin.

Case report We present a woman who has had GA for more than 1 year, initiated with insect bite and with an atypical and rare periorbital involvement.² She was treated with isotretinoin 40 mg daily with complete clinical clearing within 4 months.

FURTHER READING

- 1 McFarland JP, Kauh YC, Luscombe HA. Periorbital granuloma annulare. *Arch Dermatol* 1982; 118: 190–191.
- 2 Ratnavel RC, Norris PG. Perforating granuloma annulare; response to treatment with isotretinoin. *J Am Acad Dermatol* January 1995; 32(1): 126–127.

P25-38

Effects of balneotherapy at patients with eczema in Prolom Banja

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Objectives Prolom Banja is located in southern Serbia, in the volcanic mountain area. Their mineral water is low in minerals and hypothermal, with

Na-bicarbonate and silicon, pH from 8.7 to 9.2. The aim of study was to evaluate effects of Prolom Banja water and peloid on the eczema symptoms.

Materials and methods A total of 30 patients with eczema were evaluated: 22 with allergic contact dermatitis (ACD) and eight with neurodermitis (ND), 12 males and 18 females, from 39 to 66 years old. Balneotherapy was applied for seven days. Daily therapy: 2 × 20 min of bathing, 1 × 30 min peloid, and 2 × neutral cream. Scores of signs and symptoms (induration, lichenification, exudation, inflammation, crusting, scaling, excoriation, pruritus, pain) were calculated at the beginning and the end of therapy. Results were evaluated on the basis of the score improvement in percentages.

Results The overall score was improved for 57.1%: at the ACD group for 59.06%, and 38.7% at the ND group. Regarding the mentioned symptoms, improvement greater than 60% was recorded for crusting, scaling, excoriation, exudation, pruritus, and pain; 46.5% for inflammation; 47.4% for induration; and only 33.2% for lichenification.

Conclusion Water and peloid from Prolom Banja reduce symptoms of eczema and they are recommended as auxiliary therapy.

P25-39

Acute generalized exanthematous pustulosis induced by bleomycin and confirmation by patch testing

F. Altaykan, G. Erkin, Ö. Özkaya, E. Özden, G. Boztepe, S. Entürk, Ahin, A. Karaduman, N. Atakan, T. Akan & F. Kölemen
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Acute generalized exanthematous pustulosis (AGEP) is a potentially severe disease caused by drug intake in about 80% of cases particularly by antibiotics, and also mercurial antiseptics, topical bupivacaine, ingestion of lacquer chicken, ultraviolet light exposure, and viral infections. A 33-year-old-white man was admitted to our hospital for the erythematous rash which occurred five days following a course of bleomycin, etoposid and cisplatin that had been given for testicular germ cell tumour. One week later he was given only bleomycin as the part of the protocol, and showed a generalized, symmetrical eruption with numerous non-follicular pustules appeared on trunk, neck, and the dorsum of the arms and legs; accompanied by facial oedema. Histological examination of the skin biopsy revealed formation of intraepidermal pustules, papillary oedema accompanying eosinophils in the dermal infiltrate. The chemotherapy was continued without bleomycin, and no eruption occurred on the following days. After his lesions healed, patch test with percentage 30 bleomycin diluted in petrolatum was performed; which was positive. To the best of our knowledge there have been only a few reports about AGEP induced by antineoplastic agents. Here we describe a case of AGEP occurring secondary to bleomycin and confirmed it by patch testing.

P25-40

Infliximab therapy in patients with severe active refractory pyoderma gangrenosum

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Pyoderma gangrenosum (PG) is an idiopathic, ulcerative, chronic, immune-mediated inflammatory skin disease of unknown aetiology. Treatment of PG depends on disease severity and the presence of associated systemic disease such as rheumatoid arthritis and inflammatory bowel disease. It includes corticosteroids and the use of immunomodulators, which are usually reserved for severe or refractory cases. Infliximab, a chimeric anti-TNF- α monoclonal IgG1 antibody, binds with high affinity and specificity to TNF- α and neutralizes its biologic activity. It is indicated for the treatment of patients with rheumatoid arthritis and Crohn's disease (CD) and has proven beneficial for skin manifestations of these diseases, including PG. Ten patients, seven women and three men (two CD patients), with clinical diagnoses of moderate-to-severe PG and

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