

P291 Erythema induratum of Bazin

S. Pallotta, L. Colonna, G. Cianchini, R. Bono, C.R. Girardelli, S. Erculei, G. Di Lella, P. Puddu. *Department of Immunodermatology Istituto Dermopatico dell'Immacolata IRCCS, Rome, Italy*

Erythema induratum is an indolent eruption of ill-defined nodules affecting the backs of the lower legs of young or middle aged women with an erythrocyanotic circulation. Gradually, the infiltrations extend to the surface, forming blue-red plaques that often ulcerate before healing with atrophic scars.

Bazin first described this entity in 1855 and classified it in 1861 as one of the 'erythematous benign scrofulids'.

We report a case of 60-year-old women who came to our attention for chronic, recurrent, tender skin nodules on both lower legs with a 10-year history. Physical examination revealed relatively ill-defined, erythematous, tender nodules with shallow ulcerations on the anterior and posterior aspect of the lower parts of both legs.

A skin biopsy taken from an erythematous nodule revealed lobular panniculitis in the subcutaneous tissue with granulomatous vasculitis of medium and small vessel. A strongly positive reaction at 48 hours was elicited by the intradermal injection of purified protein derivates (PPD).

Other laboratory data were as follows: complete blood cell count, renal and liver function, all within normal limits; SER 33 mm/h.

The patient was administered antituberculos therapy (isoniazid, 400 mg/day; rifampicin 900 mg/day; ethambutol 800 mg/day) that led to a remission of the skin lesions within 2 months.

P292 Penile lichen sclerosus et atrophicus treated with ultra potent steroid cream

K. Dahlman-Ghozlan, M.-A. Hedblad, G. von Krogh. *Karolinska Hospital, Sweden*

A self-assessment questionnaire was obtained from 22 men in the age 18–73 (mean 37.5) years with LSA regarding influence on seven penile symptoms of topical treatment with clobetasol propionate 0.05% cream applied either once or twice daily for a mean of 7.1 weeks. Biopsies before and after treatment were compared regarding five histopathological criteria for LSA. A significant ($p < 0.001-0.05$) reduction of all symptoms with the exception of decreased penile sensitivity was obtained. All of the five light microscopic criteria suggesting LSA activity, including epidermal atrophy, were significantly ($p < 0.01-0.05$) reduced after treatment. Conspicuous opportunistic infections occurred in six cases; two with candida yeast, three with HPV and one with recurrence of HSV lesion. Topical treatment of penile LSA with clobetasol propionate cream once or twice daily for about two months represents a safe and symptomatically efficient therapy with no risk of epidermal atrophy

P293 Chronic colitis associated to diverticulosis with perianal skin lesion

J. Sanchez Conejo-Mir, S. Lopez Martin-Prieto, G. Jimenez, M.A. Ronco, M. Navarrete. *Virgen del Rocio University Hospital Seville, Spain*

Background: Chronic colitis syndrome (CCS) affecting to sigmoid colon associated to diverticulosis has been recently isolated from inflammatory bowel diseases. Although other inflammatory bowel diseases may develop either sigmoid as cutaneous lesions, there is not reported cases of CCS with cutaneous lesions.

Case report: A 66 year-old woman consulted to Surgery Department of our hospital presenting abdominal pain and diarrhea. Colonoscopy visualization showed ulcerative lesions in sigmoid colon, associated with diverticular disease. A biopsy taken from the colonic lesion showed a plasma cells granuloma. Two months later, the patient showed ulcerative skin lesions in perianal area. Histological study revealed identical picture of colonic lesion, with immunohistochemical findings of immunoglobulin A, G, kappa and lambda chains. The patient was treated with deflazacor 60 mgr per day, with decreasing dosage, with a notable improvement as well as sigmoid as cutaneous lesions.

Conclusion: Differential diagnosis of perianal ulcerative lesions include pyoderma gangrenosum, metastatic Crohn disease and ulcerative colitis; nevertheless, histological findings support the diagnosis of metastatic CCS.

P294 Intracutaneous and prick skin tests in patients with suspected mold allergy

A. Niinimäki, S.-L. Karvonen, T. Pirilä, A. Poukkula. *University Hospital of Oulu, Finland*

Mold allergy is suspected to be responsible for various symptoms among subjects living in damp buildings. Skin prick-tests (SPT) to molds remain mostly negative in these patients. We tested 52 patients living or working in buildings with dampness damage with 13 mold-extracts by using both intracutaneous tests (ICT) and SPT. All patients had respiratory symptoms among others. Forty-five of them had mold-specific IgG antibodies in their sera, which indicates that they have been exposed to various molds. However, also symptomless controls had similarly mold specific IgG-antibodies. Positive immediate ICT reactions to molds were seen in 14 patients, with delayed (24 hours) reactions in two of them. Only one patient had positive SPT to any mold (*Aspergillus*). Nasal provocation test was positive in 2 of 10 patients and bronchial provocation in 1 of 2 patients with positive ICT tests. Our study shows that positive ICT to molds were frequently seen in patients exposed to damp buildings, but their correlation to IgG antibodies to the same mold was poor. In most patients the clinical relevance of positive ICT reactions remained obscure.

P295 Long traveling, nutrition and the skin

N. Zakopoulou, K. Takou, S. Symeonidou, I. Zografakis. *Syngros Dermatologic Hospital, 2nd Dept, Athens, Greece*

A 24-year old male, a well-built australian architect on tourism through Turkey, was admitted with erosions of the tongue and