Warty dyskeratoma is a benign epidermal proliferation that presents as a single skin colored papule or nodule with a central keratotic plug on the face or neck. Multiple warty dyskeratosmas are very rare mostly seen on the scalp, only five cases are reported till 2014. This is a case report of a 62-years-old male with multiple warty dyskeratoma on the scalp, chest, abdomen and lower back with histological findings consistent with warty dyskeratoma.

**Comparative study between fractional carbon dioxide laser versus intralesional steroids injection in treatment of alopecia areata**

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**Background:** Effective treatment options for alopecia areata (AA) are missing. Few studies have reported the use of Fractional Carbon Dioxide (FCO2) laser for treating AA; however, the effectiveness of this therapy on a theoretical basis has not yet been comparatively analyzed. OBJECTIVE: We aimed to evaluate the therapeutic effect of FCO2 laser in AA and compare it with intralesional corticosteroids (ILCs) injection.

**Materials and methods:** Twenty patients with at least 2 patches of AA were collected for the study. The 1st patch was treated by Fractional CO2 laser session repeated every 2 weeks for 3-6 sessions. Meanwhile, the 2nd patch was treated with intradermal injection of Triamcinolone Acetonide every 1 month for a maximum of 3 sessions. Evaluation of the treatment response was done by physician clinical assessment through comparing patient’s photographs using Mean Improvement Score by Physician (MISP), patient satisfaction using a 10 point Visual Analogue Scale (VAS) and Folliscope examination (hair density “hair/cm²”) before each session and 3 months after the end of the sessions.

**Results:** At the end of the study, there was a highly significant improvement (p < 0.001) with FCO2 laser rather than ILCs injection 3 months after the last session according to MISP, patient satisfaction and hair density by Folliscope. We found that upon treatment with FCO2 laser 35% of cases showed excellent improvement, 25% showed complete recovery, 15% showed marked improvement, 15% showed moderate improvement and 10% had minimal improvement according to MISP, while with ILCs about 55% of cases showed no or minimal improvement and 45% of cases showed moderate improvement. There was a highly significant patient satisfaction with FCO2 laser (a median of 9) compared to ILCs (a median of 3). Furthermore, there was a highly significant increase in hair density according to folliscope examination 3 months after last session with FCO2 laser (a median of 39.50) rather than ILCs (a median of 11.50).

**Conclusion:** Our results suggested that FCO2 laser could be a better therapeutic alternative without serious side effects for treating AA in comparison to the traditional ILCs injection.

**Systemic lupus erythematosus presenting as Stevens-Johnson syndrome: a case report**

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Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are two life-threatening immune-mediated severe cutaneous adverse drug reactions characterized by different extents of epidermal necrosis and mucosal breakdown [1]. Other rare causes such as systemic lupus erythematosus (SLE) and infections have been implicated, [2] with only a few cases reported in the literature. We report a case of a 21-years-old male patient who presented to the ER with gradual onset generalized dusky erythema (more severe in sun-exposed areas), erosions, mild oral ulcers and positive nikolsky sign. Complete blood count showed pancytopenia. The patient was diagnosed as Stevens-Johnson Syndrome and he received treatment with improvement of the skin and oral lesions. The patient had no causal drug history. 2 months later, he presented with erythematous patches of the face, weight loss, arthralgia and epistaxis. Histopathological examination of the skin lesions showed features of discoid lupus erythematosus. Laboratory investigations showed positive ANA, Anti-ds DNA, anti-Ro, anti-La, anti-smith and anti-histones antibodies. The patient was diagnosed as SLE with initial presentation as SJS.


**Juvenile hyaline fibromatosis: a case report**

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Juvenile Hyaline Fibromatosis (JHF) is a rare hereditary disease with progressive course that should be highly suspected in any patient with early onset papulonodules, joint contractures and gingival hypertrophy. The gene that causes JHF has been mapped to 4q211. 2. We report a 2-year-old male child presented with erythematous patches over the nape of the neck and in the peri-anal area of gradual onset and progressive course together with gingival hypertrophy, joint contractures and osteopenia noted in limb x-rays. Microscopically, there were benign spindle cells with background PAS positive ground substance. These