clinical diagnosis of pigmented lesions. The purpose of this study was to correlate the videomicroscopic assessments of lesions clinically thought to be malignant melanoma with the clinicopathological diagnosis. A videomicroscope was used for analysis of 21 suspicious pigmented lesions which were each given a videomicroscopic score and a clinical score. All lesions were excised and sent for histological diagnosis. Only four lesions were confirmed to be melanoma. The total videomicroscopic score and the total number of positive videomicroscopic criteria showed a significant correlation with a histological diagnosis of melanoma ($p = 0.02$, $p = 0.01$) Our findings suggest that these videomicroscopic indices may be additional tools in the diagnosis of malignant melanoma especially when used in combination with clinical and histological assessment.

P258 Digital videomicroscopy and image analysis with automatic classification improves diagnostic accuracy of thin melanomas

S. Seidenari, G. Pellacani, M. Martini, M.B. Mariotti, S. Bassissi. *Dept. of Dermatology, University of Modena, Italy*

The aim of our investigation was to evaluate the improvement in diagnostic accuracy for thin melanomas achieved by employing a system composed of a digital videomicroscope equipped with a dedicated program for the quantitative characterization of parameters of clinically significant features of pigmented skin lesion (PSL) images. Digital parameters referring to 424 benign PSL images and 23 malignant lesions thinner than 0.75 mm were considered and compared. We also assessed the efficacy of an automatic classifier (discriminant analysis classification) trained for 100% sensitivity on a subset of PSL images, on a test set including 365 naevi and 18 melanomas thinner than 0.75 mm. All digital images were framed and analyzed using the DBDermo-MIPS software (Studio Dell'Eva-Burroni, Firenze), which calculates different parameters related to the geometry, the color distribution and the internal pattern of the lesion. Significant differences between values referring to benign and malignant PSL were observed for most numerical parameters. Employing the training set, stepwise variable selection, forming the basis for discriminant analysis classification, identified the following canonical discriminant functions: contrast, red decile, symmetry variance, circularity, minimum symmetry, green quartile and blue quartile. The threshold score identifying melanomas was established for obtaining a sensitivity of 100%. According to this value, among ungrouped lesions belonging to the test set, all melanomas were correctly classified, whereas 30 benign lesions out of 365 were attributed to the wrong group. Thus, specificity of the system reached 92%, whereas sensitivity was 100%.

P259 Meyerson's naevus: A five case report

D. Forsea, P. Trifu, C. Popescu, R. Popescu, S. Ţiplica, M. Costache. *Bucharest, Romania*

Meyerson's naevi are naevocellular naevi with perinaevic dermatitis. They were first described in 1971, but there are few published data concerning this skin condition, the frequency of which seems to be underestimated.

We here report five cases of dermatitis around atypical and typical pigmented naevi. There was no significant personal or familial history of atopy and no contact factors that could account for this reaction. The perinaevic dermatitis developed insidiously and settled down within weeks, either spontaneously or after topical corticosteroids. On follow-up there were no recurrencies of the perinaevic dermatitis. The histological picture of two excised lesions (one typical and one atypical naevus) showed characteristic features of subacute dermatitis with focal spongiosis, acanthosis and a dense lymphocytic infiltrate of the upper dermis with some eosinophils. In some areas the inflamatory infiltrate was intermingeld with naevus cells and melanophages.

The nosological aspects of this skin condition, the relationship of the perinaevic dermatitis and the naevus itself and the prognostic significance of this strange phenomenon are discussed.

The relevant literature pertaining to this topic is reviewed.

P260 A study of correlation between clinical and histopathological diagnosis of cutaneous pigmented tumors

F. Berard, P. Grézard, L. Thomas, B. Balme, G. Moulin, H. Perrot. *Hopital de l'Antiquaille, Lyon, France*

We studied 7.061 consecutive patient files corresponding to the clinical and/or histopathological diagnosis of melanocytic tumour. We dispatched files in 3 groups (G) according to the initial clinical diagnosis: **G.1** (Naevus (N) without ABCDE criteria = 5.721 files): correlation was 89.63%, but histopathology diagnosed 27 melanomas (M) (9/3887 "non suspect N.", 2/301 "Traumatized N.", 2/45 "angioma or N.", 3/79 "Basal cell carcinoma or N.", 1/83 "fibroma or N.", 1/323 "seborrheic keratosis or N.", 8 "non melanocytic lesion" and 1 without initial clinical diagnosis. **G.2** (N. with one of the ABCDE criteria, but not clearly suspected as M. = 854 files) : correlation was 71%, but histopathology diagnosed 14 cases of M. **G.3** (clinical diagnosis of M. = 486 files) : correlation was 23.05%, with significant differences between 3 subgroups. The concordance was better (81.25%) in the subgroup 3a (M.without clinical differential diagnosis), than in the 3b (M. in first differential diagnosis) (23.91%) ($p < 0.001$), and the concordance in the 3b was better than in the 3c (M. in second or more clinical diagnosis) (6.83%) ($p < 0.001$).

Discussion: Best correlations were observed in G.1 and 3a. Misdiagnosing a M. in G.1 was more frequent when clinical diagnosis hesitated between "Basal cell carcinoma or N." or "angioma or N." comparing to all other diagnosis ($p < 0.001$). We conclude that histopathological examination of all cutaneous tumors excised is necessary, even if M. is not suspected.

P261 Deep penetrating nevus: Clinical, epiluminescence and histological features

S. Pallotta, G. Annessi, R. Bono, G. Di Lella, S. Erculei, P. Puddu. *Istituto Dermopatico Dell'Immacolata IRCCS, Rome, Italy*

Deep penetrating nevus is a melanocytic nevus with clinico-histological features that may be alarming and can be mistaken for Malignant Melanoma.

We report a case of a 51 year-old woman presenting a pigmented skin lesion on the left leg, developed six months before.

Clinically these lesion appeared as a darkly pigmented, with well circumscribed nodule of 5 mm in diameter with smooth surface.

Epiluminescence Microscopy (40×) showed a lesion without pigmented network and a brown-black diffuse regular pigmentation that gradually faded out towards the periphery. A withish veil was also evident in the centre of the lesion.

Histologically, there was a wedge-shaped, well-circumscribed melanocytic lesion whose base extended into the deep dermis. A few nests of melanocytes were found at the dermo-epidermal junction in the centre of the lesion. The dermal component consisted of loosely arranged, discrete nests of large epithelioid melanocytes interspersed with melanophages and pigmented dendritic melanocytes.

Melanocytes showed marked nuclear pleomorphism, hypercromasia and nuclear pseudoinclusions. Mitoses were absent.

We think that the association of clinical and epiluminescence features may provide some clues that suggest the diagnosis of deep penetrating nevus.

P262 Coincidence of multiple, disseminated, eruptive-tardive blue nevi with cutis marmorata teleangiectatica congenita

M.H. Krause, E. Weisshaar, B. Bonnekoh, H. Gollnick. *Department of Dermatology and Venereology, Otto-von Guericke-University Magdeburg, Germany*

A 71-year-old white female had recognized the increasing, disseminated formation of multiple blue-black asymptomatic macules predominantly on the pretibial region of both lower legs for over 30 years. Since birth she had a hypoplasia of the left leg including the left buttock accompanied by a connatal capillary nevus affecting the left leg. The ipsilateral deep veins of the pelvis and leg were not hypoplastic. Histopathological examination confirmed the diagnosis of multiple blue nevi of the common type and cutis marmorata teleangiectatica congenita. Immunohistological analysis of the nevi revealed a positive reaction of the melanocytic elements for S-100, HMB-45 as well as NKiC3. The centre of the nevi was completely negative for proliferation markers PCNA and Ki-67. The clinical aspect of multiple blue nevi reminded us on the Carney-Syndrome, but has been ruled out by extensive diagnostics in this case. In the present literature only a few reports about tardive-eruptive blue nevi [e.g.: Shenfield et al (1980) J Dermatol Surg Oncol 6: 725–8] exists. However, a combination of multiple blue nevi with cutis marmorata teleangiectatica congenita (syn.: van Lohuizen-syndrome) has never been reported before.

Miscellaneous

P263 Keratosis lichenoides chronica: A variant of lichen planus

M.H. Grunwald, B. Amichai, E. Finkelstein, L. Kachko. *Soroka Medical Center, Ben-Gurion University, Beer-Sheva, Israel*

In order to establish the possible relationship between keratosis lichenoides chronica (KLC) and lichen planus (LP), we performed a comparative study. This study included routine histologic examination, electron microscopy and direct immunohistochemical studies in one case of KLC compared with several patients with LP.

Our findings demonstrate that KLC and LP shares many similarities and the difference are mostly quantitative. In KLC the findings are more prominent, therefore we conclude that KLC belongs to the spectrum of LP, and should be classified among the severe forms of LP.

P264 Subcutaneous nodular sarcoidosis associated with erythema nodosum

S. Urbanček[1], E. Škutilová[2], K. Adamicová[3], I. Vojtáš[1], D. Žemberová[1]. [1]*Dept. of dermatology, Banská Štiavnica;* [2]*National Institut of tuberculosis and respiratory diseases, Bratislava;* [3]*Dept. of pathology, Jessenius University, Martin, Slovakia*

A 47 year old female patient was admitted to the hospital with several 3–10 mm skin colored subcutaneous mobile nodules in the inner part of both arms, partially painful. The nodules appeared two months before her admittance. Her routine laboratory tests were normal. Histological examination showed a specific epiteloid granuloma of subcutaneous fat with giant cells and polyphages. There was a hyperergic tuberculine reaction. A Kweim test was not performed. Tuberculosis was excluded by a negative X-ray examination of the chest and by polymerase chain reaction of bronchoalveolar lavage and of urine. The diagnosis of subcutaneous nodular sarcoidosis was concluded. During her hospitalization erythema nodosum on the legs appeared and histologically confirmed. The treatment by azithromycine was started because of seropositivity of antibodies to yersinia and toxoplasma. Erythema nodosum and fever regressed two weeks later, the nodules of the arms disappeared after next two months.. The authors want to point out the following particularities: 1. rare cutaneous expression of sarcoidosis, 2. an association of this unobvious form with erythema nodosum, 3. a hyperergic tuberculine reaction. The authors are not capable to confirm clearly or to excluded the possible effect of antibiotics on the regression of the disease

P265 Necrotizing cutaneous reaction to *Vipera A. ammodytes* bite

P. Pauluzzi[1], N. Kljajic[1], N. Bressi[2], G. Trevisan[1]. [1]*Institute of Dermatology, University of Trieste, Trieste;* [2]*Natural History Museum of Trieste, Trieste, Italy*

The main poisonous snakes in Northern Adriatic area belong to the Family Viperidae and they are: *Vipera ammodytes, V.*