

P1136**Coexistence between actin granuloma and annulare granuloma in two patients**

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Actinic granuloma is an unusual disease. It has been defined as a disease localized in chronically sun-damaged skin, with the presence of giant cells, degeneration and phagocytosis of elastic fibers in the biopsy specimen, and low response to topical corticosteroids. Actinic granuloma and annulare granuloma have been considered either as separate entities or as features of the same disease. Herein, we report two patients: a 48-year-old woman with a 15-year history of the disease and a 76-year-old man with a 16-year history of the disease. Both of them had clinical and histopathologic diagnosis of actinic granuloma and annulare granuloma at different periods. The lesions were mainly localized in sun-damaged skin with some lesions on the rest of their bodies. Neither patient responded to topical corticosteroids. Several biopsies were performed that confirmed the diagnoses of annular granuloma and actinic granuloma in both patients. The existence of actinic granuloma as a distinctive entity from annular granuloma is controversial. Our cases could suggest that actinic granuloma, found in-sun exposed areas, are annulare granuloma modified by sun radiation.

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P1137**Assessing adherence to dermatology treatments: A review of available self-report measures**

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Background: Nonadherence to prescribed medications is a common problem in dermatology, and assessing adherence can be difficult. Electronic monitors are not always practical, but self-report measures may be less reliable.

Purpose: To review the literature for self-report instruments used to measure medication adherence in patients with chronic disease.

Methods: A PubMed literature search was conducted using the terms "scale," "measure," "self-report," and "medication adherence." Relevant articles were reviewed and selected if they addressed self-report measures of adherence in chronic disease.

Results: Eleven self-report instruments for the measurement of adherence were identified. Four were validated using electronic monitors. All produced an estimate of adherence that correlated with actual behavior, though this correlation was not strong for any of the measures. None of the scales was tested in patients who had dermatologic disease and/or used topical medications.

Conclusions: While several self-report measures of adherence have been validated in chronic disease populations, their relevance in dermatology patients has not been studied. A dermatology-specific instrument for the measurement of adherence would contribute to improved outcomes; until such a tool exists, researchers and clinicians should consider nonadherence as a possible factor in skin disease that is not responsive to treatment.

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P1138**Methylaminolevulinate photodynamic therapy for granuloma annulare: A case report**

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Granuloma annulare is a benign noninfectious granulomatous dermatosis characterized by a ring of asymptomatic skin-colored or erythematous papules, affecting most frequently the upper and lower extremities. Generalized forms of the disease have a later age of onset, a low tendency for spontaneous resolution, and a poorer response to therapy. Although the etiology and pathogenesis of granuloma annulare are not fully understood, many hypotheses have been postulated. Its association with diabetes mellitus has not been completely clarified. We report the case of a 46-year-old white diabetic woman who presented with a long-lasting history of multiple disseminated granuloma annulare lesions. After failure of conventional topical therapies, treatment with methylaminolevulinate photodynamic therapy was tried. There was significant improvement of the lesions with flattening and less erythema after a few treatments. There were no major side effects. There are no large, well designed, randomized controlled trials on the treatment of granuloma annulare. Therapeutic modalities often remain unsatisfactory and can be accompanied by potentially hazardous side effects. Encouraging case reports about the successful effect of photodynamic therapy in generalized granuloma annulare have been published, suggesting that it is a viable therapeutic option in these cases. The case reported here is another one of these cases.

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P1139**Henoch–Schönlein purpura of unusual location**

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Introduction: Henoch–Schönlein purpura (PHS) is the most frequent small vessel leukocytoclastic vasculitis in childhood. It is rare in adulthood and has a poorer prognosis when it occurs in this age group. It is characterized by nonthrombocytopenic palpable purpura, arthritis and/or arthralgia, abdominal pain, gastrointestinal bleeding, and/or nephritis. In some cases, an allergic cause can be detected. The skin lesions are present in 100% of cases either in the form of palpable purpura or in other forms of rash, in most cases located predominantly in the lower limbs. In general, the trunk is spared. The vasculitis may be associated with the presence of infectious agents and the beta hemolytic streptococcus group A is the most common of them. Other infectious agents involved are: parvovirus B19, *Mycoplasma pneumoniae*, *Yersinia* spp., *Campylobacter jejuni*, and *Helicobacter pylori*. Other triggers of the disease are contact with specific food allergens, such as dyes and preservatives, drugs, and vaccines.

Reason for the communication: Report of a case with an unusual presentation and location of lesions.

Case report: A 40-year-old white male who was born in Rio de Janeiro presented with numerous purpuric erythematous papules on the palmar regions without itching and systemic manifestations. The lesions appeared 1 day after the patient ingested wine and Roquefort cheese. The histopathologic examination revealed perivascular dermatitis with a predominantly lymphocytic infiltrate associated with marked edema in the papillary and superficial reticular dermis and extravasation of red blood cells. In addition, a mild lymphocytic exocytosis was observed in the epidermis. Laboratory tests revealed a cell blood count and renal function tests that were in the normal range.

Discussion: The diagnosis of PHS is essentially clinical, but biopsy and immunofluorescence can be used as complementary methods in the elucidation of this case, revealing the presence of leukocytoclastic vasculitis and IgA in the wall of blood vessels, respectively. The laboratory changes were nonspecific: moderate anemia, changes in the urinary sediment, increased 24-hour urinary protein measurement, and elevated levels of BUN and creatinine. The treatment duration was 1 week, and it was performed with prednisone 60 mg per day initially, then the dose was reduced to 40 mg per day.

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