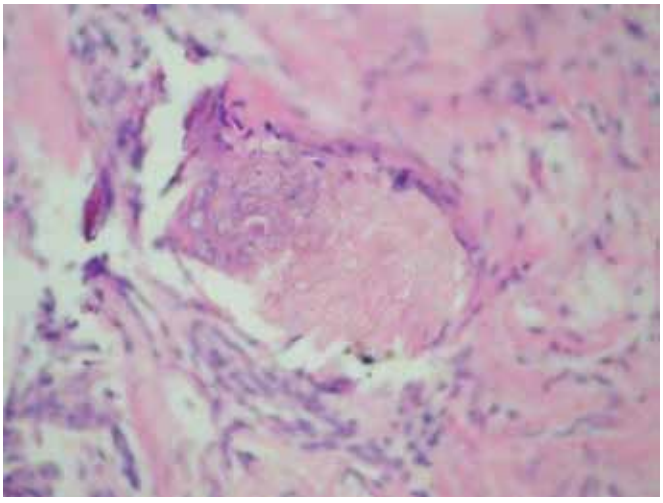
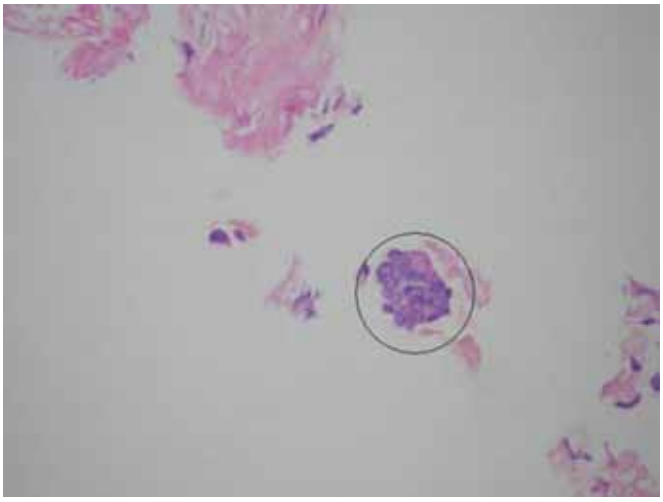
periphery, there were focal areas of basaloid cells (figure-2). The pathological diagnosis was pilomatrixoma. No recurrence has been observed during 8 months' follow-up.

Conclusion Although pilomatrixoma occurs mostly in children, general pediatricians are not as well informed about this tumor as are dermatologists and otolaryngologists. We report this case for the benefit of pediatricians.



Abstract 626 Figure 1



Abstract 626 Figure 2

627 INITIAL EXPERIENCES WITH PROPRANOLOL TREATMENT OF INFANTILE HEMANGIOMAS: REPORT OF EIGHT CASES

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Background The infantile hemangioma (IH) is the most common benign vascular tumor in children. The most cases do not require therapeutic intervention. However, 10% of these cases require a treatment because of a life-threat, a functional trouble, a local complication or esthetic risk. We study the efficiency of Propranolol in the control of infantile hemangioma.

Methods Eight infants presented with 8 infantile hemangiomas treated by oral propranolol at a dose of 2 mg/kg body weight per day. Treatment outcomes were clinically evaluated.

Results The treatment was initiated during infancy in all cases (mean, 12.7 months). five patients were treated with 2 mg/kg per day, and three with 3 mg/kg per day Patients were monitored at initiation of treatment The first noticeable effects on propranolol treatment were the changes in color and softening of hemangiomas, followed by regression of their sizes and deep. Response to treatment was favorable; five showed total regression and in three cases a partial regression The average treatment duration in the remaining patients was 6.1 months. no adverse events were reported.

Conclusion Propranolol is an efficacious therapy for infantile hemangiomas. Risks and complications appear moderate. Prospective controlled trails are necessary to observe the effects on a long-term basis.

628 CUTANEOUS SARCOIDOSIS ON A THREE YEARS OLD CHILD

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Background Sarcoidosis is a multisystemic granulomatous disorder characterized by the presence of noncaseating granulomas in tissues such as the skin, lung, lymph nodes, eyes, joints, brain, kidneys and heart. Sarcoidosis is a rare disease in paediatric age, with an incidence of 0.06/100.000 habitants, in children younger than four years of age. Cutaneous involvement is more common in the pediatric population than in adults. Skin may be involved in 80% of affected children.

Case Report The AA present the case of a three years old girl, with unremarkable personal or familiar medical background, that presented a facial nonexsudative maculopapular lesion after insect bite. Four months later, in spite of various therapeutic approaches, the lesion was larger with erythematous-violaceous papules. She had no systemic symptoms.

The patient was referred to dermatology. Skin biopsy identified histopathologic features consistent with sarcoidosis. Pulmonar and ophthalmologic examination were normal. Serum angiotensin converting enzyme level was elevated.

She started oral prednisolone 1mg/kg/d with clinical improvement after one month.

Conclusion Dermatological manifestations of sarcoidosis should be considered in differential diagnosis of various chronic skin conditions such as eczema, acne or infections. The risk of development of systemic sarcoidosis in patients who present with the disease limited to the skin is unknown. However studies have shown that younger children have more risk of develop more serious sequelae.

629 CALCINOSIS CUTIS OF LOWER EXTREMITIES

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We present a 16 months old albanian female with firm nodules along her lower extremities, two months ago from now. No history of trauma or recent infections. Life history has no remarkable data, no medicaments has been used during pregnancy. Antirachitic prophylaxis just three months, 400 UI/day. First steps, by age of 14 months. Family history unremarkable. No consanguinity. Physical examination: weight and stature on 50 centile. Hypertrichosis on the upper parts of the body and forehead. No other skin changes. All along the lower extremities are some hard, no sensitive nodules, different sizes and symmetrical spread all over the legs more expressed along crural region. Feels like cobbled when touched. Muscles are slight atrophic. Joints have normal range of motion with no walking difficulty. Other systems examination was unremarkable. Thyroid hormones, parathyroid hormone, Phosphor, Ca total and ionized, Total Proteins, Albumins, Lipidogram, Rheumatoid factors, ANA, CPK in the normal range. Other biochemical and microbiological parameters