Presenter: Prapawan Chawvavanich, M.D.

Consultant: Somyot Charuwichitratana, M.D.

Reference :

- 1. Longley J., Duffy TP., Kohn S. The mast cell and mast cell disease. J Am Acad Dermatol 1995; 32: 545-57.
- 2. Stern RL., Manders SM., Buttress SH., Heymann WR. Urticaria Pigmentosa Presenting with Massive Peripheral Eosinophilia. J Pedriatr 1997; 14: 284-86.
- 3. Leaf FA., Jaecks EP., Rodriguez DR., Bullous Urticaria Pigmentosa. Cutis 1996; 58: 358-60.
- 4. Schneider I., Schwartz RA. Mast Cell Disease. Cutis 1997; 59: 63-66
- 5. Kolde G., Sunderkotter C., Luger TA. Treatment of urticaria pigmentosa using interferon alpha. Br J Dermatol 1995; 133: 91-94.
- 6. Allisan MA., Schmidt CP. Urticaria pigmentosa, review. Int J Dermatol 1997; 36: 321-2

case shospital Dermatology Conference

A 16 year old Thai man from Bangkok

CC: pigmentary changes on his skin for 6 months

PI: 6 mo.PTA. He was presented with multiple discrete oval shape erythematous papules on his trunk and extremities. He was no any symptom. The lesions gradually became slate gray color and have not disappeared.

1 mo.PTA. He has continually got new erythematous lesions on his extremities. Some lesions became slate gray.

PH. He worked at the mechanical factory 3 years ago. Now he is a messenger. His colleges have no lesions. No history of drug ingestion or substance contact.

FH. No family history.

PE. Multiple discrete slate gray macules and patches varying in size on face trunk extremities.

No lesions on scalp, nail and mucous membrane.



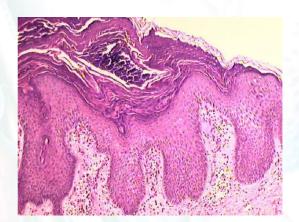


Fig. 9.1 Fig. 9.2

Histopathology: Slide No. 41-1237

Hypergranulosis, mild acanthosis, numerous necrotic keratinocytes and vacuolar alteration of basal cell layer in association with superficial perivascular and infiltrate of lymphocytes and melanophages in upper dermis.

Microscopic Diagnosis: Aute lichenoid dermatitis.

Diagnosis: Erythema dyschromicum perstans.

Presenter: Kittinan Samuthrsindh, M.D.

Consultant: Natta Rajatanavin, M.D.