P250  A Case of Nasal Glioma
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Congenital midline nasal masses are rare lesions, occurring once in every 20,000 to 40,000 live births. Of these, encephalocele, nasal glioma, and dermoid cysts are the most common and have a potential intracranial extension. Nasal gliomas are rare, benign, congenital tumors that are thought to be the result of an abnormality in embryonic development. Nasal gliomas and nasal encephaloceles have a similar embryological origin but, nasal gliomas are ectopic sequestrated tissue that lost their intracranial connection.

A 2-month-old female patient presented with firm, noncompressible, pinkish, 0.6 cm-diameter, protruding mass on the glabella from birth. MRI was performed, but no intracranial connection was indicated. Histopathological finding showed an encapsulated pale-staining fibrillary glial tissue and normal astrocytes, gemistocytic astrocytes, fibrillary astrocytes, and neurons embedded in a fibrillary glial tissue.

Immunohistochemically, the glial tissue and astrocytes are positive for GFAP (glial fibrillary acidic protein) and neurons are positive for NSE (neuron-specific enolase).

P251  Metastatic Cancer of the Skin in Korea
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Background: Metastatic skin cancer may have profound diagnostic, therapeutic, and prognostic significance.

Objective: We studied patients with metastatic skin cancer in Korea to determine the relative frequencies of metastatic skin cancer according to the type and location of the primary tumor and the site of the cutaneous metastasis.

Methods: We reviewed medical records and histologic materials of 68 patients with metastatic skin cancer in Catholic University Hospital from January 1991 to March 2001.

Results and conclusions:
1. Of 61218 patients with internal malignancy, 68 (0.11%) had metastatic skin cancer.
2. The mean age at diagnosis was 64.7 in male and 58.2 in female. Male to female ratio was 1:2.2.
3. Breast carcinoma was by far the most common primary neoplasm resulting in skin involvement and accounted for 31 (45.6%) of total cases and 63.8% of the cases in women.
4. The most common clinical presentation is a nodule (26.5%) or multiple nodules (64.7%) although carcinoma erysipelatoides (4.4%) and carcinoma en cuirasse (4.4%) were also seen.
5. Histopathologic examination most frequently revealed adenocarcinoma (70.6%) that was sometimes suggestive of the site of origin.

P252  Factors Influencing Diagnostic Yield in Calciphylaxis: A Review of 40 Biopsies
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Background: Skin biopsy is often performed to confirm the clinical suspicion of calciphylaxis, a potentially fatal disease; however, in some settings, biopsies have been of low diagnostic yield, with a high proportion of non-specific findings.

Objective: To examine the hypothesis that the mode of skin biopsy influences the diagnostic yield for calciphylaxis.

Design and Setting: A retrospective cohort study of 40 histologic specimens from 15 patients at a tertiary care hospital.

Patients: Fifteen patients were identified who met the following inclusion criteria: arteriolar calcification and evidence of ischemic tissue damage (necrosis, hemorrhage, or thrombosis). All 15 patients were receiving hemodialysis.

Main Outcome Measures: The sensitivity of punch, incisional, and amputation/debridement specimens in diagnosing calciphylaxis was determined, and was correlated with the amount of subcutaneous tissue included in the biopsy.

Results: Of the 13 punch biopsies examined histologically, only 5 (39%) were diagnostic of calciphylaxis while 12 of 16 (75%) incisional biopsies and 8 of 11 (73%) amputation/debridement specimens were diagnostic. All incisional biopsies, but only 6 of the 13 punch biopsies, demonstrated a large amount of subcutaneous tissue. Four of the 5 diagnostic punch biopsies included a large amount of subcutaneous tissue. The arteriolar calcification characteristic of calciphylaxis was not found in the dermis in any specimen.

Conclusion: Incisional biopsy predictably provides a large amount of subcutaneous tissue and is the optimal biopsy technique for the diagnosis of calciphylaxis.