**P01**

Inter-observer Agreement in Diagnosing Non-Melanoma Skin Cancer

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Introduction. The reference standard in non-melanoma skin cancer (NMSC) diagnosis and cancer diagnosis in general is, biopsy and histopathological assessment from a clinical suspicious skin lesion. Despite of this biopsy does not have sensitivity and specificity approaching 100%. Determining diagnostic accuracy of the reference standard itself is hampered by the fact, that there are several classification systems for NMSC. Because all diagnostic test of NMSC should be compared to histopathology, it is of prime importance to reach consensus on diagnostic criterias, and perform inter-observer accuracy studies.

Methods. In this prospective inter-observer study of diagnostic accuracy among dermatopathologists, the inter-observer concordance will be estimated among 3 dermatopathologists, one located in Roskilde Hospital, University of Copenhagen, one located in Japan and one in Marshfield,U.S. The same set of 50 NMSC histopathology slides will be distributed to the doctors involved. All doctors will be blinded to the others results.

Results. The concordance rates will be presented and will be incorporated in our diagnostic accuracy study of optical coherence tomography in NMSC diagnosis.

Discussion. Unfortunately the naked eye cannot always determine whether a suspicious lesion is a NMSC. Since optimal management of skin malignancies relies on early and accurate diagnosis, proper diagnostic research strategies must be applied to the evaluation of all diagnostic methods. It is of prime importance to consider the precision of histopathology diagnosis, as it is considered the reference standard for all other diagnostic procedures in NMSC.

**P02**

Intra-Individual Comparison of MAL-PDT and Cryotherapy in Subjects with Actinic Keratoses: A Multicentre, Randomized, Controlled Study

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Background: Actinic keratoses (AK), the most common pre-malignant skin condition, can represent a treatment and cosmetic outcome challenge on typical sun-exposed highly visible body sites.

Aim: To compare the lesion response and subject preference of topical MAL-PDT (methyl aminolevulinate – Photodynamic therapy) with cryotherapy for the treatment of AK.

Methods: Subjects received both treatment session of MAL-PDT and a double freeze-thaw cryotherapy, repeated after 3 months if incomplete response; the treatments had been randomly allocated to either side of the face/scale.

Results: A total of 119 subjects with 1501 lesions were included in the study. After the first treatment at week 12, the percent lesion reduction from baseline was significantly better with MAL-PDT than with cryotherapy (84.4% versus 74.5%; p < 0.001). At week 24, further to re-treatment when necessary, both treatment groups showed similarly high rates of cured lesions (percent lesion reduction from baseline: 89% for MAL-PDT versus 86% for cryotherapy). Subject and investigator preference, as well as cosmetic outcome favored MAL-PDT. Both treatment regimens were safe and well tolerated.

Conclusion: The present study shows that, when treated with MAL-PDT and cryotherapy, subjects significantly prefer MAL-PDT treatment for AK. MAL-PDT is an attractive treatment option for AK, with comparable efficacy and superior cosmetic outcome compared to double freeze-thaw cryotherapy.

**P03**

Treatment of Actinic Cheilitis with Tazarotene 0.05% Gel

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Actinic cheilitis is a common condition, most often observed on the vermilion border of the lower lip. Multiple treatment modalities have been reported including PDT, cryotherapy and surgical excision. Tazarotene is an acetylenic retinoid selective for retinoic acid receptor-β and γ isoforms. It has been proposed for treating different skin disorders, such as psoriasis, acne, photoaging, and it also shows experimental anti-cancer activity. Tazarotene acts through its free-acid form, tazarotenic acid, but its mechanisms of action in cancer regression are not well investigated. Preliminary clinical experiences suggested that tazarotene is an alternative option for the treatment of non-melanoma as well as lentigo maligna skin cancers. We describe 3 male patients (age ranged between 57 and 76 years old) with actinic cheilitis on the lower lip, treated with topical tazarotene 0.05% gel. The agent was applied, not occluded, at bedtime, overnight. After 2 months of treatment, remarkable reduction of the lesion was already observed and complete remission was obtained after 4 months. Tazarotene was well tolerated from all patients who only complained slight burning and erythema, diminishing after topical application of lenitive cream and reducing during therapy. During 18 months of subsequent follow-up, no signs of recurrences were observed. At present the patients are applying tazarotene once weekly per months. In conclusion, this preliminary observation suggests that topically applied tazarotene 0.05% might represent a new treatment option in patients affected by actinic cheilitis because of efficacy, tolerability and compliance.

**P04**

Photodynamic Therapy for the Treatment of Actinic Cheilitis

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Actinic cheilitis is a common disease of the labial skin, mostly of the lower lip. As similar as actinic keratosis (AK) of the skin, actinic cheilitis (AK of the lip) is considered a pre-malignant lesion that may undergo malignant transformation into invasive squamous cell carcinoma (SCC). The main risk factor for developing actinic cheilitis seems to be solar exposure, with a higher incidence in fair-skinned people ( Fitzpatrick skin phototype I-IV). The lower lip is mostly affected because of the anatomic proximity to the solar rays. Other factors include tobacco use, lip irritation, poor oral hygiene and ill-fitting dentures. Patients with actinic cheilitis should have an aimed treatment to avoid and prevent a malignant transformation into invasive SCC, by means of destroying or removing the damaged epithelium. The major therapeutic approaches include, surgical excision (vermiliorectomy) cryotherapy, electrodesiccation, CO2 Laser ablation, 5-fluorouracil cream and imiquimod 5% cream. Recently, photodynamic therapy (PDT) has been introduced as a therapeutic modality for epithelial skin tumours, revealing high efficacy and satisfactory outcomes in cutaneous actinic keratosis and superficial/modular basal cell carcinoma (BCC) but there are only few reports on PDT as therapeutic approach for actinic cheilitis published till now. The target of our study was to evaluate the efficacy and tolerability of photodynamic therapy in actinic cheilitis, using as topica photosensitizing agent a methyl-ester of aminolevulenic acid, methyl-aminolevulinate (MAL). Our results showed that PDT seems to be the ideal treatment for actinic cheilitis and other AKs, specially in exposed parts such as the face, joining tolerability, clinical efficacy and excellent cosmetic outcome. It might be also an alternative for patients who refuse surgical procedures or whenever the surgery is contraindicated, as in selected group of patients with systemic diseases, such as blood abnormalities, immunosuppression (organ transplants), or severe organ dysfunction.
ABSTRACTS

P05
MAL-PDT in “Difficult-to-Treat” Basal Cell Carcinoma, an Australian Study: 48 Month Follow-Up Data
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Background: Conventional therapies sometimes pose a clinical challenge for the treatment of basal cell carcinoma (BCC). Photodynamic therapy (PDT) with methyl-aminolevulinate (MAL-PDT) is a non-invasive treatment for non-melanoma skin cancer with evidence of long-term efficacy.

Objectives: To assess complete lesion response at 3 months, lesion recurrence rate at 48 months and overall cosmetic outcome in a specific patient population with ‘difficult-to-treat BCC’ treated with MAL-PDT.

Methods: Included were subjects with high-risk BCC, i.e., large lesions, located in mid-face or ears, or at high risk of surgical complications (e.g., anticoagulant medication or cardiac risk factors). The subjects received a cycle of 2 treatment sessions with MAL-PDT 1 week apart, according to the standard treatment procedure. In case of non-complete response after 3 months, the lesions were retreated with a second cycle of 2 sessions. Lesion complete response was assessed at month 3 after the last treatment, and lesion recurrence rate was assessed at months 12, 24, 36 and 48.

Results: Ninety-five (95) subjects with 148 lesions were included in the PP analysis. Three months after treatment 89% of all lesions had histologically verified CR. Of these lesions, 8% recurred within 12 months, 15% within 24 months, 18% within 36 months and 20% within 48 months. The overall cosmetic outcome at 48 months as assessed by the investigators was rated excellent or good in 89% of subjects in complete response.

Conclusion: MAL-PDT is a suitable treatment for BCC patients that would otherwise require extensive surgery with poor cosmetic outcome or who are at high risk of surgical complications.

P06
A Randomized European Comparison of MAL-PDT and Excision Surgery in Nodular Basal Cell Carcinoma: Results From a 60 Month Follow-Up Study
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Background: Photodynamic therapy with methyl aminolevulinate (MAL-PDT) is an approved non-invasive treatment for nodular basal cell carcinoma (nBCC). Objectives: To report the results of a 60-month follow-up study comparing MAL-PDT with standard excision surgery in nBCC.

Methods: Adult subjects with primary nBCC were treated with MAL-PDT (n = 52) or excision surgery (n = 49). PDT was performed twice, 7 days apart, with MAL 160 mg/g cream and 75 J/cm² red light (570-670 nm) after lesion surface preparation. Patients with non-complete lesion response to MAL-PDT at 3 months were re-treated. Primary endpoint was lesion clearance at 3 months and secondary endpoints were lesion recurrence rate and cosmetic outcome assessed during 60 months post-treatment.

Results: A total of 97 subjects with 105 lesions were included. Complete lesion response rates at 3 months did not differ significantly between groups: 98% with surgery vs 91% with MAL-PDT. At 60 months follow-up, the lesion recurrence rate was 4% in the surgery group and 14% in the MAL-PDT group. With MAL-PDT, all recurrences had appeared within 3 years. The investigator-rated overall cosmetic outcome for patients in complete response was ‘excellent’ or ‘good’ in 87% of MAL-PDT subjects versus 53% in the surgery group.

Conclusion: The results of this 5-year follow up comparing excision surgery to MAL-PDT demonstrated that MAL-PDT is an effective treatment for nBCC. Although recurrences appear more common with MAL-PDT than with surgery, MAL-PDT offers the benefit of non-invasiveness, rapid healing and better cosmetic outcome.

P07
MAL-PDT Versus Cryotherapy for Treatment of Primary Superficial Basal Cell Carcinoma: Results of a Five Years Prospective Randomized Trial
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Background: Photodynamic therapy using topical methyl aminolevulinate (MAL-PDT) is an approved procedure for the treatment of superficial basal cell carcinoma (sBCC).

Aim: To compare MAL-PDT with cryotherapy for the treatment of primary sBCC.

Methods: This was a monocentre, randomized parallel-group study; with five year follow up. A total of 118 with histologically verified sBCC were treated with MAL-PDT (n = 60) or cryotherapy (n = 58). A single MAL-PDT treatment session was conducted. Cryotherapy was applied in 2 freeze-thaw cycles, using liquid nitrogen spray. In subjects with non complete response at 3 months, treatment was repeated with either 2 consecutive MAL-PDT sessions 7 days apart or double-freeze thaw cryotherapy. Lesion complete response was evaluated at 3 months; lesion recurrence and cosmetic outcome were followed up for 5 years.

Results: Lesion complete response rates at month 3 after the last treatment did not differ much between the 2 groups 97% for MAL-PDT vs 95% for cryotherapy. The cumulative recurrence rate after 60 months of follow-up was 22% for MAL-PDT with no new recurrences after 36 months and 20% for cryotherapy. At 60 months notably more subjects were rated by the investigators as having ‘excellent cosmetic outcome’ with MAL-PDT than with cryotherapy (56% vs 14%).

Conclusion: This five-year prospective controlled study demonstrated that lesion recurrence rate with one MAL-PDT treatment session was comparable to double freeze-thaw cryotherapy for the treatment of superficial BCC, and provided a remarkably better cosmetic outcome.

P08
MAL-PDT for the Treatment of Multiple Basal Cell Carcinomas in a Patient with Gorlin-Goltz Syndrome
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Gorlin-Goltz syndrome, also known as nevoid basal cell carcinoma syndrome (NBCCS), is an autosomal dominant inherited disorder which is characterised by the development of multiple maxillary keratocysts and/or basal cell carcinomas (BCC). MAL-PDT was used for the treatment of multiple BCC in a 43 year-old male with NBCCS, who presented with numerous lesions on the face and the trunk and recurrences of BCC previously treated with cutaneous flap transplantsations. Complete response was obtained in all the treated lesions, with the exception of a pigmented BCC. MAL-PDT actually represents a valid treatment for ‘difficult-to-treat’ BCC, including those associated with NBCCS, because it is an effective and safe option, causing excellent cosmetic results and minimal discomfort.
P09
Topical Immunotherapy with Imiquimod 5% for Eyelid Nodular Basal Cell Carcinoma
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Purpose: To evaluate the efficacy and safety of topical Imiquimod 5% cream for the treatment of eyelid basal cell carcinoma (BCC).

Methods: Imiquimod 5% cream was applied topically once daily, three days a week for eight to fifteen weeks, in three patients affected by eyelid nodular BCC. Patients were followed up clinically, with slit lamp examination, for evidence of tumor disappearance or recurrence, and local and systemic side effects.

Results: Complete response was obtained in all patients. No severe local side effects were observed. Patients did not show any local recurrence after a mean follow-up of 17.3 (range: 8-22) months.

Conclusions: Topical Imiquimod 5% cream seems to be an effective and safe treatment modality for eyelid nodular basal cell carcinoma, but further long-term studies are needed.

P11
Surgical Management of Basal Cell Carcinoma of the Lid. Report of a Case
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Lid reconstruction is often a challenge for surgeons. General condition of patients and not only esthetical and functional considerations should be carefully studied for each case. We present an extensive full-thickness basal cell carcinoma affecting lower lid, including lid margin and medial canthus in a 93 years old woman affected by senile dementia that needs general anaesthesia for surgery. We discuss the different approaches for its reconstruction. Tenzel semicircular flap was chosen, despite other techniques such as Houges tarsoconjunctival flap, provides better functional result because of a correct tarsal support, but needs a second surgery for opening the flap, or Z-plastics and transposed or advancement flaps that gives better esthethical results but in such an extensive lesion could have functional problems and can not give support for the medial canthus. In this case one-step surgery was the most important consideration, followed by functional considerations (preserve tarsal rest and use it to create a new medial canthus) and very far by esthetical considerations.

P10
Clinical Applications of Methyl Aminolevulinate Photodynamic Therapy (MAL-PDT) for the Treatment of Non Melanoma-Skin Cancers
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Photodynamic therapy (PDT) is a developing approach to the treatment of cancer and other diseases that involves the use of light to activate photosensitizer molecules. The easy access of skin to light-based therapy has led to successfully apply PDT in dermatology. Topical agents such as methyl aminolevulinate (MAL) may be used for the PDT, as it acts as powerful photosensitizer. There is considerable evidence that topical MAL-PDT is a highly effective therapy for the treatment of non-melanoma skin cancers (not morphoeic BCCs, non-hyperkeratotic actinic keratoses). We evaluated the efficacy of MAL-PDT for the treatment of actinic keratoses (AK), basal cell carcinomas (BCC), actinic cheilitis, and squamous cell carcinomas (SCC). Our study included 37 patients affected by not morphoeic BCCs (62 lesions), 64 patients presenting actinic keratoses, 4 patients with actinic cheilitis and 3 patients with SCC. In the majority of these patients lesions were recurrent and had been previously treated either with surgical excision, or cryotherapy or medical therapy (imiquimod, tazarotene, sodium diclofenac). Patients had an average of 3 PDT sessions, every two weeks. Adverse events, such as erythema, edema and crust formation, were mild to moderate, and treatment was well tolerated by all patients. The results obtained are discussed. Our experience seems to indicate that MAL-PDT is highly efficacious in the treatment of BCC, actinic keratoses, SCC and actinic cheilitis. Moreover topical MAL-PDT offers the advantage of tumor specificity, preservation of function and cosmetic result, in particular in more extensive lesions.

P12
Imaging Methyl Aminolevulinate-Fluorescence of Basal Cell Carcinoma with a New Photographic System
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Fluorescence diagnosis (FD) in dermatology represents a promising procedure for the in vivo non-invasive diagnosis of neoplastic tissue, the definition of the lesion borders and the follow-up of the treated area. Methyl aminolevulinate (Metvix – Galderma) is a new topical agent with very high tumor selectivity for use in photodynamic therapy (PDT). The new photographic system (Anthology – Deka) uses the combination of a special software that allows to digitally manage the UV shooting sessions and a column stand with standard spacers (20, 35 and 50 cm) to actuate the repositioning of the patient and the photographic setting when patient is recumbent. It uses a camera remote control system for every focussing operation, selection of parameters, zoom and shooting directly from the PC; the shooting parameters can be store and set directly by the software to ensure the reproducibility. The preview of the shot lets to carry out a complete repositioning of the pictures, also for situations that are difficult to reproduce like hands and arms. The system manages a special Twin UV flash (360-410 nm) and a Twin White lighting, to actuate double standardized and superimposed shots of the subject in visible lighting and UV to highlight the distribution of externally applied fluorophores without the need to darken the entire room, like is used to do with Wood light. Limits and perspectives will be illustrated in the poster.
ABSTRACTS

P13
A Randomised, Placebo-Controlled, European Study Comparing MAL-PDT with Cryotherapy and 5-Fluorouracil in Subjects with Bowen's Disease
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Background: Methyl aminolevulinate (MAL) is a topical agent approved in Europe for the photodynamic therapy of actinic keratosis, basal cell carcinoma and more recently, Bowen's disease.
Objectives: To compare efficacy and safety of MAL-PDT with placebo or with physician's choice of either cryotherapy or 5-fluorouracil (5-FU).
Methods: 225 patients with 275 lesions were treated with either MAL-PDT (2 treatment sessions 1 week apart (n = 96)), placebo-PDT (n = 17), cryotherapy (n = 82) or 5-FU (n = 30). PDT with 160 mg/g MAL or placebo cream used a 3 h application time and broadband red light (570 – 670 nm, total light dose 75/cm²). Cryotherapy used liquid nitrogen spray, single freeze-thaw, and 5-FU was applied for 4 weeks. Lesion response and cosmetic outcome were assessed 3 and 24 months after the last treatment.
Results: Three months after last treatment, lesion complete response rates were 93% with MAL-PDT, compared to 21% with placebo-PDT, 86% with cryotherapy and 83% with 5-FU. The 24 month response rate was 68% (76/111 lesions) for MAL-PDT, 11% (2/19) for placebo, 60% (51/85) for cryotherapy and 59% (17/29) for 5-FU. MAL-PDT demonstrated a superior cosmetic result versus cryotherapy as evaluated both by the investigator. Adverse events were of shorter duration with MAL-PDT than with either other standard treatment.
Conclusion: MAL-PDT is significantly more efficacious than placebo-PDT and similar to standard non-surgical treatments. It also provides excellent cosmetic results and less down-time.

P14
MAL-PDT in “Difficult To Treat” Bowen’s Disease
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Bowen’s disease (BD) is an in-situ squamous cell carcinoma affecting predomi-
nately old aged patients. Topical photodynamic therapy (PDT) is a non-invasive treatment approved for superficial non-melanoma-skin-cancer (NMSC) based on activation of a photosensitizer by light and resulting in selective destruction of abnormal tissues. Methyl aminolevulinate (MAL) is a derivative of 5-aminolevulinic acid (ALA) with improved lesional selectivity and probable reduction in pain during illumination. Preliminary studies have demonstrated the good response rate of BD to MAL-PDT. This study wanted to investigate the efficacy, safety and cosmetic outcome of MAL-PDT in BD patients with large lesion size or at high risk of surgical complications. Twenty Caucasian patients entered this prospective, open-label, non comparative study after proved biopsy for BD. MAL-PDT was performed giving 2 treatments 1 week apart. MAL cream 160 mg/g was applied after light skin curettage 3 h prior to illumination with red light (light dose of 75/cm² wavelength 635 nm). The clinical and cosmetic response was evaluated 3-6-12 months after. Complete clinical clearance with excellent cosmetic outcome was obtained in all the patients and no recurrence was detected. Moderate to severe burning and stinging were the side effects reported by all the patients during illumination time MAL-PDT proved to be an excellent choice to treat BD in old age in ‘difficult to treat’ situations which require a problematical approach.

P15
MAL-PDT as Adjuvant Treatment for Extramammary Paget’s Disease
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A 64 year-old female patient with Crohn’s disease was diagnosed histologically with extramammary Paget’s disease of the perivulvar and the peri-anal region. A complete check-up revealed no concomitant malignancy. Margin delineation with methyl aminolevulinate (MAL) was performed prior to surgery and showed fluorescence margins extending beyond the clinical borders. Punch biopsies for mapping were all positive for EMPD. The patient underwent local surgical excision with VY-plasty. However, complete removal of the EMPD could not be obtained without compromising the function and cosmetic outcome in this patient. Adjuvant photodynamic therapy (PDT) was conducted with topical methyl aminolevulinate (MAL) and red light at two- week interval sessions. After 4 sessions, MAL was applied for fluorescence mapping, to control disease clearance. Although there was no remaining fluorescence, punch biopsies were taken showing no more evidence of the EMPD. After a follow-up of 14 months, the patient remained disease free. In our experience, the multimodal approach with Mohs Micrographic surgery and adjuvant MAL-PDT improves the cure rate with minimal tissue destruction. Tumour fluorescence mapping with MAL is a useful method for border delineation and can be used to control disease clearance.

P16
Imiquimod Cream for the Treatment of Non-Melanoma Skin Cancers
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Imiquimod is an immune modifier with antiviral and antitumor action. Therapeutic effects of imiquimod are correlated with increased production of numerous T-helper-1 cytokines. Imiquimod stimulates natural killer cells, the proliferation of B lymphocytes and the migration of Langerhans cells from epidermis to satellite lymph nodes. Recently it was shown that imiquimod has a direct pro-apoptotic activity against tumour cells through Bcl-2-dependent release of cytochrome-c and caspase activation. We report our clinical experience on the therapeutic efficacy and safety of imiquimod cream 5% in a series of several non-melanoma skin cancers (NMSC): actinic keratoses (160), primitive and recurrent superficial (100) and nodular (30) basal cell carcinomas (BCC) and keratoacanthomas (10). The lesions were studied and followed by clinical, dermoscopic and histopathological investigations. The drug was locally applied, at bed time, 5 consecutive days for up to 16 weeks. Our results displayed complete remission in all the superficial BCC and in 10 nodular BCC. We obtained a partial remission (reduction of > 50% of diameter or thickness) in 20 nodular BCC. No relapses were observed after 36 months of follow-up. Complete remission after 6 weeks of treatment was observed in all the actinic keratoses enrolled. After a follow-up of 30 months all patients were in remission. All the keratoacanthomas treated, 4 patients affected were immune suppressed transplanted, completely healed after 8 weeks of treatment. Our study confirms the efficacy of imiquimod as effective treatment for epithelial NMSC which leads to complete remission of the most treated lesions without serious side effects with good compliance of patients.
P17
Non-invasive therapy of cutaneous neoplasia

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We report two patients with superficial basal cell carcinoma and two patients with Bowen’s disease treated with 5% imiquimod cream. All the patients refused the surgical treatment. Superficial basal cell carcinomas were located on the back, and the Bowen’s diseases were on the frontal region and the right arm. 5% imiquimod cream was applied at 5 times per week for 6 weeks. Side effects included erythema and crusting in all patients. Topical 5% imiquimod cream is becoming established as the first treatment for basal cell carcinoma and Bowen’s disease in those patients who cannot have or do not wish to have surgery, as in our cases.

P18
Onset of Actinic Keratosis on Squamous Cell Carcinoma Successfully Treated with Superficial Radiotherapy

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Cutaneous squamous cell carcinoma (SCC) accounts for 20% of the dermatological malignancies. SCC are a heterogeneous group of tumors with many distinctive characteristics that can affect prognosis or appropriate patients treatment. Malignant transformation of an actinic keratosis, in squamous cell carcinoma is estimated at 0.1% per lesion per year. Surgical excision is considered the first choice treatment, although a number of conditions may modify this approach. We report a case of a 62 year-old man with evident photodaging of the face presenting an erythematous-scaled-telangiectasic rectangular lesion (8 x 5 cm), localized on the temporal region, since 10 years and treated occasionally with steroid cream without results. Histological examination from punch biopsy revealed a SCC located in the superficial dermis. Because of the extension and the localization of the lesion, the patient was treated with superficial radiotherapy, using radioactive beta-emitting isotopes incorporated in a special inert, synthetic and liquid resin, applied over the lesion for minute to hours depending to the dose. Clinical evaluation was made monthly. At three months the patient developed little erythematous areas in the marginal zone of the previous treated lesion. The histological diagnosis was actinic keratosis associated to moderate disposila. In conclusion, the phenomenon of field cancerization has often been brought up to explain the recurrence of SCC and appears to be a critical step in the epithelial carcinogenesis with important clinical consequences. Diagnosis and treatment of epithelial cancers should not only be focused on the tumor but also on the field from which it developed.

P19
Superficial Brachitherapy with β-Emitting Isotopes for the Treatment of Basal Cell Carcinoma

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Surgical excision is the treatment of choice for BCC. New alternative topical therapies, e.g. imiquimod and tazazetone, are available for the treatment of selected cases, such as inoperable patients affected by systemic underlying diseases (e.g. heart failure, pulmonary insufficiency) with lesions located on particular areas (e.g. ear, nose, eyelid) on which a surgical approach may be very difficult and scars may be cosmetically not acceptable. Both are used for small, superficial and not recurrent BCCs, moreover they are not indicated for morphea-form, infiltrative and crusting in all patients. Topical 5% imiquimod cream is becoming established as the first treatment for basal cell carcinoma and Bowen’s disease in those patients who cannot have or do not wish to have surgery, as in our cases.

P20
Desmoplastic Melanoma

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A 61-year-old man was referred to our department for evaluation of an asymptomatic cutaneous neof ormation of the left fronto-parietal region he had developed over the last five months. Clinically, the patient presented an indistinct erythematous area, palpation revealed an indurated freely mobile plaque with irregular and undefined margins. The lesion had rapidly grown and raised the clinical suspicion of a malignant condition. Histological sections of the surgical resection showed a fibrous-like proliferation constituted by intersecting fascicles of elongated spindle-shaped cells that diffusely infiltrated the dermis and the subcutaneous tissue. The cells showed rare atypical features and there were no mitotic activity. Island of inflammation were scattered in the surrounding stroma. Immunohistochemical staining revealed focal reactivity for S-100 protein and negativity for smooth muscle actin and desmin. The clinical, histological and immunohistological findings were consistent with the diagnosis of desmoplastic melanoma. Sentinel node mapping was negative and computed tomography didn’t detect any regional or distant spread. Desmoplastic melanoma represent a rare variant of melanoma, firstly described by Conley in 1971, characterized by spindle-shaped cells embedded in an abundant fibrous stroma, extending into the dermis and the subcutaneous tissue. Nuclear atypia rate as well as mitotic activity may be greatly variable in the spindle cell population. In the literature, S-100 is typically positive while HMB-45 is commonly negative. Desmoplastic melanoma usually occurs in elderly and arise in photodamaged skin, specially on the head, neck and the upper part of the trunk, with or without an overlying lentigo maligna-type lesion. Due to its advanced state at the time of detection, desmoplastic melanoma often show high local recurrence rate and high tendency for regional and distal metastasis. Since desmoplastic melanoma is often amelanotic and may mimic several different conditions such as scars, neurofibromas, dermatofibromas and basal cell carcinomas, it can be clinically misdiagnosed.
P21
Animal Type Melanoma
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A 17-year-old patient was referred to our department for a nodular blue-black lesion, 0.5 cm in diameter, located on the lumbar region. Dermoscopic examination revealed an homogeneous blue-grey pigmentation in absence of specific features. The lesion was excised and histopathologic examination demonstrated a nodular, polypoid animal type melanoma, with spindle-cells, graded as IV Clark’s level, 5.64 mm in Breslow thickness, without ulceration. Wide re-excision was performed as well as sentinel lymph node sampling which detected metastatic deposits in the right axillary region. In the excised lymph node, isolated pigmented cells, staining positively with HMB45 and to MART-1 were observed in the subcapsular space. Total body TC scan was negative. Animal type melanoma is a rare variant of melanoma, characterized by fascicles and nests of atypical, heavily pigmented, epithelioid melanocytes that involve the full thickness of the dermis. The term derives from the histopathologic similarity of this neoplasm with melanocytic tumors described in gray horses. Animal type melanoma occurs more often in adolescent and young adults and usually arise “de novo” in any site of the body, including genital and mucosal areas, without any predilection. Because only a few cases of animal type melanoma have been reported, its biological behaviour is not well defined, data published in the literature seem to show a limited tendency to spread beyond local lymph nodes and low rates of distant metastasis.

P22
Bilateral Primary Malignant Melanoma of the Lower Limbs
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Malignant Melanoma (MM) is the most common cancer in women aged from 25 to 29. Its incidence is increasing rapidly and has been demonstrated, by epidemiologic studies, to be related to sun exposure. We report the case of a 43-year-old lady, referred to our outpatient clinic with two bilateral pigmented lesions on the sural areas, appeared 3 years before, on her lower left leg, first, than, a few months later, on her lower right leg. When she was referred to our clinic, last month, the lesions were both irregularly pigmented, the first one, on the left leg, was nodular, asymmetric, with imprecise margins, measuring 2.5 x 2 cm, the second lesion on the right leg was flat, patchy pigmented, irregularly shaped, measuring about 3 cm. She was fair skin and red head (phototype II Fitzpatrick classification). No other suspicious lesion or palpable lymph node was detected. She had no personal or family history of relevant medical significance, apart from frequent sun burns during childhood. Dermoscopic observation of both lesions revealed atypical pigmented and vascular pattern, multiple blue-grey regression areas. Histological examination showed malignant melanomas: the left lesion had 3 mm Breslow’s index, Clark level III, stage pT3bNxMx; the lesion on the right leg had 1.9 mm Breslow’s index, Clark level III, pT2aNxMx. The sentinel lymph nodes (popliteal cavities) were removed: they were both negative. She was admitted in our day hospital for a systemic investigation: according to the current procedures, a low dose Interferon alpha therapy was started.

P23
Malignant Melanoma Arising in a Pregnant Woman
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For many years, there has been controversy in the medical community regarding the correlation of female hormonal factors with the outcome of women with malignant melanoma. Some authors reported that naevi had markedly increased numbers of estrogen and progesteron-binding cells. The induction of increased hormonal receptors by pregnancy may be related to the pigmentary changes observed in female patients in general. Most studies found no difference in overall survival between pregnant and nonpregnant women with melanoma but there have been multiple reports that women had thicker tumors and/or a worse prognosis compared with a group of control women. We describe a case of a caucasian 15 year-old woman that during pregnancy showed dermoscopic changes of a naevus of abdomen resulting to histological examination melanoma (1 mm sec. Breslow). The sentinel lymph node was positive. This case confirms that pregnancy history including age at first birth and parity may play a role in risk of cutaneous melanoma in women.

P24
Predictor Features of Sentinel Lymph Node Positivity in Melanomas >1 mm Thick
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One of the most important aim of the non-invasive methods used to measure melanoma thickness is to differentiate patients with thin (<1 mm) from thick (>1 mm) tumours and then to perform the sentinel lymph node (SLN) biopsy only on the latter. Purpose of this study has been to investigate whether specific clinical and/or dermoscopic features could be “in vivo” predictors of SLN positivity in >1 mm thick melanoma patients. We carried out a blind retrospective study on 508 melanomas observed in 494 patients (221 males and 273 females) between January 1994 and December 2002. 391 melanomas were <1 mm (77 %) and 117 melanomas >1 mm (23 %). 86 patients (45 males and 41 females) with melanoma thicker than 1 mm, non-ulcerated and undergone to SLN biopsy were included. The melanoma palpability shows a statistically significant correlation with SLN positivity. It is found in 46.2% of SLN positive melanomas and in 18.5% of those with negative SLN. Moreover patients with palpable melanomas have a significantly higher risk (OR = 3.8; 95% CI: 1.1-13.3; p<0.03) for nodal metastasis than those with flat melanomas. The other clinical features investigated do not show any significant differences between melanomas with negative and positive SLN. Dermoscopy failed to recognize statistically significant predictive criteria for SLN positivity. Specific melanoma features strongly associated with an higher Breslow thickness such as grey-blue areas or an atypical vascular pattern are not correlated to SLN positivity. Nevertheless, some clinical and dermoscopic features show interesting differences, although not statistically significative, between nodal-negative and nodal-positive melanomas.
P25
Lentigo Maligna and Tazarotene: Topical Alternative Treatment in Selected Cases
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Lentigo maligna (LM) is an in situ melanoma located on sun-exposed areas of middle-aged or elderly patients. Treatment of choice for LM are obviously surgical excision and Mohs micrographic surgery which provide high cure rate and low recurrence rate. Other therapeutic options include cryotherapy, curetage and electrodessication, carbon-dioxide or Q-switched lasers, and radiotherapy. A variety of medical approaches (e.g. interferon-alpha, azelaic acid, and imiquimod) have been proposed to treat LM when difficult to excise because of their extension or location, in selected elderly patients with compromised general conditions. We report 4 patients, aged 74-85 years (mean age: 81 years), with facial and scalp LM who experienced complete clinical and histopathological regression after once-daily topical treatment with tazarotene 0.1% gel for 6-8 months. After a follow-up period of 3 and 30 months, no recurrence was observed. Patients were submitted to dermoscopic analysis and histopathological examination of an incisional biopsy specimen before treatment, to establish the non-invasive nature of the lesion, and to confirm the clinical result after treatment. The topical treatment was suggested on the basis of patients’ poor general condition: chronic obstructive pulmonary insufficiency, heart failure and Parkinson disease. Moreover, abnormally and lymph node ultrasonography and thorax radiography were performed every 6 months for patients’ staging. We believe that tazarotene might be considered as a possible medical approach in selected patients with lentigo maligna.

P26
Topical Imiquimod: Efficacy in Intraepithelial Melanoma of the Oral Mucosa
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Oral mucosal melanoma commonly represents a considerable diagnostic and therapeutic challenge. Surgical excision of the primary tumor and lymphadenectomy of affected nodes are the mainstay of mucosal melanoma therapy. Alternatives to surgical excision include radiotherapy, cryosurgery, and laser therapy. Adjunct radiotherapy may improve the chance of local control, yet compelling evidence of an increased overall survival is lacking. We report on a 67-year-old patient who presented with a recurrence of an amelanotic oral mucosal melanoma. The primary tumor was resected by partial maxillectomy. Five months later a local recurrence was removed surgically. Another 21 months later a second relapse occurred. While complete surgical excision was again attempted, negative tumor-free margins could not be achieved despite multiple surgical operations. Histopathology displayed multifocal intraepithelial spreading of amelanotic tumor cells. As a non-surgical approach, topical application of the immune response modifier imiquimod three times a week for 3 months resulted in a histologically confirmed remission. Maintenance therapy with imiquimod on a twice weekly schedule for another 3 months facilitated continuing remission. Thereafter, therapy was ceased with no evidence of local recurrence or organ metastases noticed after a follow-up of the patient for more than 15 months now. Next to an erythema of the treated mucosa a bleomycin is being conducted to treat cutaneous and subcutaneous foci of cancer. An 81 year old female with two metastatic melanoma lesions who experienced complete clinical and histopathological regression after once-daily topical treatment with tazarotene 0.1% gel for 6-8 months. After a follow-up period of 3 and 30 months, no recurrence was observed. Patients were submitted to dermoscopic analysis and histopathological examination of an incisional biopsy specimen before treatment, to establish the non-invasive nature of the lesion, and to confirm the clinical result after treatment. The topical treatment was suggested on the basis of patients’ poor general condition: chronic obstructive pulmonary insufficiency, heart failure and Parkinson disease. Moreover, abnormally and lymph node ultrasonography and thorax radiography were performed every 6 months for patients’ staging. We believe that tazarotene might be considered as a possible medical approach in selected patients with lentigo maligna.

P27
Selective Electrochemical Tumour Ablation (SECTA): Successful Treatment of Skin Metastases
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Selective Electrochemical Tumour Ablation (SECTA) delivers exogenous molecules, such as chemotherapeutic agents, into cells by enabling a temporary increase in cell membrane permeability through exposure to pulsed electric fields. Gene- 
tronics/Inovio has developed the MedPulse® System, consisting of a pulse generator and a needle array applicator to perform the SECTA procedure. Currently, a multi-centre observational study using SECTA combined with intralesional bleomycin is being conducted to treat cutaneous and subcutaneous foci of cancer in European centres. We present three cases of skin metastasis treated with SECTA per this ongoing protocol. A 79 year old female presented with multiple cutaneous and subcutaneous melanoma metastases of the entire left leg. Besides the concomitant visceral metastases, the patient’s lesions emitted a strong odour, and also had a tendency to bleed. We treated 6 lesions with SECTA and excised concurrently several lesions, which were not eligible for treatment under the protocol. Biopsies taken 4 weeks after SECTA revealed no viable tumour cells. Clinically the healing tendency of the SECTA treated lesions was better when compared to surgery. An 81 year old female with two metastatic melanoma lesions located in the groin was treated with SECTA and demonstrated a remarkable tumour shrinkage. Again biopsies revealed no evidence of remaining metastases. An 83 year old female presented with multiple skin metastases of a malignant fibrous histiocytoma on the left leg, besides a widespread involvement of visceral organs. Spontaneous bleeding and a strong odour from the infected lesions adversely impacted the quality of life of this patient. Concurrent to SECTA, we excised several large lesions. During the healing process the SECTA-treated lesions demonstrated a better clinical response in comparison to surgery. In conclusion, treatment with SECTA combined with bleomycin is an interesting new therapeutic alternative for achieving local tumour control.

P28
Primary Cutaneous Diffuse Large B Cell Lymphoma, Leg Type. A Case Report
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Primary cutaneous B-cell lymphomas (CBCL) are a heterogeneous group of B-cell lymphoproliferative diseases that are characterized by skin involvement without detectable extracutaneous disease at the time of diagnosis. In the new World Health Organization/European Organization for Research and Treatment of Cancer (WHO-EORTC) classification of cutaneous lymphoma, large B-cell lymphomas are divided into 3 groups: large B-cell lymphoma, leg type (LBCLLT), follicle center lymphoma, diffuse type (FCLDT) and large B-cell lymphoma, and other (LBCLLO). We report on a 76-year-old female diagnosed with LBCLLT in November 2005. Brownish-red plaques and nodules of smooth surface, clustered on her left shoulder and in the right axilla, with two solitary foci on the abdomen and back, appeared one month and a half before hospitalization. Extracutaneous manifestations of the disease were ruled out by clinical examination and laboratory testing. A skin biopsy specimen showed a dense, diffuse lymphocytic infiltrate in the papillary and reticular dermis as well as in the subcutis, composed of large dysplastic lymphocytes with immunodoldastic features. Paraffin immunoperoxidase studies identified the neoplastic cells as B cells, which were CD20, bcl1, MUM-1 and bcl 2 positive. CD3, CD43 and CD10 stains produced negative results. The patient received 6 cycles of chemotherapy with cyclophosphamide, doxorubicin, vincristine and prednisone, which resulted in complete regression of the lesions. Until now, there has been no relapse of the disease. Close follow-up is necessary because of the higher rate of recurrence and more unfavorable prognosis than in case of PCFBL characterized by diffuse, large cell morphology.
ABSTRACTS

P29
Topical Photodynamic Therapy for Primary Cutaneous B-Cell Lymphoma: A Pilot Study
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Photodynamic Therapy (PDT) is a treatment based on the accumulation of a photosensitizer in the target cells and their selective destruction by irradiation with visible light. In the past 10 years, several patients with cutaneous T cell lymphoma have been successfully treated. The use of PDT in cutaneous B cell lymphoma has not been reported to date. We treated 3 nodular lesion of 3 patients with early primary cutaneous B cell lymphoma. In two patients we used twenty per cent ALA dissolved in an oil-water emulsion that was applied topically to the lesion and to adjacent skin under an occlusive and light-shielding dressing for 3 h. In only 1 patient methylster of ALA (Metvix®) was applied. The patients were examined with an interval of 1-2 weeks and, depending on the clinical results, the treatment was repeated. Four-millimetre punch biopsies were taken before treatment and after clinical improvement. Clinical evaluation was monthly performed after PDT with 3-24 months of follow-up. We obtained complete remission in 3/3 after max. two PDT sessions. The successful use of PDT in indolent CBCL, reported here for the first time, suggests the possible role of PDT in the treatment of localized, thin plaques as an alternative to local RT, which remains the treatment of choice.

P30
Treatment of Early Stage Mycosis Fungoides with Topical Bexarotene
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Mycosis fungoides (MF) is the most common cutaneous T cell lymphoma (CTCL). As long as the disease is confined to the skin, skin-targeted therapies as topical steroids, phototherapies, nitrogen mustards, chloroquine, or radiotherapy are usually preferred. Despite a number of therapeutic approaches are available, alternative treatments of MF have been continuously proposed over recent decades. Particularly, one of the most recent developments in CTCL therapy is the introduction of topical retinoids. These agents induce their effect by decreasing proliferation, increasing differentiation and promoting apoptosis as well as acting on T cell immunity. Bexarotene was the first retinoid X receptor (RXR) to be approved by the US Food and Drug Administration (FDA) for the treatment of CTCL and is available for oral or topical administration. Comparing to the first-generation retinoids, bexarotene presents a more-selective binding pattern. Topical bexarotene has been evaluated in a phase I-II dose-ranging studies as well as in a placebo-controlled phase III trial. Complete and partial response were demonstrated in 10-20% and 42-44% of patients, respectively. We treated, as alternative treatment, 3 patients affected by MF (stage IA/IB, IIA) with topical bexarotene 1% gel. Patches and plaques lesions were treated, every other day, progressively increasing the frequency of daily application from 1 to 4 times. The treatment was effective, well tolerated and patients’ compliance was consistently good. Our results evidence that topical bexarotene in well-selected cases of MF is a highly effective treatment, demonstrating rapid and significant clinical response.

P31
Monochromatic Excimer Light in the Treatment of Early Stage Mycosis Fungoides: A Two Year Experience
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Treatment of early stage mycosis fungoides (MF) includes various options such as topical steroids or chemotherapy, UVB phototherapy, and PUVA phototherapy. Efficacy and safety of broadband UVB phototherapy (280–320 nm wavelength) have been widely reported. Recently, several studies demonstrated the efficacy of narrowband UVB phototherapy (311 nm) and monochromatic excimer light (M.E.L., 308 nm) in the treatment of early-stage MF. Herein we report nine patients affected by MF treated with onochromatic excimer light. Treatment sessions were performed at different intervals ranging from 7 to 10 days, gradually increasing fluencies. No other antineoplastic treatments, both systemic or topical, were administered. M.E.L. irradiation was stopped when clinical remission was achieved. In all cases, histopathological examination confirmed the complete remission with the absence of residual neoplastic cells. After two-year observation, eight patients maintained the achieved results being symptoms-free. In one case, several new MF plaques were observed after 6 week from M.E.L. discontinuation. In conclusion, our 2-year experience suggests that M.E.L. could be considered as a valid therapeutic option in the treatment of early stage MF with a good efficacy and safety compared with traditional therapies.

P32
Unilateral Kaposi’s Sarcoma
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Introduction: Kaposi’s sarcoma (KS) is a rare malignant neoplasm that is thought to be multicentric in origin but classically presents with acral lesions. KS has been identified in four different settings: classic KS, African-endemic KS, AIDS-associated KS and iatrogenic immunosuppressive drug-associated KS. Case Report: We report a 67-year-old Caucasian woman with chronic lymphedema secondary to right mastectomy 6 years ago, and with end-stage renal disease due to microscopic polyangitis who needed treatment with cyclophosphamide, methylprednisolone, and hemodialysis. One month after she started immunosuppressive therapy she developed SK lesions limited to her right superior limb. No other cutaneous lesions were noted and investigations failed to reveal any systemic lesions. Although discontinuation of immunosuppressive therapy did not improve her skin lesions, these regressed after radiotherapy. Discussion: KS has been described in a wide spectrum of patients receiving immunosuppressive drug therapy. Although KS arising in one anatomic area is very infrequent, it seems that chronic lymphedematous regions are predisposed to malignancy due to impairment of local immune surveillance. We propose that immunosuppressive therapy allowed the development of KS at this predisposed anatomical site.
P33

Points of View on Kaposi's Sarcoma: Our Experience

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Text: For our study, 14 cases of Kaposi’s sarcoma which were submitted to our observation were considered and the histological investigations were effected on skin biopsies.

Methods: The preparations were divided according to the present views in three groups: 1) lesions with vascular predominance, 2) lesions with predominance of spindle cells, 3) mixed lesions, that is, a vascular structure and a spindle cells structure. On all the histological preparations the technique used was the immunohistochemical peroxidase anti peroxidase (PAP).

Results: The images obtained on optical microscope of all histological preparations stained with hematoxylin-eosin confirmed the characteristic polymorphic aspect of the lesion. It was observed a double vascular and cellular proliferation represented by the neoformation and by the dilatation of blood vessels and from infiltrations, mainly perivasal, consisting of various types of cells mostly spindle cells gathered in clumps or sheaves. The vascular cavities, different for number and dimension, represented some of the vessels of adult type, with continuous endothelial edge, others were much like a newly formed capillary with discontinuous endothelial. The vascular cavities in some cases, were clearly predominant and the infiltration appeared extremely reduced, in others, the infiltration was very abundant so much that the lesion appeared almost like a thick tissue, without any vascular new formations. Therefore, on the microscope the lesions showed up as consisting of sheaves of spindle cells intersecting with vascular structures in a matrix of collagen and reticular fibers. Among the spindle cells with pleomorphic nuclei there are red blood cells and deposits of hemosiderin. Macrophages are present that have phagocytized the hemosiderin and mononuclear cells of lesions occurred more recently. The histological preparations we examined showed up positive in the immunohistochemical (PAP) research for presence of the VIII factor. The reaction was clearly visible in the cytoplasm of the endothelial cells that marked the boundary the vascular spaces. Only in the connective tissue was rarely detected the presence of isolated cells positive to the reaction PAP, while, usually, large areas of connective zone were negative.

Conclusion: Like previously stated the histogenesis of Kaposi’s sarcoma is still being debated. Our immunohistochemical (PAP) research does not confirm what Nadji and coll. found because the positivity of the factor VIII is limited to the endothelial spaces with some rare positive element in prevalently stromal forms. The explanation of this is not easy, even though we think that the positive elements detected by Nadji and coll. and in part by us, are elements already orientated in the endothelial direction. Based on these results we obtained, we can assume that Kaposi’s sarcoma, although a vascular tumor, does not have an exclusive endothelial origin but might derive, in agreement with studies of Niemi and Mustakalo from a multipotential perivascular mesenchyme capable of a differentiation into various types of cellular neurofibroblats, fibroblasts, or endothelial cells.

P34

Familial Cylindromatosis, a Phenomenon Known as “Turban Tumors” or “Brooke-Spiegler Syndrome”

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Familial cylindromatosis (FC) is a rare autosomal dominantly inherited familial tumour syndrome characterized by the development of multiple benign adnexal tumors, including cylindromas, trichoepitheliomas, and spiradenomas. The cylindromas usually begin to appear in the second or third decades accumulating in number and increasing slowly in size throughout adult life. The tumours arise predominantly in hairy areas of the body, with approximately 90% on the head and neck. Malignant transformation is rare, but well documented. The FC gene (designated as cylt) with function as a tumor suppressor gene was mapped to chromosome segment 16q12-q13. Here we present a 57-year-old woman suffered since early adulthood from multiple tumours arised on the head, neck and trunk. The increase of tumours on the scalp led throughout the years to the formation of a confluent mass that became infected and ulcerated. These tumours were up to 25 cm in size, smooth, elastic skin-coloured nodules with superficial telangiectasias. Family history revealed that both brother and mother show similar, but much less distinct tumours. The diagnosis of cylindromatosis was confirmed by histologic examination, that revealed lobules of basophilic palisading epithelial cells, surrounded by thick hyaline membranes and a strikingly sclerotic stroma. The patient underwent radical surgical excision of the entire forehead and scalp with secondary wound closure using local skin flaps and split-thickness skin grafts. Taken together, we present here a patient with massive cylindromas located on the head covering the entire scalp, resulting in so called “turban tumours”, that represents a big surgical challenge and requires an interdisciplinary approach.
P35
Brooke-Spiegler Syndrome: Variable Phenotypes in a Four-Generation Family
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Brooke-Spiegler syndrome (BSS) is a rare autosomal dominant disorder that is clinically characterized by multiple trichoepitheliomas and cylindromas and eventually other adnexal skin tumors. We describe a four-generation family with BSS and a clear autosomal-dominant inheritance and an imposing variability of phenotypes. The proband is a 12-year-old boy of German origin who developed multiple nodular lesions on the scalp with histopathologic features of both spiradenoma and cylindroma in the same tissue specimen. The patient’s father and aunt presented each with both multiple cylindromas on the scalp and trichoepitheliomas on the face. In addition, an uncle was affected by multiple trichoepitheliomas on the nasolabial folds, and the grandmother and great-grandfather had multiple papules in the face and nodules on the scalp. Mutations in the CYLD1 gene, located at 16q12–13, have been recently found to underlie the disease. We present a family with a deletion of G2253 in the CYLD1 gene, which had previously been described in a large German pedigree and thus could exclude a founder effect in our family. From three members of our family (proband, the patient’s father and aunt) we could exclude a deletion of G2253 in the CYLD1 gene, which had previously been identified in a large German pedigree and thus could exclude a founder effect in German families with BSS. The simultaneous occurrence of different phenotypes of BSS, as seen in our family, confirms the clinical and histopathological variability of BSS, and corroborates the pathogenetic impact of modifying genes and/or environmental factors in the expression of the BSS phenotype.

P37
Keratosis Punctata Palmoplantaris and Malignancies: Case Report
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Keratosis punctata palmoplantaris (KPPP, Buschke-Fischer-Brauer syndrome or keratoma disseminatum) is a rare genodermatosis with an autosomal-dominant pattern of inheritance, characterized by disseminated cup-shaped horny papules with central depression containing keratotic plugs. The disease is circumscribed on the palms and soles and associated abnormalities, such as colon adenocarcinomas, basal cell carcinomas are usual and have been reported previously thus many authors refer to this syndrome as paraneoplastic. We report the case of a 61-year-old man who presented with a long history of multiple symtomatic hyperkeratotic papules on the palms and soles; in addition, association with various anomalies including malignancies such as multiple polypsis of the colon were reported. Family pedigree was analyzed and histological analysis was performed confirming diagnosis. Topical retinoid Tazarotene (0.1% gel) and Urea (50% cream) were prescribed with an improvement of cutaneous symptoms after a 2 month observation. In our opinion, genetic studies could reveal whether cutaneous phenotypes such as punctate palmoplantar keratoderma with no clinical evidence of malignancies could be associated with increased cancer susceptibility.

P36
Muir-Torre Syndrome with Fatal Outcome
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Muir-Torre syndrome (MTS) is an autosomal dominant genodermatosis characterized by the association of sebaceous gland tumour, one or multiple keratoacanthomas and internal malignancies. MTS is a phenotypic variant of hereditary non-polyposis colorectal cancer (HNPCC). MTS and HNPCC are caused by germline mutations in the DNA mismatch repair (MMR) genes MSH2 or MLH1. Skin cancer and internal malignancies of MTS patients show high microsatellite instability (MSI-H). We describe a case of a 40-year-old female referring the onset of 10 rapidly growing nodular, asymptomatic scalp lesions, histologically diagnosed as sebaceous carcinomas. Her past medical history did not reveal underlying diseases, but her family history evidenced a first degree relative affected by colon cancer. The aggressive eruption of the sebaceous carcinomas and the positive family history for internal neoplasm, led us to request a genetic counselling confirming the diagnosis of MTS. MSI and immunohistochemical examination of MSH2 and MLH1 protein in patient’s sebaceous carcinomas were performed. Gastroscopy and colonscopy gave negative results for colon cancers, whereas TC scan evidenced a solid mass at the posterior part of the mediasium and multiple nodular lesions in pulmonary and pleuric tissues. The histopathological exam of the nodular lesion confirmed the diagnosis of metastasis from sebaceous carcinoma. The patient died 1 year after the first diagnosis. Besides the rare occurrence of MTS, we underline the severe aggressive behaviour of the case presented and the usefulness of the immunohistochemical testing as a reliable screening method with high predictive value for the diagnosis of MMR in MTS patients.

P38
Our Experience with Metastatic Carcinomas of the Skin: an Eleven-Year Retrospective Study
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Cutaneous metastasis may represent the first sign of tumor spread from its primary organ, or the first sign of a cured tumor recurrence. According to recent literature, between 3% and 10% of cancer patients have cutaneous metastases. We report on 22 patients with histologically verified diagnosis of metastatic skin disease recorded at our Department during an 11-year period (1994-2004). There were five men and 17 women, age range 46-84 in men and 42-88 in women. In men, the primary tumor site was lung in 2 cases, whereas in the remaining three cases primary tumor was unknown at the time of histologic diagnosis. In women, breast cancer was by far the most common cause of skin metastases (n = 12), in three cases the primary site was unknown, whereas malignant melanoma and primary gynecologic tumor were found in one case each. As for clinical manifestations, metastases of lung cancer appeared as noduli located on the abdomen, back and extremities. Metastases of breast cancer appeared as carcinoma en cuirasse, carcinoma erysipelatodes, cicatricial alopecia and different types of nodule and papules. It is of great importance to diagnose metastatic cutaneous carcinomas as early as possible in order to provide for appropriate treatment of primary cancer, which is very often modified when skin metastases are found.
P41
Merkel Cell Carcinoma in a Heart Transplant Recipient - A Rare but Highly Aggressive Malignancy
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Background: Merkel cell carcinoma (MCC) is a rare malignancy which seems to have an increased incidence in transplant patients.

Case Presentation: We report a case of a 61-year-old patient who developed a MCC on his right forearm 7 years after heart transplantation. At the time of diagnosis the diameter of the lesion measured 2 cm, the auxiliary sentinel lymph node biopsy was positive. The patient received an immunosuppressive regimen with Cyclosporine and Azathioprine. The primary lesion was excised with a 1 cm safety margin. Already 2 months after initial diagnosis the patient developed a satellite metastasis and during the following months more satellites occurred. Treatment consisted of wide local excision, lymph node dissection, hyperthermic limb perfusion and radiotherapy with a total dosage of 40 Gy. Moreover the Azathioprine was stopped by Everolimus, an immunosuppressant known to be negatively associated with skin malignancies post-transplantation. 4 subcutaneous metastases developing 6 months later in his right axilla were excised. Subsequently, chemotherapy with liposomal doxorubicin was started, but had to be discontinued after 2 cycles due to severe side effects. Chemotherapy was switched to 5-FU, but the disease progressed with new metastasis to the kidney, spleen, lymph node and orbit. The patient died 18 months after the primary diagnosis.

Conclusion: MCC is a highly aggressive skin tumor which has a worse prognosis in immunosuppressed patients. Regular dermatologic aftercare is therefore of special importance for early detection and treatment initiation in this patient group. Furthermore switch of immunosuppression should be considered.
**P43**

**Cutaneous Multifocal Angiosarcoma Localised on the Left Lower Arm**

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We present a 66-year-old male patient in good general condition developing asymptomatic skin lesions on the left lower arm for the last two months. On examination, we found more than 50 erythematous macules and papules in diameter up to 3 mm. Additionally, two livid nodes 9 mm in size could be seen. Skin biopsies showed an angiosarcoma. In regard to the localised appearance of the tumor on the extremity, we decided to perform an isolated hyperthermal limb perfusion of the left arm using melphalan and tumor necrosis factor alpha, followed by radiation with an overall dose of 40 Gy. During the follow-up period the skin lesions persisted, but repeated skin biopsies revealed no signs of the former diagnosed angiosarcoma.

**P45**

**Cutaneous Angiomatosis in Familiar Cerebral Cavernous Malformations**

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We describe two unrelated cases referred to us for multiple asymptomatic cutaneous vascular lesions, mainly of equal numbers of CD4+ and CD8+ T cells and equal numbers of B and T cells. The histopathologic and immunohistochemical features. We’ll describe a case of a 35 years old boy presented with 30 years history of asymptomatic red nodules and plaques on the right forearm, measuring up to 15 mm in diameter. Excisional biopsy revealed a pseudolymphoma rather than angiokeratoma in accordance with its histopathologic features. The APACHE syndrome is characterized by red nodules in the acral region resembling clinically angiokeratomas and showing histopathologically a massive lymphohistiocytic infiltrate beneath the epidermis. The syndrome was initially thought to be a vascular naevus, but subsequent reports suggested that it represents a pseudolymphoma rather than angiokeratoma in accordance with its histopathologic and immunohistochemical features. We’ll describe a case of a 35 years old boy presented with 30 years history of asymptomatic red nodules and plaques on the right forearm, measuring up to 15 mm in diameter. Excisional biopsy revealed well demarcated, dense infiltrate immediately beneath the epidermis and perivascular infiltrates in the mid- and lower dermis. The infiltrate was composed mainly of equal numbers of CD4+ and CD8+ T cells and equal numbers of B cells. The overlying epidermis showed focal parakeratosis, atrophy and liquefaction degeneration of the basal cells with exocitosis of lymphocytes and plasma cells. PCR amplification of rearranged immunoglobulin heavy chain genes showed no evidence of clonality, suggesting that these infiltrates were polyclonal both for B and T cells. The histopathologic and immunohistochemical findings in our patient were consistent with a diagnosis of APACHE.

**P44**

**Malignant Peripheral Nerve Sheath Tumor versus Metastatic Malignant Melanoma**

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A 44-year-old woman in good general condition with a rapid growing skin tumor on the lower abdomen was sent to our hospital. Three weeks ago a node has been incompletely removed on the same site. Its histological examination suspected a metastasis of a malignant melanoma. As there was no history of malignancy, detailed overall work up was inconspicuous and clinical impression believed of a primary cutaneous tumor, we decided to remove it surgically with a safety margin of 3 cm to all sides and to perform a gamma-guided sentinel lymphonodectomy. Histological findings showed a well defined non capulated tumor consisting of pleomorphic spindle shaped cells arranged in a fibrosarcoma-like pattern with no epidermal involvement. Many mitotic figures were seen. Immunohistochemical stainings were positive for S-100, NSE and NK1-C3, negative for Melan A and HMB 45. The sentinel nodes, located in both groins, revealed no tumor cells. Summarizing we diagnosed a malignant peripheral nerve sheath tumor. During the 4-year follow-up period neither metastases nor recurrences occurred.

**P46**

**APACHE Syndrome: Acral Pseudolymphomatous Angiokeratoma**

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The APACHE syndrome is characterized by red nodules in the acral region resembling clinically angiokeratomas and showing histopathologically a massive lymphohistiocytic infiltrate beneath the epidermis. The syndrome was initially thought to be a vascular naevus, but subsequent reports suggested that it represents a pseudolymphoma rather than angiokeratoma in accordance with its histopathologic and immunohistochemical features. We’ll describe a case of a 35 years old boy presented with 30 years history of asymptomatic red nodules and plaques on the right forearm, measuring up to 15 mm in diameter. Excisional biopsy revealed well demarcated, dense infiltrate immediately beneath the epidermis and perivascular infiltrates in the mid- and lower dermis. The infiltrate was composed mainly of equal numbers of CD4+ and CD8+ T cells and equal numbers of B cells. The overlying epidermis showed focal parakeratosis, atrophy and liquefaction degeneration of the basal cells with exocitosis of lymphocytes and plasma cells. PCR amplification of rearranged immunoglobulin heavy chain genes revealed no evidence of clonality, suggesting that these infiltrates were polyclonal both for B and T cells. The histopathologic and immunohistochemical findings in our patient were consistent with a diagnosis of APACHE.
P47

Xeroderma Pigmentosum: Description of Two Familial Cases Observed in the Italian Dermatological Hospital (IDH) of Quin, Ethiopia

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Xeroderma Pigmentosum is a hereditary disorder affecting the mechanisms that regulate DNA repair, and can cause an increase in the death of cells or a delay in their replication and it can also facilitate a neoplasic transformation of the cells.

This genodermatosis is a rare autosomal recessive disease and is characterized by severe photosensitivity and especially malignant and precocious tumors (e.g. malignant melanoma, brain tumors, testicular tumors, pulmonary cancer, or appearance of leukemia). Inbreeding increases the likelihood of a person being born with this disease – it normally manifests itself in about 1 out of every 200,000 live births. In this case, the early diagnosis of Xeroderma Pigmentosum is essential that do not discourage this type of reproductive behavior, in Tunisia, for example, 1 out 10,000 people have this disease. Clinically, the disorder manifests itself in skin, eye, and central nervous system diseases. Moreover, Xeroderma Pigmentosum is particularly correlated with precocious skin tumors (this is especially true in areas like Ethiopia, where residents are subject to high levels of sun exposure). This is the case of two young Ethiopian siblings, ASM, a 5-year-old boy, and NSM, a 9-year-old girl, affected by Xeroderma Pigmentosum. Both came to Italian Dermatological Hospital (IDH) because of lentigo solar and solar keratosis on their faces, hands, necks, and upper torso (that is, those parts of the body most exposed to the sun).

ASM had a squamous cell carcinoma of the nose. NSM, who is also completely blind, had a nodular lesion on her scalp in the area of her left parietal. The lesion, which turned out to be nodular melanoma, was about 8 cm in diameter with a soft consistency and frequent bleeding. Both of the children were transferred to a hospital in Italy, where they received treatment, genetic examination and follow-up care.

P48

Telediagnosis and Face-To-Face Diagnosis Reliability for “Pink” Lesions

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Telemedicine is a healthcare practice, which utilizes interactivity between audio, visualization and data communication. Recently, teledermatology has roused much interest. It can be applied in two ways: in real time, utilizing videoconferencing equipment, or by store-and-forward methods, whenever transmitted digital images or pictures are memorized as patient’s clinical background. Dermoscopy enlarges its points of interest on clinical morphology of skin lesions. Digital analysis, computer-aided diagnosis and teledermoscopy are new systems that would change the current management of general skin cancers, and particularly melanoma. The purpose of this study is to determine the diagnostic reliability, according to inter-observer agreement between: clinical and dermoscopic diagnosis of poorly pigmented lesions; face-to-face diagnosis and the telediagnosis. 44 lesions were examined by two different dermatologists with good and similar experience in dermoscopy. A store-and-forward teledermatological system, based on clinical and dermoscopic images, was performed by two skilled dermatologists. The agreement was investigated using Cohen’s K statistics. According to literature, our results show that dermoscopic diagnosis improves the clinical aspect and it has a better concordance with histological diagnosis in face-to-face consultations, unlike results obtained by telediagnosis. These showed a high concordance between clinical and dermoscopic diagnosis, both generally presenting a lower concordance, compared to histological diagnosis. These preliminary results underline that teleconsultation of dermatological images, about pigmented skin lesions, characterized by “pink” color, doesn’t provide a similar degree of diagnostic accuracy as otherwise in face-to-face diagnosis, perhaps for the absence of typical criterias. Atypical skin lesions teleconsultation is characterized by the absence of typical dermoscopic pattern and it can decrease the accuracy of the diagnosis.

P49

Dermoscopy Experts vs Dermoscopy Non-Experts: A Comparison Between Face-To-Face Diagnosis and Telediagnosis for the Observation of “Pink” Lesions


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Teledermoscopy holds a great potential regarding the revolutionizing delivery of dermatologic services, providing distant services to areas allowing primary care physicians to excellent dermatological centres to refer to patients at a distance. The high melanoma mortality rate is the greatest challenge that dermatology is facing today. Early melanoma diagnosis is the most important tool to decrease the mortality rate of skin tumours. Telemedicine is a healthcare practice, which utilizes interactivity between audio, visualization and data communication. Recently, teledermatology has roused much interest. It can be applied in two ways: in real time, utilizing videoconferencing equipment, or by store-and-forward methods, whenever transmitted digital images or pictures are memorized as patient’s clinical background. Dermoscopy enlarges its points of interest on clinical morphology of skin lesions. Digital analysis, computer-aided diagnosis and teledermoscopy are new systems that would change the current management of general skin cancers, and particularly melanoma. The purpose of this study is to determine the diagnostic reliability, according to inter-observer agreement between: clinical and dermoscopic diagnosis of poorly pigmented lesions; face-to-face diagnosis and the telediagnosis. 44 lesions were examined by two different dermatologists with good and similar experience in dermatoscopy. A store-and-forward teledermatological system, based on clinical and dermoscopic images, was performed by two skilled dermatologists. The agreement was investigated using Cohen’s K statistics. According to literature, our results show that dermoscopic diagnosis improves the clinical aspect and it has a better concordance with histological diagnosis in face-to-face consultations, unlike results obtained by telediagnosis. These showed a high concordance between clinical and dermoscopic diagnosis, both generally presenting a lower concordance, compared to histological diagnosis. These preliminary results underline that teleconsultation of dermatological images, about pigmented skin lesions, characterized by “pink” color, doesn’t provide a similar degree of diagnostic accuracy as otherwise in face-to-face diagnosis, perhaps for the absence of typical criterias. Atypical skin lesions teleconsultation is characterized by the absence of typical dermoscopic pattern and it can decrease the accuracy of the diagnosis.

P50

Dermoscopic Changes of Spitz/Reed Nevus in Childhood

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Spitz/Reed nevus is a benign melanocytic neoplasm that simulate melanoma both clinically and histopathologically. Dermoscopic analysis has proven useful to differentiate Spitz/Reed nevus from other benign or malignant lesions, improving the diagnostic accuracy of such nevi from 56% to 93%. The most frequent and well characterized dermoscopic aspects of Spitz/Reed nevus include the starburst, globular, homogenous and atypical patterns. Recently, other dermoscopic features of Spitz/Reed nevus have been described such as the hypopigmented and the reticular patterns. In addition, some authors demonstrated that in time remarkable dermoscopic changes may be observed in Spitz/Reed nevi occurring in childhood. We report the dermoscopic features of 15 Spitz/Reed nevi of 15 patients (6 males and 9 females; mean age: 8 years) which have been followed-up for 6-48 months (mean: 27 months). In 6 of 15 cases we observed changes from globular to starburst pattern and after 6-18 months (mean: 12 months) to an homogeneous pattern. Four of 15 cases initially showed a globular pattern and then a starburst pattern followed by a reticular pattern after 4-18 months (mean: 11 months). In 2 of 15 Spitz/Reed nevi we observed evolution from an hypopigmented to an atypical pattern after 6 and 8 months, respectively. Increased size of the lesion in the absence of any dermoscopic changes were detected in 3 of 15 lesions. Our results suggest that the different dermoscopic patterns observed in Spitz/Reed nevi may represent sequential steps of the biological evolution of the lesion rather than different clinico-pathological entities.
P51  
Deep Pigmented Seborrhoeic Keratosis- Clinically and Dermoscopically Mimicking a Regressing Melanoma  
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We report a 76-year-old man with a history of numerous seborrhoeic keratoses and basal cell carcinoma, who presented with a pigmented suspicious lesion on the right part of abdomen without known history of duration. It was asymmetric, irregularly demarcated, irregularly pigmented with light and dark brown areas peripherally and white-blush areas centrally, slightly elevated in some parts, measuring 1.3x1.5 cm. Dermoscopically, at the central and at the left peripheral part of the lesion, a regressive area with brown-blush peppering effect was seen while at the lateral parts areas of seborrhoeic keratosis with numerous milia-like cysts on a background of brown diffuse pigmentation were seen. As confident exclusion of regressing melanoma could not be made, the excision was done. Histopathologic examination revealed deep pigmented seborrhoeic keratosis and changes in the central part were consistent with regressive changes seen in lichen planus-like keratosis.

P52  
A Clinical-Dermoscopic Study on 48 Cases of Melanoma with a Diameter < 6 mm  
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We performed a retrospective clinical-dermoscopic study of the images of 506 histopathologically proven melanomas collected at the melanoma Unit of San Gallicano Dermatological Institute, between January 2002 and December 2004. All lesions with a diameter < 6 mm that showed at least two of the ABCE clinical criteria were evaluated by dermoscopy. Forty-eight of 506 melanomas were retrieved. Forty-two patients were included (32 women and 10 men, mean age: 36.6). Individual lesions were located on the lower limbs (36), trunk (8) and upper limbs (4). The diameter of the lesions varied from 3.4 mm to 5.9 mm (mean: 4.9 mm). Histopathology showed that 34/48 (70.8%) lesions were melanoma in situ and 14/48 (29.2%) were invasive superficial spreading melanomas. The Breslow thickness of invasive melanomas ranged from 0.3 mm to 0.9 (mean: 0.53 mm). The most common dermoscopic findings were: i) irregular dots/globules (58.3%), ii) atypical pigment network (40%), iii) irregular streaks (43.7%). A blue-whitish veil was observed in 4/48 (8.3%) melanomas, whereas regular streaks were found in 3/48 (6.2%) lesions. The presence of at least one melanoma-specific criteria, such as atypical pigment network, irregular streaks or blue-whitish veil was found in 30/48 (62.5%) melanomas. In 7/48 (14.6%) lesions one clinical criterion was associated with changes in shape, size and/or color of the lesion during the 6-month follow-up. Digital dermoscopic follow-up showed an increase in number of dots/globules and/or the thickening of the pigment network and/or neovascularization. Dermoscopy can represent a useful tool to differentiate benign from malignant small melanocytic lesions.

P53  
Dermoscopic Features of Facial Pigmented Actinic Keratosis  
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Actinic keratosis (AK), historically regarded as a premalignant lesion, is now considered by some authors to be an intraepidermal squamous cell carcinoma. Pigmented AK is characterized by a dark-brown to gray-blush coloration and a smooth, verrucous or slightly scaly surface. At clinical examination, pigmented AK may be difficult to distinguish from other pigmented lesions such as solar lentigo, lentigo maligna, seborrheic keratosis, lichenoid keratosis and pigmented basal cell carcinoma. Dermoscopic analysis is useful to differentiate benign from malignant pigmented skin lesions. However, specific dermoscopic criteria for pigmented AK have been not well defined so far. We investigated the dermoscopic patterns of 35 histologically proven pigmented AK located on the face. The study population consisted of 19 males and 16 females with an age ranging from 63 to 89 years (mean: 76 years). The following dermoscopic features, either alone or combined, were observed: i) multiple gray to brown dots and globules around hair follicles (88.6%); ii) brown to gray typical pseudonetwork (86.0%); iii) annular-granular-like pattern (17.1%); iv) dark-brown to gray-blush irregular streaks (11.0%). In 3 cases we were mislead by the presence of asymmetric pigmented folicles, annular-granular pattern and rhomboidal structures, which are dermoscopic findings characteristics of lentigo maligna. In conclusion, the knowledge of specific dermoscopic features of pigmented AK is useful for their characterization and to differentiate pigmented AK from both melanocytic and non-melanocytic skin lesions. Surgical excision is demanded when clinical and dermoscoic diagnosis is difficult or almost impossible.

P54  
Targetoid Hemosiderotic Hemangioma: A Thrombosed Hemangioma with a Slow and Quite Complete Clinical and Dermoscopic Regression  
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A 18-year-old patient presented with a symptomless targetoid maculo-papular lesion, 1.5 cm in diameter, located on the medial region of the right thigh; the lesion consisted in a violaceous papule with a focal black area, surrounded by a thin flesh-coloured area and by an ecchymotic peripheral ring. The patient reported that the lesion was a pre-existing hemangioma which had evolved over the last few days. Dermoscopic examination showed an homogeneous pattern with red lagoons in the papular part of the lesion with a well demarcated black macule consistent with a thrombo-hemorrhagic phenomenon; the ecchymotic halo appeared as a violaceous macular ring with an homogeneous pattern. The diagnosis of targetoid hemangioma was made on the base of the anamnestic, clinical and dermoscopic data and a short term follow-up was decided. Three months later, the lesion was clinically quite completely cleared; dermoscopically, there was a diffuse light brown pigmentation in the absence of distinctive features. Targetoid hemosiderotic hemangioma, also known as hobotnail hemangioma is a benign, solitary vascular tumor, firstly described by Santa Cruz and Aronberg in 1988, which occurs more frequently in young subjects, affecting the trunk and the extremities. It is clinically characterized by a brown to violaceous papule surrounded by a pale rim and an outer ecchymotic halo. This case report is characterized by the unusual spontaneous regression of the lesion which was only appreciable as a post-inflamatory hyperpigmentation. Furthermore, this case underline how dermoscoy is helpful and reliable for the diagnosis of targetoid hemosiderotic hemangioma and that regular follow up allow to avoid useless surgical excisions.
P55 Dermoscopic Follow-Up of Acral Melanocytic Nevi
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In this study, we retrospectively analyzed the changes over time of the dermoscopic patterns observed in 264 melanocytic nevi located on acral volar skin. The dermoscopic follow-up of the lesions varied from 6 to 90 months (mean: 27.4 months). The baseline images showed the following benign patterns: parallel furrow (24.62%), globular (15.53%) and double-line (8.33%) variants of the pattern furrow, latticelike (13.91%), fibrillar (11.36%), nontypical (10.23%), homogeneous (4.55%), reticular (2.65%), transition (3.03%), globular (3.41%) and starburst pattern (0.38%). Follow-up at 6 and 12 months was available for 123 lesions, while the dermoscopic images of 63 nevi were evaluated over a 18 months period. Finally, a dermoscopic follow-up 24 months was registered for 156 acral nevi. Substantial dermoscopic changes over 6, 12 and 18 months of follow-up were observed in 5 (8.06%), 12 (12.77%) and 14 (22.22%) acral melanocytic nevi, respectively. The most common dermoscopic pattern of the changing lesions was the parallel furrow pattern (70.96%), followed by latticelike (9.67%), fibrillar (6.45%), nontypical (6.45%) lobular (3.22%) and reticular pattern (3.22%). Nineteen (61.3%) of the changing lesions focally enlarged in size and were surgically excised. None of the dermoscopic patterns changed to the multi-component/malignant pattern, and all lesions excised were histopathologically benign. In conclusion, we demonstrated that changes of dermoscopic patterns in melanocytic nevi located in acral volar skin may occur in time, suggesting that in some cases changes of dermoscopic patterns may reflect the biological evolution of a specific lesion.

P56 Dermoscopic Changes of Melanocytic Naevi During the Pregnancy: Our Experience
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A pigment naevus is benign proliferation of cells with melanocytic differentiation. Embriologically, nevomelanoblasts are melanocytes within the neural crest. It has been suggested that physiologic conditions, such as puberty, or systemic corticosteroids, or human growth hormone therapy and pregnancy produces changes in naevi. We aimed to document photographically any macroscopic and dermoscopic changes of naevi during pregnancy. We followed twenty patients before and at three, six, nine months of pregnancy. We observed appearance of naevi resulting benign to histological examination (2/20) and changes of size and some dermoscopic pattern in pre-existent naevi (18/20 patients). It is known that pregnancy is marked by dramatic endocrinologic changes. Hyperpigmentation of the areola, linea alba, axilla, and genitalia is commonly observed and well documented during the pregnancy. An apparently related phenomenon is darkening and enlargement of naevi, and several authors have suggested that these clinical changes are accompanied by microscopic abnormalities. Our group of patients isn’t large enough but new data acquisition during the time will allow us to examine more closely the effects of pregnancy in naevi changes.

P57 Diagnosis of Non-Melanoma Skin Cancer with Optical Coherence Tomography
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Introduction. Optimal management of skin malignancies relies on early and accurate diagnosis. Unfortunately the naked eye cannot always determine whether a suspicious lesion is a non-melanoma skin cancer (NMSC). We have investigated the diagnostic potential of optical coherence tomography (OCT) in NMSC. Methods. The aim of this non-randomized, cross-sectional clinical study aimed at enrolling 100 NMSC patients, is to investigate the diagnostic accuracy and applicability of OCT in NMSC diagnosis. OCT-images will be compared to clinical and histopathological diagnosis. OCT is analogue to B-mode ultrasound pulse echo imaging with an optical rather than acoustical reflectivity being measured. Imaging depth is 2 mm and axial image resolution is 9 micrometer. The OCT equipment of this study was developed at Optics and Plasma Research Department, Risoe, Denmark. Results. The results from OCT-scanning of approximately 30 patients will be presented. On the basis of pilot studies we expect to demonstrate a high sensitivity and specificity in separation of malignant and premalignant skin lesions. Discussion. A broad variety of diagnostic technologies are available for diagnosis of NMSC. OCT has the capability of providing us with new, three-dimensional in vivo, in situ understanding of NMSC development over time. In the future OCT diagnosis could be used where standard excision biopsy is hazardous or impossible, and perhaps reduce sampling errors associated with excision biopsy.

P58 Chromatin Assembly Factor-1 (CAF-1) Loss-of-Function: A Role in the Deregulation of Cellular Proliferation in Skin Squamous Cell Carcinoma?
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Recent studies outlined the role of CAF-1 as a novel useful marker of deregulation of cell proliferation and prognostic indicator in human cancer and preneoplastic lesions. CAF-1 is a heterotrimeric protein complex (constituted by p150, p60 and p48 subunits) that delivers histones H3 and H4 to DNA during DNA replication and cell cycle progression. CAF-1 p60 subunit is over-expressed in many human cancers and class II head and neck squamous cell carcinoma (HNSCC). CAF-1 p60 overexpression is associated with a higher risk of poor survival. CAF-1 loss-of-function results in deregulated cellular proliferation, increased invasiveness and poor survival in HNSCC. These findings raise the hypothesis that CAF-1 loss-of-function may have a role as new prognostic marker in cutaneous SCC.

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P59
Is Metallothionein – Overexpression Exciting Sentinel Lymph Node biopsy As a Prognostic Factor in Melanoma?
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Metallothioneins (MT) are ubiquitous, intracellular small proteins with high affinity for heavy metal ions. Immunohistochemical MT-overexpression in paraffin embedded tissues of patients with primary melanoma is associated with poor prognosis. Sentinel lymph node (SLN) biopsy is an established surgical technique for high risk melanoma patients with predictive value for progression, whereas the benefit for the individual patients overall survival remains unclear. We examined the role of MT-overexpression in comparison with SLN biopsy in melanoma patients as a prognostic marker for progression and survival. 158 patients underwent SLN biopsy due to high risk melanoma. Primary melanoma specimens were investigated by using a monoclonal antibody against MT on routinely fixed, paraffin-embedded tissues. 28 (18%) out of 158 recruited melanoma patients developed metastasis within the time of observation (median 37 months), 17 (11%) patients died due to widespread disease. Kaplan-Meier curves gave significant differences for the MT-positive as well as the SLN-positive group for disease-free and overall survival. In the X2-test MT-overexpression was highly significant for progression, whereas SLN biopsy failed significance. In univariate as well as multivariate Cox regression analysis MT-overexpression turned out as an excellent marker for progression (p = 0.007), the p-values for survival were not significant. SLN biopsy did not show significant results for progression, but reached a p-value of 0.03 in the analysis for survival. The results corroborate the validity of MT-overexpression as a useful prognostic marker in melanoma patients which is at least equivalent to SLN biopsy.

P60
The CDKN2A A148T Variant is Not Associated with Melanoma Risk in The French and Italian Populations
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Downregulation of Chemokine Receptor Expression in Sezary Syndrome: Role of Extracorporeal Photopheresis
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Introduction: Extracorporeal photopheresis (ECP) is an approved cell therapy for the treatment of Sézary syndrome, the leukemic variant of cutaneous T-cell lymphoma. Despite the therapeutic benefit, the underlying mechanisms remain enigmatic. ECP is associated with the production of immunomodulatory cytokines that can induce tumor cell apoptosis. Anti-tumor immunity may also be enhanced by the modification of the cytokine microenvironment augmenting the amplification of effector T cells. Alternatively, ECP may modify the receptors expression on the tumor cells that drive lymphocyte migration. Ongoing studies in our laboratory suggest that Sézary cells express high levels of CD62L (L-selectin) and CCR10, CXCRI, CCR7, chemokine receptors involved in lymphocyte migration. The present study examines the effects of ECP on the expression of these receptors.
Methods: Peripheral blood mononuclear cells were harvested from five patients (2 men, 3 women) with active Sézary syndrome treated with ECP. Expression levels of mRNA transcripts of these receptors were determined by real-time quantitative PCR analysis.
Results: Gene expression of CD62L, CCR10, CXCRI, CCR4, CCR7 was significantly decreased (100-1000 fold, p<0.01) after the initial ECP. Similar results were observed after the second ECP. In contrast, mRNA transcript expression of the CXCRI chemokine receptor and other T cell surface markers (i.e. CD4, CD28) were not significantly altered.
Conclusions: These results suggest that the ECP leads to the specific down-regulation of the CD62L, CCR10, CXCRI, CCR7 cell surface receptors. Such down-regulation may limit the tumor cells ability to migrate into tissues and enhance the targeting of the tumor cells by the immune system.

P64
Molecular Demonstration of UVB-Induced Effects on Irradiated Nevi. Impact of Sunscreens to Prevent Photodamage
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Background: Sunscreens have shown a positive impact in the prevention of UVR damage in keratinocytes. However their role in protecting melanocytes against UVR has not been well established. We have previously developed a human in vivo model to demonstrate the UVB-induced changes in nevi. We investigated the expression of different molecular markers in irradiated nevi and the impact of sunscreens.
Methods: Based on our in vivo developed model, twenty paraffined samples of 2 MED-UVB irradiated nevi were included. 7 days before excision, 11 nevi were irradiated only on a half (physical protection on the other half), while in the other 9 nevi a physical and chemical sunscreen (octocrylene, Parsol 1789, titanium dioxide, Mexoryl SX, Mexoryl XL) was applied on a half on each one before irradiation of the whole lesion. Immunohistochemical stains were performed with HMB45, MART-1, K667 and p53.
Results: Histopathological UVB-induced features were parakeratotic scale, and mild lymphocytic perivascular inflammation. Most nevi showed increase size of junctional melanocytes and their dendrites. Molecular changes were: 1) Notable activation of melanocytes, both in the lesions and in adjacent skin (HMB45/ MelanA). 2) Increased number of proliferating cells, mostly lesional keratinocytes (Ki67). 3) Mild increase expression of p53 in apoptotic irradiated keratinocytes, but not in nevocytes. No differences were observed between physically protected areas and sunscreen protected areas.
Conclusion: In addition to clinical and dermoscopical UVB-induced changes, pathological and molecular effects were demonstrated in irradiated nevi. Molecular differences were found between irradiated halves of nevi vs physically or sunscreen protected areas.

P65
Novel Mutations of PTCH Gene in Asian: Two Case Reports of Basal Cell Nevus Syndrome
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The basal cell nevus syndrome (BCNS) is an autosomal dominant genetic disease characterized by multiple basal cell carcinomas, odontogenic keratinocysts of jaws, pitting of palms and soles, calcification of falx cerebri, and other developmental skeletal abnormalities. PTCH (maps to chromosome 9q22), a tumor suppressor gene, has been identified as the gene responsible for BCNS from 1996. However, BCNS is quite uncommon in Taiwan as well as in Asia. We present two Taiwanese BCNS males with two novel mutation sites, one C to T substitution in exon 5 which results in premature termination at aa 135, and another G to A substitution in exon 7 which results in premature termination at aa 602. In addition, one of the patient had basal cell carcinoma at his nipple, which is an unusual basal cell carcinoma presenting site in males. Under the dermroscope, the nipple basal cell carcinoma showed patterns of branching streaks and some grey to black globules, but no typical maple-leaf like patterns was seen. These patients both received surgical treatment for basal cell carcinomas and followed up in our clinics.

P66
Imiquimod Modulates the Expression of Survivin, Bcl-2 And Ki67 in Skin Tumors
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Survivin belongs to the family of inhibitor of apoptosis proteins (IAP) and it is involved in regulation of cell death as well as cell division. It has been observed that survivin is almost exclusively expressed in cancer tissues and in fetal stem cells, but not in adult normal cell populations. Finally, as imiquimod has been used as a proapoptotic agent in antitumoral therapy, we treated both squamous cell carcinoma (SCC) and Bowen’s disease lesions with imiquimod for three months and compared skin pathology before and after treatment. In SCC, survivin was localized in scattered suprabasal keratinocytes, while in Bowen’s lesions it was expressed in most suprabasal keratinocytes. In both neoplastic conditions, surviving staining was at the nuclear level. Imiquimod treatment reverted the histologic phenotype to normal survivin expression with cytoplasmic staining. In addition, imiquimod normalize the expression of the anti-apoptotic protein bcl-2, which appears to be mostly nuclear in SCC. In lesions from Bowen’s disease, bcl-2 is expressed in basal and suprabasal keratinocytes, while it is detected only in basal cells after treatment with imiquimod. Finally, imiquimod reduced the expression of Ki67 in both SCC and Bowen. This study indicates that imiquimod modulates both apoptosis and proliferation in skin tumors.
ABSTRACTS

**P67** Molecular and Functional Analysis of MC1R Receptor in Malignant Melanoma
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Pigmentation in mammals and cutaneous phenotype are due to the relative amount of two types of melanosomes: pheomelanins and eumelanins. Brown/black eumelanins are more photoprotective, and yellow/red pheomelanins are less photoprotective and probably even phototoxic. The key enzyme for the melanogenesis is tyrosinase: low tyrosinase levels mean that L-tyrosine is preferably converted to pheomelanins; rising levels of tyrosinase push the melanogenesis versus the eumelanin synthesis. Alpha-MSH and its receptor MC1R are key regulation of cutaneous pigmentation and tanning response. The human MC1R is highly polymorphic, and some of its genetics forms are associated with various pigmentedary phenotypes. Malignant melanoma (MM) is a type of cancer due to both genetic predisposition and environmental factors such as UV exposure. The genes involved in melanoma development are of various type: high penetrance genes such as CDKN2A and CDK4, and low penetrance one is the MC1R gene. In this study we obtained primary lines of melanoma cell culture from South Italy Caucasian patients’ biopsies. We screened for their MC1R genotypes, particularly in two different melanoma cell lines, hmel 1 (from MM metastasis) and hmel 9 (from primary MM). The MC1R sequencing revealed that the two cell lines analysed are homozygous for the wild type receptor. These cultures showed histological and morphological differences. Moreover, we demonstrated higher levels of the MC1R transcripts in hmel 1 than hmel 9 cell lines. Functional analysis of MC1R receptor have been performed. Endocellular cAMP level in response to alpha-MSH treatment has been tested at different time of incubation. The CAMP assay revealed that the hmel 1 are able to respond to the alpha-MSH treatment producing higher quantities of CAMP within 15 min incubation in comparison to hmel 9 cell line. The tyrosinase activity was very high in hmel 9 cell line and very low or absent in hmel 1. These different behaviours of the two cell lines suggests that the cAMP pathway may be impaired in certain human melanoma cells even when they express the wild-type receptor.

**P68** Strategy for In Vitro and Ex-Vivo Testing of Neutrophils Signaling Pathways Based on Immunoproteomic Array Profiling
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It is becoming apparent that p75NTR has a fundamental role in modulating TrkA function. We initiated studies to disclose mechanisms by which p75NTR could exert the effects in epithelia and has relevance to BCC or melanoma development. Unlike for neurons, the specific trophic ligands for p75NTR modulation in keratinocytes or melanocytes have to be discovered. We established the model for apoptosis in cells in which sortilin, a receptor ligand for p75NTR is required for the pro-apoptotic activity. We used chimera extracellular receptor CD4-p75 fused with transmembrane and intracellular domain of p75NTR to stimulate the cells by anti-CD4 antibody. To identify the binding partners of p75NTR we used GST-p75NTR cytosolic domain fusion protein to pull out interacting death domains (DDs) from keratinocytes extract. To validate the in vitro findings and to prove the hypothesis we combined in Tissue Microarray chips the in vitro cellular preparations along with the patient surgical biopsies of 26 BCC and 24 of melanomas. This high throughput technology allowed us efficiently to screen for expression signatures of multiple signalling molecules, which includes the status of p75, sortilin, Tra2, Tra4, ITGRA, TRADD, RADD, PIDD, PAIDD, RIP-1, DR5, DR6, GGBP and many other proteins involved in apoptosis signaling pathways. Automated evaluation of digital slide readouts is underway for identification of statistically significant expression patterns with patient follow-up data. Although, it is preliminary, the implemented strategy of in vitro experimentation in combining with modern high throughput technologies examining wide cohorts of clinical-pathological material, showed efficient progress toward planned aims.

**P69** MAGE-A4 Staining Pattern Differences in Epithelial Skin Tumors of Immunosuppressed and Immunocompetent Patients
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The human MAGE gene family encodes proteins (Cancer/Testis antigens) which are expressed in normal testis and in a variety of tumors. MAGE-derived peptides are recognized by CD8+ T cells and represent targets for immunotherapy. Monoclononal antibody 57B predominantly detects MAGE-A4 protein. Studied mainly in melanoma, recent data suggest MAGE-A4 expression in epithelial cutaneous neoplasms. Frequency of many epithelial skin tumors is increased in immunosuppressed patients. We examined mAb 57B immunoreactivity in 119 formalin-fixed, paraffin-embedded specimens of epithelial skin tumors of actinic keratosis, bowenoid actinic keratosis, Bowen’s disease and squamous cell carcinoma (n=17, 25, 61, 16, respectively) in immunocompetent patients (n=84) and organ transplant recipients (n=35). Positive immunoreactivity was defined as 5% or more positive tumor cells. In all positive samples, staining pattern and polarity of immunoreactivity in the epidermis was assessed. Normal skin was immunonegative. All four epithelial skin tumors showed comparable immunoreactivity (p=0.361) ranging from 25% to 71% of samples. Absolute 57B immunoreactivity was similar in the immunocompetent and immunosuppressed group, but scattered staining pattern was more frequent in immunosuppressed patients (p=0.025). In squamous cell carcinoma there was a polarity of immunoreactivity within the basal layer (p=0.002) compared to intraepithelial tumors. In conclusion, MAGE-A4 expression may help diagnosis and delineation of epithelial skin tumors. Invasiveness of tumors seems accompanied by increased MAGE-A4 expression on the leading cell front, possibly reflecting pronounced anaplasia. Cancer antigen expression as judged by MAGE-A4 expression displays subtle differences for organ transplant recipients only, suggesting other mechanisms underlying the increased cutaneous carcinogenesis in these high-risk immunosuppressed patients such as TGF-beta and VEGF induction by calcineurine inhibitors.

**P70** Survivin and Bcl2 Expression in CD30-Positive LPDs of the Skin Compared to Systemic Anaplastic Large Cell Lymphomas
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Cutaneous CD30-positive lymphoproliferative disorders (LPDs) are a spectrum of disease ranging from lymphomatoid papulosis (LyP) to primary cutaneous anaplastic large lymphoma (C-ALCL). Apoptosis is an active process regulating cell population by programmed death and its deregulation plays an important role in normal and malignant lymphopoiesis. We investigated the expression of two inhibitors of apoptosis, survivin and BCL2-protein, in 28 cases of T-cell CD30-positive LPDs: 10 cutaneous CD30-positive LPDs (5 LyP, 5 C-ALCL) and 18 systemic ALCL. Immunohistochemical analysis was performed with antibodies against ALK1 protein, survivin and BCL2 protein. RT-PCR studies for ALK and ALK/NPM were performed on RNA extracted from paraffin blocks. All the cutaneous CD30 + LPDs were negative for ALK by immunostaining and RT-PCR. Among systemic ALCL cases, 7 were ALK-positive and 11 were negative: all the positive cases showed a 366 bp ALK transcript by RT-PCR and the specific NPM/ALK fusion transcript of 98 bp, ruling out the presence of a different rearrangement. All the cases examined showed a cytoplasmatic positivity for survivin. Five cases of systemic ALCL, ALK-negative, showed a nuclear dot-like immunoreactivity for survivin. Nuclear expression of survivin was not observed in the other groups (X²: P=0.045). Protein BCL2-cytoplasmic expression was found in 10 cases; systemic ALK-positive show a lower frequency of BCL2-expression (X²: P=0.045). We can conclude from our results that cutaneous and systemic CD30 positive disorders show differences in survivin cellular location, suggesting that biological differences among these groups might be related to an abnormal translocation of the molecule.
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Relapsed Actinic Keratosis Evaluation (R.A.K.E.) Study: Clinical Changes of Actinic Keratosis Lesions

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Aim: to estimate the incidence, regression and recurrence rate of actinic keratosis (AK) after 2 and 4 months from baseline visit.

Design: multicentre longitudinal observational study. Consecutive patients, referring to 10 Italian Dermatological Clinics, with AK diagnosis underwent to medical interview where demographic and anamnestic data were collected and a diagnostic assessment of AK and therapy prescription were registered. Here we report data about baseline visit.

Results: a total of 216 individuals were analyzed. The majority of them (66%) were men aged 74 ± 8 years (mean ± SD) while women were aged 75 ± 11 years. A total of 150 forms of malignant neoplasia was registered; the 44% were basal cell carcinoma and 23.1% were squamous cell carcinoma. The average number (±SD) of AK lesions per patient were 4.3 (±1.7). Most of these lesions were on scalp (N = 309) and on face (N = 465). Diagnostic AK was mainly performed through only the observation (83%) or with the addition of a dermoscopic assessment (7.4%). The main prescribed therapy before the baseline was cryotherapy (10.8%) and diclofenac (7.5%). At baseline, the majority of the prescribed therapy was represented by topic therapy (47.2%) followed by phototherapy (14.9%).

Conclusion: these preliminary results show an interesting cross-sectional picture on clinical features and management of the patients affected by AK. Further analysis will be necessary at longitudinal phase in order to evaluate changes in the management approaches of these patients.

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Psychological Reactions after the Diagnosis of Malignant Melanoma

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Although malignant melanoma represents only 4% of all skin cancers, it is the first cause for skin cancer mortality worldwide. Prognosis of melanoma is linked to histological and clinical characteristics (Breslow’s thickness and ulceration) however it is frequently believed among health care providers and patients that a good quality of life (QoL) may influence the course of the disease in these patients. The efforts of coping with melanoma diagnosis and the ability to control feelings may enhance depression and anxiety, in cancer patients may interfere with treatment compliance and quality of life experienced by the patients. In order to study the coping, psychological characteristics, and quality of life after the diagnosis of melanoma and to determine if there are subgroups of patients that have a different course of distress following the diagnosis, we submitted several questionnaires to a cohort of melanoma patients after diagnosis and at different time points over 1 year. The questionnaires included QoL measures and tests to measure psychological features such as anxiety, expression and state of rage, somatization, depression, self esteem and alexitimia. We found that the anxiety state and the rage expression are elevated in these patients compared to normal population although they do not reach the levels present in psychiatric patients. The somatosensory amplification scale records levels are elevated compared to non cancer subjects. Alexitimia is very high in melanoma patients to non cancer patients and it seems that these levels correlate with an higher psychological distress, somatization and rage.

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Objective: to evaluate the incidence and recurrence rate of actinic keratosis (AK) relapses after 6 and 12 months from baseline and to describe the clinical features and the management of patients affected by AK.

Design: multicentre, longitudinal, prospective observational study. Consecutive patients, both men and women, referring to 10 Italian Dermatological Clinics, with AK diagnosis underwent to medical interview where demographic and anamnestic data were collected and a diagnostic assessment of AK and therapy prescription were registered. Here we report data about baseline visit.

Results: a total of 216 individuals were analyzed. The majority of them (66%) were men aged 74 ± 8 years (mean ± SD) while women were aged 75 ± 11 years. A total of 150 forms of malignant neoplasia was registered; the 44% were basal cell carcinoma and 23.1% were squamous cell carcinoma. The average number (±SD) of AK lesions per patient were 4.3 (±1.7). Most of these lesions were on scalp (N = 309) and on face (N = 465). Diagnostic AK was mainly performed through only the observation (83%) or with the addition of a dermoscopic assessment (7.4%). The main prescribed therapy before the baseline was cryotherapy (10.8%) and diclofenac (7.5%). At baseline, the majority of the prescribed therapy was represented by topic therapy (47.2%) followed by phototherapy (14.9%).

Conclusion: these preliminary results show an interesting cross-sectional picture on clinical features and management of the patients affected by AK. Further analysis will be necessary at longitudinal phase in order to evaluate changes in the management approaches of these patients.

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Epidemiological Survey on Melanoma in Two Central Italian Regions (Abruzzo and Molise)


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Malignant melanoma is one of the most important skin tumour and its incidence and mortality are increasing worldwide. Data on the incidence and prevalence of MM in Italy are available through Cancer Registries but they do not cover all the country. For this reason we set up an Epidemiological Survey on Melanoma (years 2002-2004) in two central Italian regions, Abruzzo and Molise not covered by cancer registries. We screened both electronic and paper registry of the all the Pathology departments of these regions for the key-world: Melanoma and Malignant Melanoma. For each patients we collect data about: sex, age, histological diagnosis and, if present, data about: localization, presence of metastasis, infiltration, surgical margins. We exclude from our data-base all cases of relapse of multiple melanomas diagnosed before 2002. We found 604 melanoma, 247 men (40.8%) and 357 women (59.1%). The case were divided as follows: in 2002: 136 cases, in 2003: 173 cases, in 2004: 157 cases and in 2005: 138 cases. The theoretical incidence of melanoma in these two regions, thus, is 11.63 per 100,000 people-year in the period 2002-2004, which is similar to the incidence registered in other southern Mediterranean countries. Melanoma affected more often people aged 50-70 years (33.11%); the histotype more frequently recorded is Superficial spreading (38.41%) and the majority (58.94%) were thin melanoma (< 1.00 mm). Also this data are in line with the international literature data.
P75
Pegylated Liposomal Doxorubicine in Classic Kaposi’s Sarcoma: a Viewpoint
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Doxorubicine is an antitumoral drug of the anthracycline class of antibiotics which has been widely used in the treatment of solid and hematological tumors since the 1970s. In time, liposomal and pegylated formulation of the drug markedly improved its pharmacokinetic characteristics, reducing the notable toxicity levels of conventional anthracyclines and cumulative cardiotoxic doses. We report here the use of pegylated liposomal doxorubicine in patients affected by classic Kaposi’s sarcoma (CKS). A total of 5 HIV-negative patients, 4 males and 1 female, 3 of whom had undergone previous therapies (Interferon, Bleomycine, Vincristine, Vinblastine, Novelbine and Etoposide). All subjects were affected by generalized CKS: 4 presented notable edema of the lower limbs, 2 had genital lesions, 2 had lymph node involvement, and 1 presented an anaplastic form of classic KS. All the patients were given 20 mg/m² every 21 days and the duration of therapy varied according to how long it took for positive patient reaction (from 7 to 8 dosages). One patient had complete remission of nodular lesions and all the remaining patients had substantial improvement not only of clinical lesions but also of edema. These findings, when we consider that these subjects all suffered from generalized CKS and suffered only mild side-effects from the treatment, would lead us to support the usage of pegylated liposomal doxorubicine in the treatment of CKS, alongside traditional therapies.

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Topical Treatment of Cutaneous Pseudolymphoma – Report of Two Cases
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Cutaneous pseudolymphoma refers to a heterogenous group of benign reactive T- or B-cell lymphoproliferative diseases of the skin.
Two patients, each one with a single lesion, have been examined. A 74-year-old man presented with a 6-month history of a pruritic tumor on the left arm after an insect bite. A 56-year-old woman presented with a 5-year-history of a papulonodular eruption on the face. Histology, immunohistochemical analysis, T-cell receptor rearrangement analysis and immunoglobulin chain gene rearrangement by polymerase chain reaction technique or by Southern blotting, confirmed that the first lesion was a T-cell pseudolymphoma and the second a B-cell one. The first one was treated with daily topical application of pimecrolimus 1% cream and the second one with triamcinolone acetonide 0.1% cream for 1 month. A follow-up of six years showed no evidence of recurrence or any systemic disease. Topical treatment for patients with single lesions of histological and immunohistochemical diagnosed pseudolymphomas is considered easily accepted by the patient, is effective and without important side effects.

P77
Primary MALT Type Skin Lymphoma – Is Wait and See a Possible Strategy?
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Primary Cutaneous Immunocytoma (Marginal Zone B-Cell Lymphoma) is characterized by a proliferation of small lymphocytes, lymphoplasmacytoid cells, and plasma cells, showing monotypic cIg on paraffin sections. In the REAL classification they are classified as extranodal marginal zone B-cell lymphomas or MALT type lymphomas.
We report a case of a 42-year-old white man with multiple subcutaneous tumors located on the trunk and neck. The histopathological exam showed a non-epidermotropic, dense lymphocytic infiltrate. Cytologically, the infiltrate was polymorphous, mainly of B-cell phenotype with marginal zone B cells. CD20+ cells were often observed. There was not present monotypic expression of light chains. The bcl-2 mutation was absent. Investigation for other extranodal MALT lymphoma gastrointestinal tract, lung, salivary and thyroid glands was negative. The patient refused radiotherapy, but he accepted every 6 months close follow-up. Over a five years period, we noticed a progressively disappearance of the skin lesions. The necessity of aggressive treatment of this disease with excellent prognosis is discussed.