

# EORTC

European Organization for Research  
and Treatment of Cancer

## CUTANEOUS LYMPHOMA PROJECT GROUP CLINICAL MEETING

25 – 27 September 1998



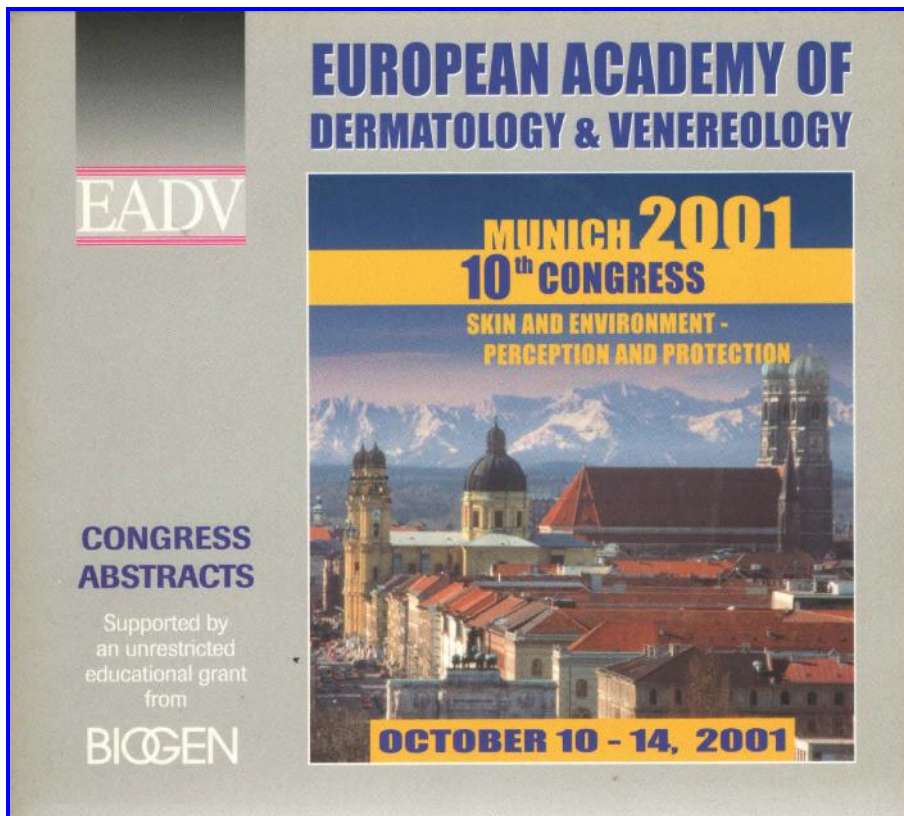
Schloss Wilhelminenberg  
Vienna / Austria

PROGRAM / ABSTRACTS

### FOUDROYANT T-CELL LYMPHOMA - MYCOSIS FUNGOIDES

K. Nedousheva, Chr. Hajdoudova, D. Gospodinov, M. Trashlieva,  
J. Lubenova; Department of Dermatology; Medical University of  
Pleven, Bulgaria

Skin malignant lymphomas are neoplastic localized or generalized autonomous progressive proliferation of lymphoid cells in the skin. A case is reported of male 52 year old with severe form of MF leading to exitus letalis in two and a half years. Skin lesions during this period have been progressing from a few plaques and nodules to severe erythroderma with ulceration and forming Sezary syndrome with generalized lymphadenopathy and 11% Lutzner cells in peripheral blood. Hystologic skin examination presented lichenoid infiltrate of atypical lymphocytes in upper dermis with obvious epidermotropism and Pautrier microabscesses. No data for visceralisation were established. Patient undergo treatment with deep radiotherapy, PUVA, cytostatics and corticosteroids. The disease progress was complicated by: Diabetes mellitus, Abscessus oculi sin., Panophtalmitis - Evisceratio oculi, Abscessus noduli lymphatici regiones inguinales, Status febrilis continua. Immunological tests established B-cell deficiency, generally low percentage of Lymphocytes in peripheral blood (11%), low index  $CD4^+/CD8^+$ . Despite of adequate and long treatment, patient died as a result of severe bacterial infection and immune suppression caused by the treatment and the disease itself.



**BIOGEN®**

## 10<sup>th</sup> Congress of European Academy of Dermatology & Venerology

Munich, 10. - 14. October 2001



### Alopecia areata and Thyreoiditis Hashimoto in two white sisters

*Tsvetanova A. (1), Gospodinov D. (2)*

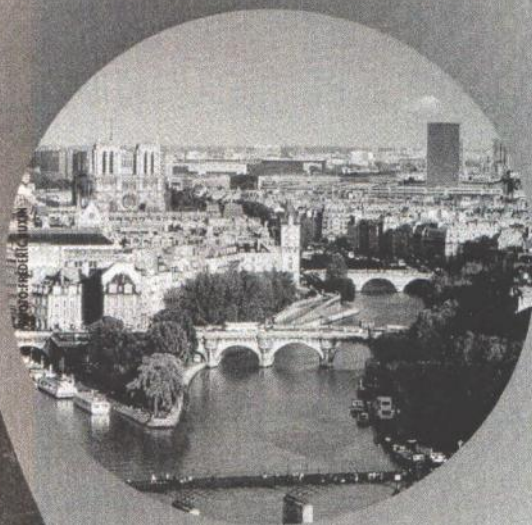
Department of Dermatology and Venereology, Medical University, Pleven, Bulgaria

We present a case of morbid association of two organ-specific autoimmune diseases (Alopecia areata-AA and Thyreoiditis Hashimoto-TH) in two white sisters - 23 and 26 years old. There is no family history of AA or any autoimmune disorders. The onset of AA in both sisters was in early childhood (3 and 7 years of age). The clinical and laboratory examinations showed engagement of the scalp with round or oval large patches of alopecia, without involvement of the body hairs and nails. There were also alterations of thyroid gland function, positive TMA (Thyroid Microsomal Antibodies) and Ro-data of hypophysis adenoma as well as episodes of allergic rhinitis (in one of the sisters), as well as bronchial asthma (in the other). According to Ikeda's classification, they have an "Atopic type" AA. We suppose that the observed case is not an occasional coincidence of AA and TH. HLA A/B and DR determination could be support our suggesting about the familiar pattern of these autoimmune diseases.



**BOOK II**  
Poster abstracts

**20<sup>TH</sup>** WORLD CONGRESS OF  
**DERMATOLOGY**  
1<sup>ST</sup> TO 5<sup>TH</sup> JULY 2002  
*Paris*



AVAILABLE ON LINE ON:  
[www.e2med.com/ad](http://www.e2med.com/ad)  
and  
[www.derm-wcd-2002.com](http://www.derm-wcd-2002.com)



**MASSON**

632401

Indexed in: Current Contents/Clinical Medicine, SCI  
Search, Biological Abstracts/Biosis, Index medicus/Medline,  
Chemical Abstracts Service/American Chemical Society,  
EMBASE/Excerpta Medica, Pascal/INIST-CNRS.

July 2002  
100 pages  
1000 francs



The treatment is unsatisfactory, as none of the usual therapeutic approaches for LPP has so far given positive results.

The case of a 68 YO caucasian female, with a 8-year history of PMFFA is reported. In this case, it is noteworthy both the long term follow-up and the recently (1 year ago - 7 years after presentation) installed widespread "classical" lichen planus involving both the skin, mucous membranes and other areas of the scalp. Although a therapy induced clinical remission was achieved, the progression of PMFFA was however not halted.

This unusual case is discussed at the light of the few cases reported.

P0795

#### IMPLICATION OF PROTEIN KINASE C ISOFORMS IN THE REGULATION OF HAIR FOLLICLE VASCULARIZATION IN VIVO AND IN VITRO

Thibaut S., Lachgar S., Saint-Cyr F., Charv  ron M., Gall Y.  
Institut de Recherche Pierre Fabre, CERPER/H  tel-Dieu, Toulouse, France.

Some members of the protein kinase C (PKC) family play a key regulatory role in cellular functions including gene expression, hormone secretion, cell growth and differentiation. Vascular Endothelial Growth Factor (VEGF) promotes endothelial cell proliferation and migration. PKC $\alpha$ ,  $\beta$ ,  $\delta$  and  $\gamma$  isoforms are described to influence vascular endothelial functions. We are interested by their involvement in the modulation of hair vascular responses. Firstly, we analysed PKC $\alpha$ ,  $\beta$ ,  $\delta$  and  $\gamma$  isoforms expression during the human hair cycle by immunohistochemistry. Western Blot and RT-PCR analysis were performed on cultured dermal papilla cells (DPC) in the presence of specific modulators of PKC isoforms e.g. PMA, calphostin C, safingol (PKC $\alpha$  inhibitor) and hispidin (PKC $\delta$  inhibitor) and some tyrosine kinase inhibitors. Immunolabelling showed that PKC isoforms expression is modified with the hair cycle. PKC $\alpha$  and  $\delta$  were highly expressed in dermal papilla during the anagen stage. Their localization was similar to that of VEGF receptors  $\text{flk-1}$ . PKC $\delta$  expression decreased during catagen and telogen stages and PKC $\alpha$  localization was restricted to the outer root sheath and hair matrix. Western Blot analysis showed that PKC $\alpha$  and  $\delta$  were strongly expressed by DPC. We studied by RT-PCR the VEGF receptors expression. These two responses were regulated by the different specific modulators of PKC isoforms. Our results show that PKC $\alpha$  and  $\delta$  expression is associated with the growing stage of the hair cycle and suggest that VEGF receptors are required for their expression.

P0796

#### THE FORM OF AFRO-AMERICAN HAIR IS PROGRAMMED FROM THE HAIR BULB: A FUNCTIONAL AND IMMUNOHISTOLOGICAL STUDY

Thibaut S. (1), Bernard B. (1), Gaillard O. (1), Nsangou E. (2)  
(1) L'Or  al Recherche, 30 rue du G  n  ral Roguet, 92110 Clichy, France. (2) L'Or  al Institute for Ethnic Hair and Skin Research, Chicago IL, USA

Few data on african hair follicles have been reported in the literature. In this study, we investigated the afro-american hair growth and morphology. The macroscopic study showed that, in contrast to caucasian type, the dermal implantation of follicles was curved. We observed that the bulb itself was bent, in shape of golf club, and the outer root sheath (ORS) was asymmetric along the follicle. These follicles have been microdissected and cultured in Williams' F medium for eight days. Their *in vitro* growth was slightly lower than caucasian follicles, about 0.25mm versus 0.30mm/day. More importantly, the curvature was maintained in the newly *in vitro* formed hair shaft.

An immunohistochemical study was performed to compare the structure and organisation of a curly follicle to a straight follicle. We observed that the proliferative compartment of matrix cells was asymmetric: Ki67-labeled cells were more numerous on the convex side, exceeding the Auber's line. Therefore, the follicle was bent and the different structures asymmetric. On the convex part of the follicle, the ORS was thinner, while the differentiation programs of cuticle inner root sheath (IRS) and hair shaft were delayed, as revealed by transglutaminase and hard keratin hHfbz expression, respectively. Furthermore,  $\alpha$ -smooth muscle actin protein ( $\alpha$ -sma), which is a tension marker, was expressed in the ORS on the concave side of the follicle, while the ORS of a straight hair was completely negative.

In conclusion, the morphology of afro-american hair is programmed from the bulb.

P0797

#### MONILETHRIX: A CASE REPORT

Thomas J.

J.T. Skin Care Centre, Madras, India.

A four-year-old boy was brought by his mother for dry and fragile hair, especially over the occipital and temporal areas. The disorder was not for the last two years. Repeated shaving of the scalp was of no relief. He had never grown longer than 0.5 to 2.0cm. Family history revealed that the boy's grandfather had a hair disorder that was diagnosed as alopecia areata. Microscopic examination of the hair shaft showed monilethrix: symmetrical, same-sized elliptical nodes and narrower internodes. Monilethrix is a rare disorder of the hair shaft that is inherited autosomal recessively with a high grade of penetrance and variable expression. Although at birth the hair seems normal, it begins to turn dry and fragile after 3 months of age. There is no specific treatment and the only hope seems to be reports of spontaneous remission.

P0798

#### TREATMENT OF ALOPECIA AREATA BY A LINEAR POLARIZED INFRA-RED RAY THERAPEUTIC INSTRUMENT (SUPER LIZER)

Tsuboi R., Miura Y., Ogawa H.

Department of Dermatology, Juntendo University Tokyo, Tokyo, Japan

Super Lizer<sup>®</sup> (SL) is a linear polarized light therapeutic instrument which provides a high output infra-red ray. In this study, sixty patients over 18 years of age with various types of alopecia areata (AA), were topical irradiated by SL, and its effect as a therapeutic method for the treatment of AA was evaluated. AA patients consisting of single or multiple patches were irradiated for three minutes intermittently once per one to two weeks. Alopecia totalis and universalis cases were irradiated for 5 minutes continuously on the occipital side of the scalp once daily for 4 weeks in combination with topical/systemic corticosteroid and/or PUVA therapies. The results showed that 19 out of 22 cases (86.4%) of AA with a single patchy lesion were cured, while in the cases of AA with multiple patchy lesions, 10 out of 18 cases (55.6%) of the irradiated areas showed hair regrowth 1.4 months earlier than those of the non-irradiated areas ( $\chi^2$  official approval  $p < 0.0002$ ). In the cases of alopecia totalis and universalis, no obvious difference in hair regrowth was observed between the irradiated and non-irradiated areas after the treatment. As for adverse effects caused by SL treatment, two patients complained of heat sensations in the irradiated area. These findings suggest that SL with its non-invasive properties, is a useful apparatus for the treatment of mild forms of AA.

P0799

#### FAMILIAL ALOPECIA AREATA, ATOPY AND THYROIDITIS HASHIMOTO

Tsvetanova A., Gospodinov D.

Clinic of Dermatology, Medical University, Plevna, Bulgaria.

We present a case of two Caucasian sisters (24 and 26 years old) with atopy and morbid association of two organ specific autoimmune diseases (alopecia areata: AA and thyroiditis Hashimoto: TH). There is no familial history of AA or any autoimmune disorder, but the patients are hereditarily defective concerning the atopy (their mother suffers from allergic rhinitis and bronchitis). The onset of AA was in early childhood (4 and 8 years of age respectively). The onset of allergic diseases (allergic rhinitis and bronchial asthma) was in early school age. Because of thyroid dysfunction simultaneously, in both sisters (11 and 14 years of age), TH was diagnosed. The clinical and laboratory examination showed involvement of the scalp with round or oval large patches of alopecia, without engagement of the body hairs and nails. Thyroid gland function was altered and Thyroid Microsomal Antibodies (TMA) were positive. X-ray data of hypophyseal adenoma as well as episodes of allergic rhinitis (in one of the sisters) and bronchial asthma (in the other) were present. According to Ikeda's classification, the patients are with "Atopic type" of AA. HLA-determination showed coincidence in the loci A, B, DRB1.



## Poster Presentation - Session 2

**P#36** A. Tsvetanova, M. Trashlieva and D. Gospodinov  
*Clinic of Dermatology, Medical University, Plevna, Bulgaria*

**Incidence of androgenetic alopecia in soldiers and young men that are to be enlisted**

We present the results from an investigation over the incidence and age distribution of androgenetic alopecia (AA) among a large group of young adults-soldiers and young men that were to be enlisted. The degree of familial heredity was also investigated. 502 males from 18 to 19 years of age were examined. The presence of AA in each participant was confirmed by inspection. The evaluation of the clinical stage of AA was determined according to the modified version of the Hamilton-Norwood scale. The type of hair distribution over the body and the other signs of tissue hyperandrogenemia were also identified. The data about their familial history were collected by means of a direct inquiry and the subjective assessment of the investigated people about the state of their hair was also considered. Results: In 123 (24,5%) from the investigated men early signs of AA were established, in 47 (9,36%) - AA was II degree and in 1 person (0,19%) - III degree. In 41 (23,9%) of the AA patients we observed positive familial history of AA with more paternal than maternal relatives. In 48 (28%) of the participants AA was associated with acne vulgaris. Conclusion: The incidence of AA in the explored population is high. The initial signs of AA have an onset earlier than 17 years of age. 1/3 of the persons with AA have positive familial history and present frequent association with acne vulgaris.





## Index

EHRs Conference Barcelona 2003

Home > EHRs Conference Archive > European Hair Research Society - Conference

### Navigation

- ➔ [Home Page](#)
- ➔ [What is the EHRs?](#)
- ➔ [EHRs Events](#)
- ➔ [EHRs Conference](#)
- ➔ [EHRs Conference Abstracts](#)
- ➔ [Contact the EHRs](#)
- ➔ [External Links](#)
- ➔ [Site Administration](#)

### Index Page

Welcome from the Conference Organiser

Scientific Board

EHRs Meeting: Thursday June 26, 2003

EHRs Meeting: Friday June 27, 2003

EHRs Meeting: Saturday June 28, 2003

EHRs Meeting: Posters June 26-28, 2003

Conference Sponsors

### The current page

A warm welcome from the organisers to the EHRs annual conference, June 26-28, 2003, held in Barcelona, Spain

The Scientific Board and Faculty members for the tenth annual EHRs conference

Itinerary for Thursday June 26, 2003

Itinerary for Friday June 27, 2003

Itinerary for Saturday June 28, 2003

Poster presentation listings

Conference sponsor list



## Conference Abstract

Home > Conference Abstracts > 2003 Barcelona > Research Abstracts > European Hair Research Society - Abstract

### Navigation

- ➔ [Conference Abstracts Index](#)
- ➔ [Abstracts - 2005 Zurich](#)
- ➔ [Abstracts - 2004 Berlin](#)
- ➔ [Abstracts - 2003 Barcelona](#)
- ➔ [Abstracts - 2002 Brussels](#)
- ➔ [Abstracts - 2001 Tokyo](#)
- ➔ [Abstracts - 2000 Marburg](#)

### P-25 SERUM-CONCENTRATIONS OF DEHYDROEPIANDROSTERONE-SULFATE IN MEN WITH ANDROGENETIC ALOPECIA

A. Tsvetanova, D. Gospodinov, \*M. Donchev Clinic of Dermatology, \*Clinical Center of Nuclear Medicine, Medical University, Pleven, Bulgaria.

Androgenetic alopecia (AA) is considered as a genetically determine androgen (DHT)-dependent disorder and Dehydroepiandrosterone-sulfate (DHEA-S) theoretically is the first main metabolite in the androgen metabolism. The aim of the study was to determine the serum-levels of DHEA-S (DHEA-S(s)) in patients with AA and the possible correlation between clinical stage of AA and DHEA-S(s). Forty-four men (37 with male pattern baldness and 7 healthy controls) aged 19 to 55 had DHEA-S(s) measured. Determination of the hormone was performed by standard radioimmunoassay. Only nine of the men with AA showed high levels of DHEA-S(s). In 3 of the patients were detected a boundary high levels of DHEA-S(s). No correlation between the clinical stage of AA and DHEA-S(s) -levels was established. In contrast to previous studies, in our investigation, no elevation of DHEA-S(s) in men with AA was found. Our results indirectly support the current understanding of the importance of some follicular enzymes (STS, 3-beta-HSD, 17-beta-HSD etc.) that could increase the amount of the alternative DHT-sources in AA.



EADV

BUDAPEST



*EADV 2004*

II. SPRING  
SYMPOSIUM

29 April – 1 May

TRADITION AND SCIENCE IN CLINICAL PRACTICE

Final Programme



PS254 / INFE 36

**On associated sexually transmitted infections (ASTI)**  
Stoicescu I, Tița M, Romanescu F (Romania)

PS255 / THER 75

**What is the place of diet in the treatment of skin diseases?**

Stoicescu I, Chiurtu A, Vilcea AM (Romania)

PS256 / AUTO 18

**PUPPP: case report**

Suciu G, Alexandrescu C, Gabrian-Mubarak V, Costache M, Boda D (Romania)

PS257 / THER 83

**Antibacterial activity of zinc-hyaluronate solution (Hyaluricht) on microorganisms isolated of resistant to treatment difficult healing leg ulcers**

Yordanova I, Gospodinov D, Sredkova M (Bulgaria)

PS258 / GENE 6

**Epidermolysis bullosa simplex variant Weber-Cockayne**  
Szczecinska W, Wozniak K, Hashimoto T, Kowalewski C (Poland)

PS259 / BIOL 18

**Visualization of multidrug resistance with radiotracers in SCID mice**

Szincák N, Teréz M, Nagy H, Galuska L, Trón L, Balkay L, Krasznai Z, Hunyadi J, Juhász I (Hungary)

PS260 / ONCO 15

**Higher incidence of benign pigment lesions on lymphoedematous limbs**

Szolnoky Gy, Kemény L, Dobozy A (Hungary)

PS261 / THER 76

**Safety of alefacept combined with other psoriasis therapies: a study reflecting the clinical practice setting**  
Ticho B, van de Kerkhof P (The Netherlands, USA)

PS262 / INFE 37

**Epidemiology of syphilis, gonorrhoea and HIV in region Nis (Serbia) 1988-2003 year**

Todorovic B, Todorovic J (Serbia and Montenegro)

PS263 / INFE 38

**Sexually transmitted diseases and infertility in Serbia (region Nis)**

Todorovic B, Todorovic J (Serbia and Montenegro)

PS264 / CASE 53

**A case of lupus vulgaris**

Todorovic J, Nikolic Lj, Todorovic B, Lazarevic V (Serbia and Montenegro)

PS265 / CASE 54

**Bullous drug eruption – report of two cases**

Tiplica GS, Salavastru C, Popescu S (Romania)

PS266 / INFE 39

**Annual report of syphilis cases recorded at "colentina" clinical hospital**

Tiplica GS, Orosan A, Dinu M, Salavastru C, Cascaval A (Romania)

PS267 / IMM 42

**The evaluation of gamma-delta T-cells and transfer factor therapy in atopic patients**

Trofimova I/B, Zadionchenko EV, Mats AN (Russia)

PS268 / THER 77

**Study of influence of reamberin on microcirculation in prostatic patients**

Trofimova IB, Koralkin AV, Kostjanova EV (Russia)

PS269 / CASE 55

**Lichen planus pemphigoides: a case report**

Uchańska G, Romańska-Gocka K, Skrzeczko-Kwela E, Placek W (Poland)

PS270 / CASE 56

**An unusual association: dermatitis herpetiformis Dühring Brocq in a patient with subacute lupus erythematosus**

Ungureanu D, Florea I, Popescu S, Popescu D, Georgescu C (Romania)

PS271 / INFE 40

**Clinical effectiveness of Mycosist in mycosis treatment**  
Vaisov A Sh (Uzbekistan)

PS272 / ONCO 16

**CD30+ lymphoproliferative disorders of the skin**

Vajda A, Bartók K, Baló-Banga JM (Hungary)

PS273 / INFE 41

**Dynamics and structure of dermatomycoses**

Valihanov UA, Hamidov ShA, Baltabayev MK (Uzbekistan)

PS274 / THER 78

**Effects of efalizumab on health-related quality-of-life outcomes: an international phase III randomised, controlled trial of patients with moderate to severe chronic plaque psoriasis**

van der Ham R, Shumack S, Duru G, Beresniak A (The Netherlands, France, Switzerland)

PS275 / ONCO 13

**Higher risk of sentinel node involvement in regressing thin cutaneous melanomas**

Varga J, Oláh J, Gyulai R, Korom I, Varga E, Dobozy A (Hungary)

PS276 / BIOL 19

**Immunohistochemical detection of maspin in primary melanoma lesions**

Vereecken P, Petein M, Laporte M, Heenen M (Belgium)



skin symptoms and in the patients allergic to food allergens. To conclude, in the authors' intention the present paper is meant to be a short guide for general practitioners in the labyrinth of dermatological dietetics and we hope to have succeeded.

## PS256

### PUPPP: case report

G. Suciu, C. Alexandrescu, V. Gabrian-Mubarak, M. Costache, D. Boda  
Colentina Hospital, Bucharest, Romania

Pregnancy is frequently accompanied by disturbances of the skin; these include physiologic changes, pruritus gravidarum, and the specific dermatoses of pregnancy. We report the case of a young woman in her 36th week of pregnancy who presented to the dermatologist for urticarial papules and plaques on the abdomen, buttocks, thighs, forearms. The lesions were reported as extremely itchy, the patient being unable to sleep at night. The eruption began 7 days before presenting to the doctor as tiny erythematous papules in the periumbilical striae distensae. Laboratory examinations were within normal limits for her status. The histopathological findings were not specific. Direct immunofluorescence microscopy of the lesional skin was negative. Potent topical steroids were prescribed for symptomatic relief of pruritus. She gave birth to a healthy boy. The lesions resolved shortly after delivery. PUPPP is an important entity for dermatologists and obstetricians to recognize because, as opposed to other eruptions in pregnant women, its benign course obviates the need for anything other than mild symptomatic therapy.

## PS257

### Antibacterial activity of zink-hyaluronate solution/hyaluricht/on microorganism isolated of resistant to treatment difficult healing leg ulcers

I. Yordanova,\* D. Gospodinov,\* M. Sredkova\*

\*Department of Dermatology and Venereology; \*Department of Microbiology at Medical University, Pleven, Bulgaria

The antibiotic resistance is becoming a problem in the patients with difficult healing infected leg ulcers. Zinc hyaluronat/Hyaluricht/stimulate natural recovering processes the fibroblastic activity and the cellular chemotaxis, aiming a faster formation of collagen structures and epithelization of the wounds. The purpose of our study is to assess *in vitro* antibacterial activity of the Zinc hyaluronat in different concentrations on the microorganisms, which are very often isolated from the difficult healing leg ulcers: *Enterococcus faecalis*, *Escherichia coli*, *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Proteus*.

## PS258

### Epidermolysis bullosa simplex variant Weber-Cockayne

W. Szczecinska,\* K. Wozniak,\* T. Hashimoto,\* C. Kowalewski\*

\*Department of Dermatology, Warsaw School of Medicine, Poland;

\*Department of Dermatology, Kurume University School of Medicine, Fukuoka, Japan

Epidermolysis bullosa simplex (EBS) belongs to the group of genetically determined skin fragility disorders characterized by trauma-induced blisters. Blister formation is intraepidermal due to the mutation in the genes encoding either the keratin 5 or keratin 14. We present the clinical features, immunohistochemical and molecular findings in three Polish families with localized form of EBS variant Weber-Cockayne (WC). Clinically

all patients and their relatives showed blisters localized on the palms and soles. Immunofluorescence mapping confirmed the separation of epidermis through keratinocytes of the basal layer. Molecular studies in the first family disclosed the mutation L325P, in region L12 of the exon 5 of keratin 5. This mutation has been reported previously in EBS-WC. In the second family novel mutation E477G was found in exon 7 of keratin 5. Interestingly, in one case of generalized EBS variant Dowling-Meara there was mutation E477K. Thus in localized EBS-WC in contrast to generalized EBS glutamic acid was substituted not to lysine but to glycine. Also in another generalized EBS the premature stop codon mutation was found in the same residue. In the third EBS-WC family novel mutation V133M was found in exon 1 of keratin 14. Our preliminary molecular studies in EBS-WC suggest that mutations in Polish population differ from those previously described.

## PS259

### Visualization of multidrug resistance with radiotracers in scid mice

N. Szincsik,\* M. Teréz,\* H. Nagy,\* L. Galuska,\* L. Trón,\* L. Balkay,\* Z. Krasznai,\* J. Hunyadi,\* I. Juhász\*

\*Department of Dermatology, University of Debrecen, Hungary;

\*Department of Biophysics and Cell Biology, University of Debrecen, Hungary;

\*PET Center, University of Debrecen, Hungary; \*Center of Nuclear Medicine, University of Debrecen, Hungary

P-glycoprotein (Pgp) is often overexpressed in tumours, contributing significantly to their multidrug resistance. We explored whether the radiotracers used in tumour diagnostics can be used for *in vivo* visualization of Pgp-related multidrug resistance. We examined if the Pgp substrate verapamil modifies  $^{18}\text{F}$ FDG and/or  $^{99\text{m}}\text{Tc}$ -MIBI accumulation in tumour tissues and provide non invasive method for the prediction of overexpression of this drug efflux pump. In a SCID BC-17 mouse model, drug-sensitive KB-3-1 (MDR-) and KB-V1 Pgp-expressing (MDR+) human epidermoid carcinoma cell derived tumours were grown in opposite flanks. Mice were injected with a SPECT tracer  $^{99\text{m}}\text{Tc}$ -MIBI, and two PET radiotracers, methionine and  $^{18}\text{F}$ FDG. For validation we used a gamma counter. The expression of the MDR product was proved by immunohistochemistry.  $^{99\text{m}}\text{Tc}$ -MIBI uptake was significantly lower in KB-V1 cells as compared with KB-3-1 tumours *in vivo* and cells *in vitro*.  $^{18}\text{F}$ FDG uptake was significantly higher in KB-V1 tumours and cells. Verapamil increased the  $^{18}\text{F}$ FDG uptake of MDR+ cells but reduced the Tc-MIBI uptake of MDR+ cells. Cyclosporin A, a Pgp inhibitor increased the Tc-MIBI uptake of MDR+ cells. There were no significant differences in the  $^{11}\text{C}$  methionine uptake in the MDR- and MDR+ tumours and cells. Since after verapamil treatment  $^{18}\text{F}$ FDG uptake increases with the simultaneous decrease of  $^{99\text{m}}\text{Tc}$ -MIBI accumulation in MDR+ cells and tumours, the parallel administration of  $^{18}\text{F}$ FDG and  $^{99\text{m}}\text{Tc}$ -MIBI combined with verapamil treatment seems to be a good candidate for a noninvasive marker to diagnose MDR related Pgp expression in tumours.

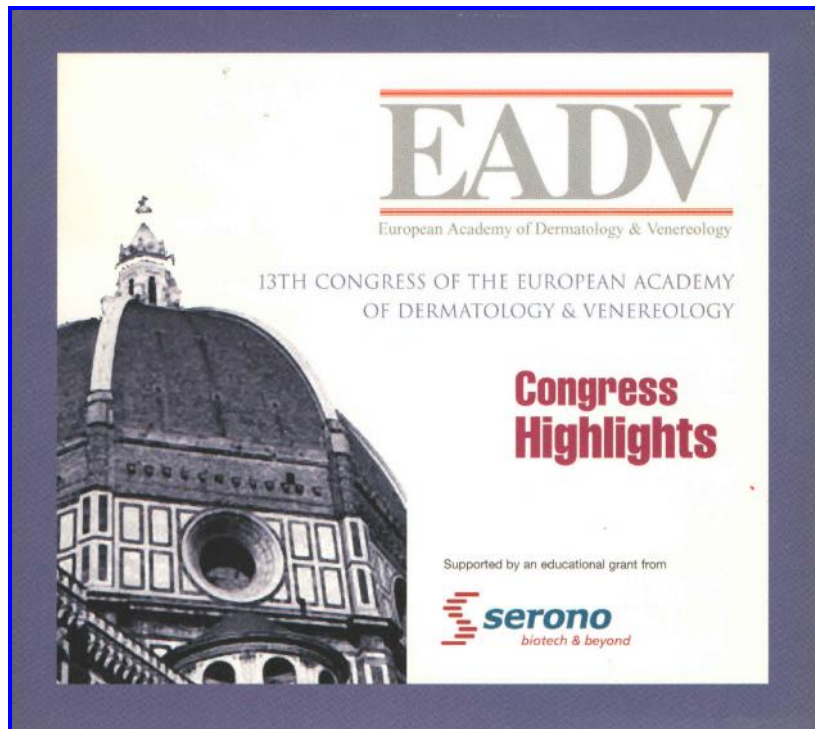
## PS260

### Higher incidence of benign pigmented lesions on lymphoedematous limbs

Gy. Szolnoky, L. Kemény, A. Dobozy

Department of Dermatology and Allergy, Szeged University, Szeged, Hungary

Increased number of acquired melanocytic nevi is a risk factor of malignant melanoma. Children under continuous immunosuppression, maintenance chemotherapy have higher number of nevi compared with control group. Lymphoedematous limbs are associated with weaker cell-mediated



**[P02.96]**

**Efficacy and safety of finasterid-1 mg in the treatment of men with androgenetic alopecia - our experience**

A. Tsvetanova-Radeva & D. **Gospodinov**

*Clinic of Dermatology, Medical University, Pleven, Bulgaria*

**Background:**

Finasterid 1 mg/day is indicated for the treatment of men with androgenetic alopecia (AA). The aim of the study was to evaluate the efficacy and safety of finasterid 1 mg in men with AA and to compare with the natural development of the disease in non-treated patients with AA.

**Materials and Methods:**

Twelve men aged 23-46 years, with mild to severe AA (according to Hamilton-Norwood classification) were enrolled. They were randomized to receive finasterid 1 mg/day for 1.5-2 years. Efficacy was evaluated by hair counts (repeat phototrichograms of the vertex (V) and fronto-temporal (F-T) area) and patient self-assessment questionnaires. Safety was evaluated by analysis of the serum levels of testosterone, LH, FSH and PSA, adverse experience reports, patient self-assessment questionnaires for erectile and sexual function (IIEF and ISF).

**Results:**

Treatment with finasterid 1 mg/day led to significant improvement of the hair growth in more of the patients, respectively an increase of the anagen hairs (mean increase of 16% for F-T-area, respectively, 11% for V-area), as well as decrease of the thin hairs (<40 µm), mean decrease of -14.8 for F-T-scalp and -4.9% for V-scalp. Patient self-assessment demonstrated satisfaction mostly with reducing of the hair loss. The sexual function of the patients taking finasterid (according to the IIEF-results) does not differ significantly from that one of the 'controls'.

**Conclusion:**

Our study provides further evidence that finasterid-1 mg significantly reduces hair loss, hair miniaturization and restores hair growth.



# JEADV

JOURNAL OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY  
 Founding Editors: Torello Lotti and Derek Freedman



Abstracts of the 14th Congress  
 of the European Academy of Dermatology  
 and Venereology



## Author Index

A complete list of authors in  
 alphabetical order

## Article Search

Search articles by author, subject  
 or keyword

Click here to visit our websites  
[www.eadv.org](http://www.eadv.org) or [www.eadv2005.com](http://www.eadv2005.com).



Blackwell  
 Publishing



EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY ([www.eadv.org](http://www.eadv.org))

## POSTERS

### P05 GENETIC AND PAEDIATRIC SKIN DISORDERS

P05.86

#### **Epidermolysis bullosa simplex Dowling-Meara**

I. Yordanova,<sup>\*</sup> S. Vassileva,<sup>+</sup> Z. Demerjieva,<sup>†</sup> V. Ivanova,<sup>+</sup> M. Karalvanov,<sup>+</sup> D. Gospodinov<sup>+</sup> & N. Tsankov<sup>†</sup>

<sup>\*</sup>Department of Dermatology and Venereology at Medical University, Pleven, <sup>†</sup>Department of Dermatology and Venereology at Medical University, Sofia,

<sup>‡</sup>Department of General and Clinical Pathology at Medical University, Pleven, Bulgaria

A case with Epidermolysis bullosa simplex Dowling-Meara is presented. It concerns a 20 days breast-fed girl with severe blistering and erosions on the face, trunk and extremities formed at birth after minor mechanical trauma. There are no other affected relatives. A medical examination showed normal somatic and visceral status, muscle tone and reflexes. There were multiple herpetiform grouped bullous and erosive lesions on the face, trunk, upper and lower limbs, palms and soles plus hyperpigmented slight atrophic scars. The mucous membranes are not affected. There was also a marked nail dystrophy on the finger and toenails. The routine blood count, biochemistry and urine analysis were within the normal limits. The karyotype of the girl was normal. The electron microscopic examination of the skin sample obtained from the edge of the fresh blister revealed cytolysis of the basal keratinocytes with round clumping of the perinuclear tonofilaments. The immunohistochemical examination with monoclonal antibody against type IV collagen showed intracutaneous separation and basement membrane marking on the floor of the blister cavity. Because of the clinical features and the results of the electron microscopic and immunohistochemical examination of the skin the case here reported should be considered as an Epidermolysis bullosa simplex Dowling-Meara. The child is followed up to the age of three. The course of the disease was benign with a decreased formation of blisters and erosions. The marked nail dystrophy is persistent with a tendency to form trumpet nail deformity. There were severe palmar and plantar hyperkeratoses. The child's growth, neural and psychic development is normal. In contrast to other forms of Epidermolysis bullosa simplex in the Epidermolysis bullosa simplex Dowling-Meara blistering at birth can be severe. As a result patients may initially be thought to have recessive dystrophic Epidermolysis bullosa and correct diagnosis depends on electron microscopic examination of a blister. The early diagnosis is helpful in the prognostic assessment of the disease and in the medical and genetic advice for the parents.

## POSTERS

### P05 GENETIC AND PAEDIATRIC SKIN DISORDERS

P05.87

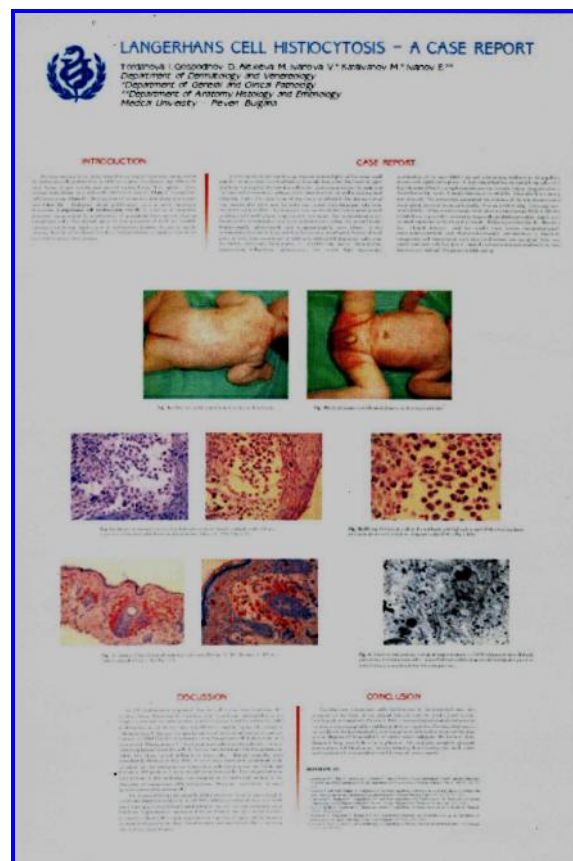
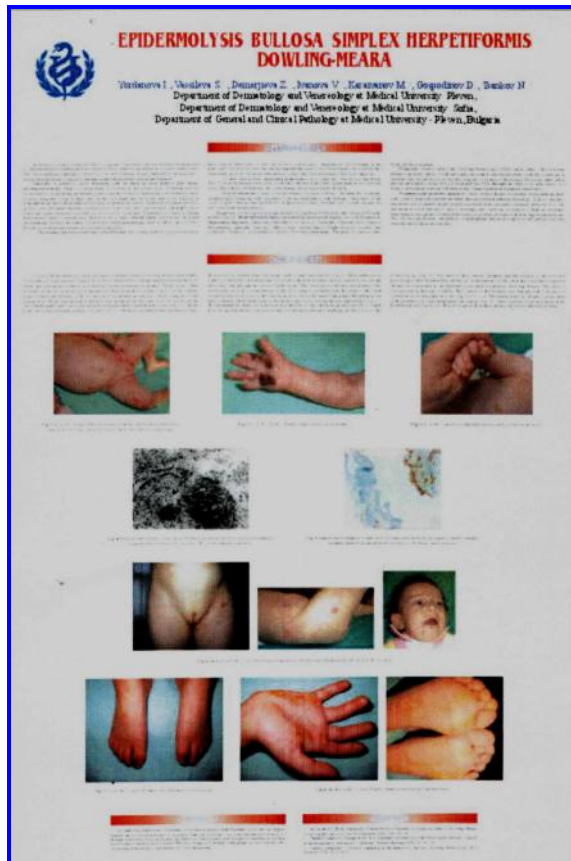
#### Langerhans cell histiocytosis – a case report

I. Yordanova,\* D. Gospodinov,\* M. Alexieva,\* V. Ivanova,<sup>†</sup> M. Karaivanov<sup>‡</sup> & E. Ivanov<sup>‡</sup>

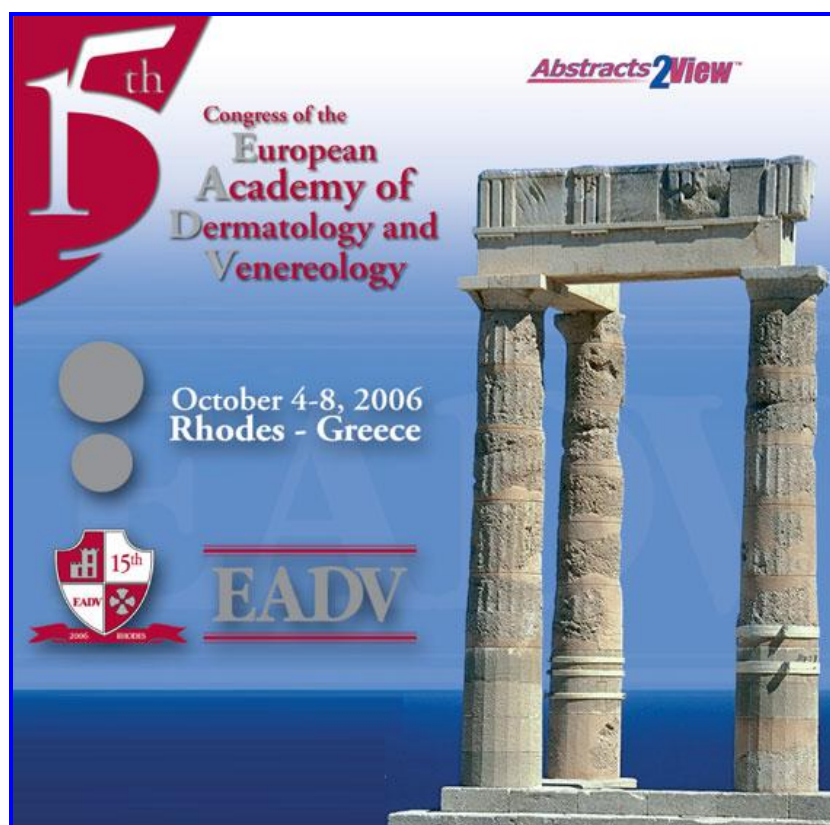
\*Department of Dermatology and Venereology at Medical University, <sup>†</sup>Department of General and Clinical Pathology at Medical University,

<sup>‡</sup>Department of Anatomy, Histology and Embryology at Medical University, Plovdiv, Bulgaria

Langerhans cell histiocytosis is a rare idiopathic disorder characterized by proliferation of specialized bone-marrow derived Langerhans cells. A 3-month breast-fed child with widespread small red-brownish papules, erosions and crusts on the scalp, face, chest, back and extremities is presented. The disease started 2 months after birth and was treated with initial diagnosis seborrheic dermatitis. Hepatomegaly, splenomegaly and lymphadenopathy were absent. X-rays showed the lungs and bones were not affected. Light microscopy examination of the skin (HE, PAS) showed a histiocytic infiltrate in the papillary dermis with epidermotropism. The immunohistochemical examination demonstrated dendritic cells in the infiltrate – Protein S 100 (+), Lysozyme (–), CD 68(–). Electronmicroscopy examination revealed specific Birbeck granules in these cells. Because of the clinical features and the results of the light microscopy, immunohistochemical and electronmicroscopic examinations of the skin, the case here reported should be considered as a Langerhans cell histiocytosis with benign course of the disease. After 1 month treatment with local corticosteroids and emollients the lesions were resolved. The patient is followed up to detect evidence of relapse or progression of the disease.







# **[PO06.7] Generalized morphea: A case report**

***Valentina R Dimitrova, M.D., Dimitar K Gospodinov, Ph.D., Ivelina A Yordanova, Ph.D.,  
Department of Dermatology and Venereology, Medical University, Pleven, Bulgaria***

**Introduction:** Generalized morphea is a subtype of localized scleroderma, which lacks systemic manifestations and displays widespread, multiple, well-circumscribed, indurated plaques.

**Methods:** We represent a 46-year-old women with generalized morphea. more than 3 years ago she developed multiple, nonpruritic plaques symmetrically on the trunk and extremities. the patient denies systemic complaints and a family history of a similar illness. the disease progressed steadily with induration of the plaques and affection of other body areas. physical examination revealed multiple, hyper-, hypopigmented and ivory-colored indurated plaques on the upper extremities, trunk, and buttocks.

**Results:** The laboratory data, a complete blood count with differential analysis, liver function tests, chemistry panel, and urinalysis were normal.

antinuclear antibodies, anti-Scl-70 antibodies, and the antibodies against borrelia burgdorferi were negative. x-rays showed the lungs were not affected.

the skin biopsy showed an epidermal atrophy, a sparse superficial and predominantly deep dermal and subcutaneous perivascular infiltrate of lymphocytes and plasma cells, and the collagen bundles appear thickened and closely packed with paucity of adnexal structures.

**Discussion:** The patient's clinical history, laboratory analysis, and histopathologic examination were consistent with generalized morphea, a rare subtype of localized scleroderma.

the patient was treated periodically with penicillin g, retarpen and local glucocorticoids. additionally, physical therapy have been used concomitantly with the oral medications.

**Date:** Wednesday, October 4, 2006

**Session Info:** Poster Session: Poster: Connective Tissue Diseases



#### **IgG Subclasses of antibodies to elastin in normal and pathological conditions**

P33

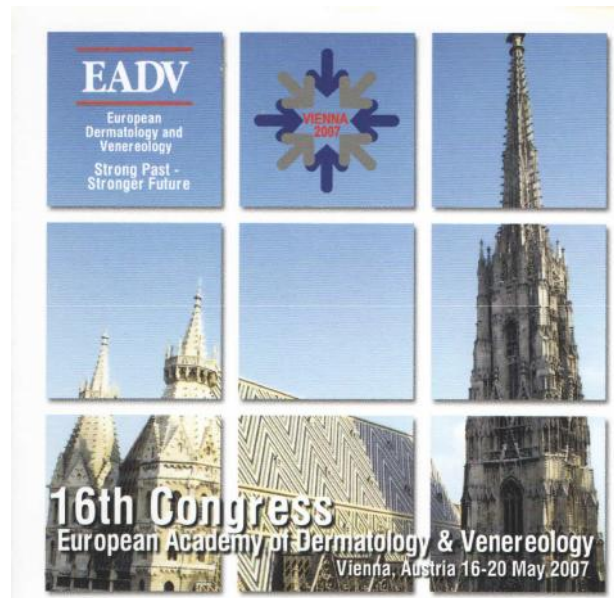
Daskalova M., Gospodinov D., Kolarov Zl., Baidanoff St.

Center of Clinical Immunology, University Hospital, Pleven, Bulgaria

baydanoff@yahoo.com

Systemic lupus erythematosus (SLE) is an autoimmune, connective tissue disease, characterized by multiorgan's injuries and different kinds of autoantibody production. In SLE, there is an incidence of elastin turnover, presented by different classes and subclasses anti-elastin antibodies. The aim of this study was to compare IgG and IgG subclasses distribution of autoantibodies to elastin (AEIgG) in the sera of healthy persons and patients with Systemic and Subacute cutaneous lupus (SCL), and look for a relation between clinical features and detected immunological changes. Using an optimised version of the ELISA, we studied 180 persons (age - between 20-75 years), divided in 5 groups according their age, and 46 lupus patients (age - between 17-60 years). Specific AElgG and its subclasses (IgG1, IgG2, IgG3 and IgG4) were founded in all sera tested. The distribution of the specific AElgG and subclasses in healthy sera were as follows: AElgG was at its highest level between 20-30 years. After this age there is a mild decrease, but no significant variations up to 60 years of age. After that age, however, a significant ( $p < 0,01$ ) decrease in the AElgG levels was established. AElgG subclasses were at their highest levels in the second age group (30-40 years) for AElgG1, AElgG2 and AElgG3; while AElgG4 was highest in the first group. There after their levels decrease slightly and remain constant up to 60 years age. After that age there is a tendency to increase again. Significantly higher levels of AElgG1 and AElgG3 ( $p < 0,01$ ) were established in patients with SLE in both groups, during exacerbation and remission, compared with healthy controls. These levels of AElgG1 and AElgG3 detected in SCL patients showed only mild differences comparing with healthy controls. Dramatically higher AElgG1 and AElgG3 levels obtained in patients with rapid disease evolution and/or kidney and lung involvement probably reflect the pathological increase of elastin degradation. These results can serve as a marker of distinguishing systemic and SCL as well as of lupus activity.





## 16th Congress European Academy of Dermatology & Venereology VIENNA, AUSTRIA 16-20 May 2007

EADV



### P14 Hereditary Diseases of the Skin

#### P498 - Nevroid basal cell carcinoma syndrome - a case report

Yordanova I.<sup>1</sup>, Kirov V.<sup>2</sup>, Gospodinov D.<sup>1</sup>, Pavlova V.<sup>1</sup>, Dimitrova V.<sup>1</sup>

<sup>1</sup>Medical University, Department of Dermatology and Venereology, Plevan, Bulgaria, <sup>2</sup>University Multiprofile Hospital for Active Treatment, Department of Oncology, Plevan, Bulgaria

**Aims:** Nevroid Basal Cell Carcinoma Syndrome (NBCCS) is an autosomal dominant disorder mainly characterized by the presence of multiple basal cell carcinomas (BCC), odontogenic keratocysts of the jaw, palmar pits, calcification of the falx cerebri, spine and rib anomalies. This syndrome is associated with a wide spectrum of developmental anomalies and neoplasms. We report a case of a patient with many of the common manifestations of NBCCS syndrome.

**Methods:** A 54-year-old male with NBCCS is presented. The disease started at the age of 20 with multiple basal cell carcinomas on the face, trunk and upper extremities. There are no other affected relatives.

**Results:** More than 30 BCC have been detected, nodular and superficial spreading, 10 - 30 mm in diameter. The histological examinations revealed typical histological variants of BCC. The X-rays examination showed jaw keratocysts, calcification of the brain falx and bridge of the sella turcica. The patient was treated with local cytostatics and surgical excisions with good results. The patient is followed up.

**Conclusions:** Our case demonstrated the multisystemic involvement of NBCCS. The combination of clinical, imaging and histological findings is helpful in identifying NBCCS patients. The genealogic analysis is important for the determination of the genetic risk and prognosis for the relatives of the proband.

## 16th Congress European Academy of Dermatology & Venereology VIENNA, AUSTRIA 16-20 May 2007

EADV



### P14 Hereditary Diseases of the Skin

#### P499 - A case of neurofibromatosis type I

Dimitrova V.<sup>1</sup>, Yordanova I.<sup>1</sup>, Pavlova V.<sup>1</sup>, Gospodinov D.<sup>1</sup>, Alexieva M.<sup>1</sup>, Parashekeva B.<sup>2</sup>, Balabanov C.<sup>2</sup>

<sup>1</sup>Medical University, Department of Dermatology and Venereology, Plevan, Bulgaria, <sup>2</sup>Medical University, Department of Ophthalmology, Plevan, Bulgaria

**Aim:** The classic description of Neurofibromatosis was given by the German pathologist Friedrich Daniel von Recklinghausen, who described a range of diverse findings as a single entity in 1862; it is often referred to as von Recklinghausen's disease. Although clinical findings are primarily neurocutaneous in nature, any organ system can be involved.

**Methods:** A 52-year-old man with Neurofibromatosis type I is presented.

The disease started in childhood with the appearance of multiple hyperpigmented skin macules. At the age of 46 a lot of cutaneous tumors appeared and started growing bigger all over the body surface especially on the left eyelid. A medical examination showed: hundreds soft cutaneous neurofibromas, the largest amount being on the trunk and limbs, ranging from a few millimeters to several centimeters in diameter, some of them pedunculated; a 1.5 cm fibroma on the left eyelids; 12 café au lait spots with diameter >1.5 cm; freckling in the axillary and inguinal regions; Lisch nodules on the irises of both eyes. Other pathologic findings including involvement of the acoustic nerve were not found.

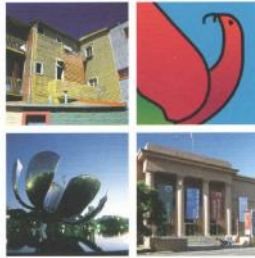
**Results:** Due to problem with vision, upper left eyelid neurofibroma was surgically excised, with a successful outcome.

**Conclusions:** The described case of NF I is interesting because of the full clinical manifestation of the typical dermatologic and ophthalmologic features of the disease. The patient is being followed up and further symptoms monitored.

# 21<sup>st</sup> World Congress of Dermatology

September 30 - October 5, 2007  
Buenos Aires, Argentina

*"Global dermatology  
for a globalized world"*



Oral communications  
and co-opted speakers  
abstracts



Developed under the auspices of the  
International League  
of Dermatological Societies (ILDS)

# Book one Abstracts



## 21<sup>st</sup> World Congress of Dermatology September 30 - October 5, 2007 - Buenos Aires, Argentina

### 4527 A CASE OF LINEAR IGA BULLOUS DERMATOSIS COMPLICATED BY BACTERIAL AND MONILIAL INFECTIONS, IRON- DEFICIENCY ANAEMIA AND INTESTINAL PARASITOSIS TREATED WITH CEFUROXIME

G Radoslavova<sup>1</sup>, V Pavlova<sup>1</sup>, D Gospodinov<sup>1</sup>, S Vassileva<sup>2</sup>

1 Dept. Dermatology, Med. University - Pleven, Bulgaria, 2 Dept. Dermatology, Med. Faculty - Sofia, Bulgaria

Linear IgA bullous dermatosis of childhood is a rare autoimmune vesico-bullous disease that mainly affects children at preschool age. It is a self-limited disease with an average duration of 2 years. Treatment modalities that have been effective include dapson, systemic corticosteroids, colchicine and different antibiotics- oxacillin, dicloxacillin, tetracyclines and erythromycin.

A 4-year-old girl with widespread tense, pruritic, clustered vesiculae and bullae on the lower trunk, pelvic region, and extremities, lymphadenopathy and hepatosplenomegaly is presented. The laboratory findings establish iron- deficiency anaemia, peripheral blood eosinophilia, *Staphylococcus albus*, *Blastomyces hominis* and *Lamblia intestinalis*. The diagnosis of Linear IgA bullous dermatosis of childhood is based on the clinical manifestation and is confirmed by both histological and immunofluorescent studies. The disease is complicated by secondary impetigo, monilial intertrigo and a gastrointestinal upset. After starting Cefuroxime axetil (Zinnat) 2x125mg/d, p.o., quick response was observed. Three months after discontinuation of Cefuroxime therapy patient is without any signs of the disease. Causal event, pathogenetic mechanisms and therapy are discussed.

This abstract has been presented in:

PO05

Posters "Clinical dermatology: Bullous diseases"  
Room Ocre



**EADV**

## 17<sup>th</sup> CONGRESS OF THE EUROPEAN ACADEMY OF DERMATOLOGY AND VENEREOLOGY

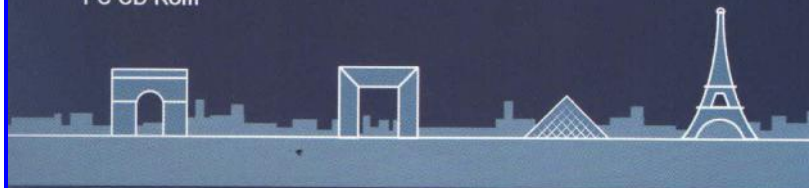
*"Understanding new developments for better care"*

17 - 21 SEPTEMBER 2008

PARIS - PALAIS DES CONGRES

### ABSTRACTS

PC CD Rom



Sponsored by

**Wyeth** Leading the Way to a Healthier World

#### **FP0595 HYPERIMMUNOGLOBULIN E SYNDROME WITH MOLLUSCUM CONTAGIOSUM: A CASE REPORT**

**V. I. Valtchev<sup>1</sup>**, I. Yordanova<sup>1</sup>, M. Alexieva<sup>1</sup>, D. Gospodinov<sup>1</sup>, T. Lukanov<sup>2</sup>, P. Petrova<sup>2</sup>

<sup>1</sup>Department of Dermatology and Venereology, <sup>2</sup>Department of Immunology, Medical University, Pleven, Bulgaria

Hyperimmunoglobulin E syndrome is a rare immunodeficiency disorder associated with elevated serum IgE levels, eczematous skin, recurrent cutaneous infections and distinctive musculoskeletal features. We report a 6-year-old boy with recurrent skin infections, severe pruritic eczematous skin lesions and widely disseminated molluscum contagiosum. Clinical examination revealed papulopustular skin eruptions on the upper and lower extremities and numerous widespread skin-colored to translucent, firm umbilicated papules of varying sizes distributed on the face, neck, axillary, inguinal and perineal areas and bilaterally over his lower limbs. He had peripheral eosinophilia, lymphopenia and an elevated serum IgE level > 1500 IU/ml (ELISA). IgA deficiency was identified also. *Staphylococcus aureus* from the skin swab and *Candida albicans* from the mouth were isolated. The treatment with systemic antibiotics and antifungal improved the condition and allowed transition to long-term therapy with oral trimethoprim-sulfamethoxazole. Many treatments for molluscum contagiosum were ineffective, including cryotherapy and curettage. The child was treated with subcutaneous interferon-alpha without any improvement. The patient is followed up. In conclusion we present a rare case of Hyperimmunoglobulin E syndrome.

#### **References:**

1. Kilic SS, Kilicbay F. Interferon-alpha treatment of molluscum contagiosum in a patient with hyperimmunoglobulin E syndrome. *Pediatrics*. 2006;117(6):1253-1255.
2. DeWitt CA, Bishop AB, Buescher LS, Stone SP. Hyperimmunoglobulin E syndrome: two cases and a review of the literature. *J Am Acad Dermatol*. 2006;54(5):855-65.

**FP0644 A CASE OF LAMELLAR ICHTHYOSIS: CLINICAL COURSE, HISTOPATHOLOGY AND ULTRASTRUCTURAL FINDINGS**

**Yordanova I.,** Gospodinov D., Pavlova V., Dimitrova V.

Department of Dermatology and Venereology, FM, Medical University Pleven

Lamellar ichthyosis is a genetically heterogeneous group of disorders of keratinization that are inherited in an autosomal recessive fashion and characterized by generalized scaling of the skin. The case of a collodion baby in whom the condition evolved into a mild form of lamellar ichthyosis is presented. It concerns a 7-days-old boy who was born at term encased in a translucent collodion membrane. Over the first few days of his life the membrane was shed and replaced by scales presented diffusely over the entire cutaneous surface - face, neck, trunk and extremities with slight underlying erythema. The mucous membranes were not affected. The nails were normal in appearance. The associated findings were ectropion and deformed ears. None of the patients' parents were found to be affected by a similar condition. The histological examination demonstrated hyperkeratosis. The electron microscopy revealed the presence of vesicular bodies within the cornified cells of the stratum corneum according to type I ultrastructural Anton-Lamprecht's classification. At the age of 7 months the child had only a mild lamellar ichthyosis with large, brown, polygonal scales presented on the lower extremities mainly. He had hyperlinear palms and soles also. The ophthalmologic examination and hearing evaluation disclosed no abnormalities. The child had no other medical problems, and his growth and development had been normal. He was treated with emollient preparations containing urea and lactic acid. The patient is followed up. In conclusion we report a collodion baby whose clinical features had changed to those of lamellar ichthyosis as the patient got older. The nature of the scales and the lack of erythroderma in this patient are consistent with a mild form of lamellar ichthyosis.

**References:**

1. Akiyama M, Sawamura D, Shimizu H. The clinical spectrum of nonbullous congenital ichthyosiform erythroderma and lamellar ichthyosis. *Clin Exp Dermatol.* 2003;28(3):235-40.
2. Van Gysel D, Lijnen RL, Moekti SS, de Laat PC, Oranje AP. Collodion baby: a follow-up study of 17 cases. *J Eur Acad Dermatol Venereol.* 2002;16(5):436-7.