P250 Giant orf in immunocompromised host

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Orf is an endemic viral disease in sheep caused by poxvirus. Human off is an uncommon benign condition, normally self-limiting, acquired through direct contact with the virus.

We present the case of a 63 year old female, who lived in the country, who complained, after contact with a sheep, two giant tumoral masses, localized at the left cheek and at the dorsal side of the right hand, not painful but easy bleeding. These lesions developed about three months before our observation. A previous surgical treatment was followed by immediate relapse. Clinical and laboratory investigations were normal or negative.

A serious deficiency was detected in Flow cytometry analysis. CD3+ CD4+ T cell lymphocytes were 13%, 90% of them were CD45R0+ (memory cells). Only 12% of CD4+ T cells were CD27+. 60% of CD3+ cells were CD95+. CD3−CD8+ CD16+ were 76% of circulating lymphocytes.

Giant orf has been rarely described, mostly in immunocompromised subjects. In our case the immediate relapse and the giant aspect may be due to the particular immunological condition.

P251 Bothrops moojeni venom action on leishmania (Leishmania) amazonensis promastigotes

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Cutaneous leishmaniasis is a widespread disease found on tropical countries. In South America is caused by a flagellate protozoa, *Leishmania (Leishmania) amazonensis* and the main treatment is based on toxic antimonial salts with few suitable alternatives. Some snake venoms have been showed effect on these parasites *in vitro*. In order to elucidate this action, *B.moojeni* venom was assayed with *L.L.amazonensis* promastigotes, using active fraction purification, cellular binding and ultrastructural analysis. The promastigotes were destroyed by the venom at 3 pg/cell. The active fraction had M.W. of 100–150 kDa, as determined by molecular exclusion chromatography. Immunostaining of the promastigotes showed binding of venom to the surface at 4°C and parasites destruction at 25°C, furthermore conditioned media with active venom also killed the parasites. Ultrastructural studies showed an initial changes on cytoplasm of the parasites with subsequent destruction of the cell structure. Microtubule disassembly was observed, suggesting an ionic changes in the cytoplasm, probably due to a membrane lesion or a specific factor of venom.

These preliminary data suggest that this venom had an active action against these parasites, and if adequately tested, could be used as an alternative therapy for cutaneous leishmaniasis.

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P252 Cutaneous manifestations in chronic hepatitis C: A retrospective-prospective survey

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Hepatitis C virus is the cause of, or is associated with various dermatologic disorders: vasculitis (mainly cryoglobulin-associated vasculitis), sporadic porphyria cutanea tarda, cutaneous-mucosal lichen ruber planus. Other cutaneous disorders associated with HCV infection include erythema nodosum, urticaria, erythema multiforme, polyarteritis nodosa.

We examined the prevalence of cutaneous manifestations in a retrospective-prospective study of 60 patients with chronic HCV hapatitis, 39 males and 21 females, aged between 18–77 years, median age 49.5 years. The duration average of chronic hepatitis was 7.8 years.

Chronic HCV hapatitis was defined by an alanine aminotransferase level twice the normal level for more than six months; the detection of HCV antibodies was performed by a second-generation ELISA with confirmation by a second-generation recombinant immunoblot assay (RIBA). HCV-RNA sequences were searched in all patients with use of the polymerase chain reaction. All patients were tested for cryoglobulin, rheumatoid factor and many antitissue antibodies.

Results: pruritus was the most prevalent cutaneous disorder (33%), varying in intensity from mild to disabling severity. Rosacea (facial telangectasia) was found in 15% of patients; lichen ruber planus in 10%. Other skin disorders frequently associated with HCV chronic hepatitis, such mixed cryoglobulinemia and porphyria cutanea tarda, were found respectively in 3% of patient. In all patient affected with lichen planus, HCV genotype was identified (INNO-LIPA), to evaluate a possible correlation with viral subtypes.

P253 Pseudo pyoderma gangrenosum, scars and comedones revealing leukocyte adhesion deficiency in adulthood

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A 40-year-old man had a 20-year-history of cutaneous abcesses localized to the pubic and perianal regions, abdominal wall, legs, arms and axillary folds. The patient had no history of other recurrent or severe infection, except for a severe periodontitis/gingivitis. Examination revealed several tender and erythematous plaques and nodules with several serosanguineous or purulent sinuses, multiple extensive scars and numerous comedones on the back. White blood cell counts were elevated. Tissue cultures grew *Staphylococcus aureus* and gram-negative bacilli. Histopathological study showed acute and chronic inflammation with focal microabscesses. Flow cytometry studies showed a deficiency of CD11b (also designated MAC-1) surface expression after stimulation, while CD11a, CD18, CD29 and CD47 and other immunologic tests were normal. Long term therapy with various antibiotics resulted in marked improvement.

LAD is a rare autosomal recessive disorder due to abnormalities of the beta 2 leukocyte integrins, required for the normal