Case 1a

An 11 years old Thai student from Bangkok

Chief Complaint : He has had red spots on his face for 7 months.

Present Illness :

7 months ago he noticed a few asymptomatic red spots on the right sided of his face which also extended to his neck.

2 months ago he went to a GP clinic and was given topical steroid for 1 week without any improvement.

Systemic Review : healthy

Family history nil

Physical Examination :

alert, young Thai male

Not pale, no jaundice.

No hepatomegaly.

Dermatologic Exam : patches of superficial, blanchable telangiectasias arranged in linear pattern at cheek and post auricular area

Histopathology : Slide No. S04-2232

vascular telangiectasia was noted.

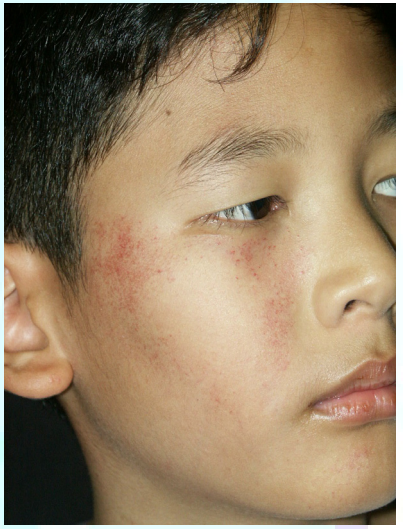

Fig 1a.1

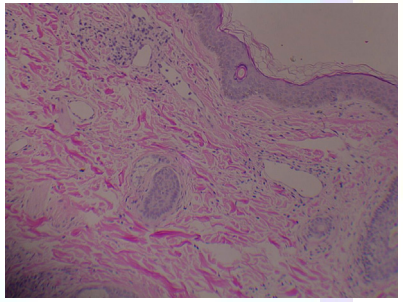

Fig 1a.2

Investigation: pending

CBC

LFT

Hepatitis B and C profiles

Treatment:

Flashlamp-Pumped Pulsed Dye Laser 595 nm (V-beam) 7 sessions

Case 1b

A 15 years old Thai man

Chief Complaint :

He has had red spots on the left side of his neck since birth.

Present Illness :

His mother noticed this red spots since birth.
The lesions gradually expanded and they were more prominent with vigorous exercise or in hot temperature.

Physical Examination :

alert, young Thai male
Not pale, no jaundice.
No hepatomegaly.

Dermatologic Exam : patches of superficial, blanchable telangiectasias arranged in linear pattern at the left lateral neck (C3)

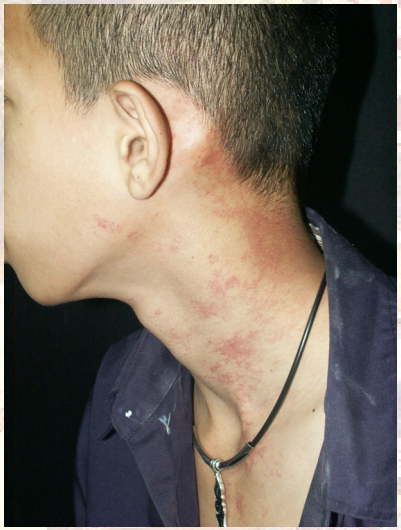

Fig 01b.1

Investigation:

CBC : Hct 42.3%, WBC 5,820 cells/ml (N58%,L29%) , Plt 260,000/ml

LFT : AST 18 U/L, ALT 22 U/L GGT, 26 U/L, TB. 0.5 mg/dL, DB 0.1 mg/dL

Hepatitis B and C profiles : negative

Treatment:

Flashlamp-Pumped Pulsed Dye Laser 595 nm (V-beam) 4 sessions

Case 1c

A 48 years old Thai man

Chief Complaint :

He noticed haring red spots at the right side of chest and arm for more than 25 years.

Present Illness :

He noticed asymptomatic red spots at right anterior chest wall and his right arm since he was 20 years old and this lesion expanded slowly during the past year.

Physical Examination :

alert, middle age Thai male
Not pale, no jaundice.
No hepatomegaly.

Dermatologic Exam : patches of superficial, blanchable telangiectasias arranged in linear pattern at the upper chest and right upper extremity (Rt. T1-T3)

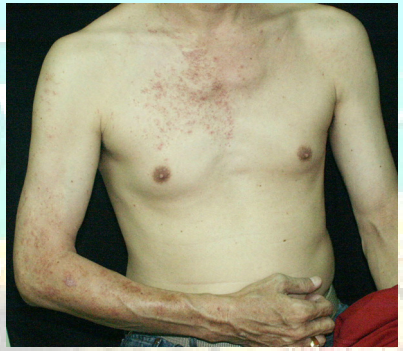
Fig 1c.1

Investigation:pending

CBC
LFT
Hepatitis B and C profiles

Diagnosis: Unilateral nevoid telangiectasia

Treatment: Flashlamp-Pumped Pulsed Dye Laser 595 nm (V-beam) 2 sessions

Presenter: Naphat Bhumiratana
Consultant: Somsak Tanrarrtanakorn

Disscussion :

Unilateral nevoid telangiectasia (UNT) is a cutaneous condition consisting of congenital or acquired patches of superficial telangiectasia in a unilateral linear distribution. Described in 1899 by Blaschko, its segmental pattern suggests a mechanism of somatic mosaicism apparent early in life or unmasked in states of relative estrogen excess, such as that in pregnancy or in chronic liver disease or in puberty period.

In congenital UNT and acquired UNT which are not related to the level of estrogen, the lesions persist. However if cosmeticly desired, vascular laser treatment of the involved areas may be helpful.

Vascular laser such as pulsed dye lasers with longer wavelengths and pulse widths (V-beam) , long pulsed Nd:YAG 1064 nm, long pulsed alexandrite 755 nm, pulsed diode 800-930 nm, pulsed KTP 532 nm have been used for vascular lesions.

We present 3 cases of unilateral nevoid telangiectasia, all are male, two cases have acquired form at 11 and 20 years of age. One case is a congenital type. Patients with acquired type are seronegative for HBV, HCV and had normal liver function test.

All cases were successfully treated with pulsed dye laser (V-beam 595 nm.).

Reference :

1. Alora MB, Anderson RR: Recent developments in cutaneous laser. Lasers Surg Med 2000;26(2):108-18
2. Anderton RL, Smith JG Jr: Unilateral nevoid telangiectasia with gastric involvement. Arch Dermatol. 1975 May;111(5):617-21
3. Happle R: Mosaicism in human skin. Understanding the patterns and mechanism. Arch Dermatol 1993.
4. Hynes LR, Shenefelt PD. Unilateral nevoid telangiectasia: occurrence in two patients with hepatitis C. J Am Acad Dermatol. 1997 ;36(5 Pt 2):819-22
5. Taskapan O, Harmanyeri Y, Sener O, Aksu A: Acquired unilateral nevoid telangiectasia syndrome. Acta Derm Venereol.1997 ;77(1):62-3
6. Uhlin SR, McCarty KS Jr: Unilateral nevoid telangiectasia syndrome. The role of estrogen and progesterone receptors. Arch Dermatol. 1983 ;119(3):226-8
7. Wilkin JK, Smith JG Jr, Cullison DA: Unilateral dermatomal superficial telangiectasia. Nine new cases and a reviewed dermatomal superficial telangiectasia. J Am Acad Dermatol 1983 ;8(4):468-77

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