Case 2

A 49 year-old woman from Bangkok

Chief complaint:

Progressive erythema and hyperpigmentation on neck for 5 years

Present illness:

Slowly progressive erythema and hyperpigmentation on anterior part of her neck have been noticed for 5 years. There is mild itching sensation. She uses perfume without a direct contact with her skin.There is no history of excessive sun exposure or photosensitivity. She has entered menopause for 1 year.

Past history:

Hypertension for 4 years

Medication:

Enalapril 20 mg/day

Family history:

No family history of similar skin lesion

Physical examination:

Skin: well defined red-brown reticulated atrophic and telangiectatic patch on anterior and lateral aspect of neck; areas shaded by the chin are spared

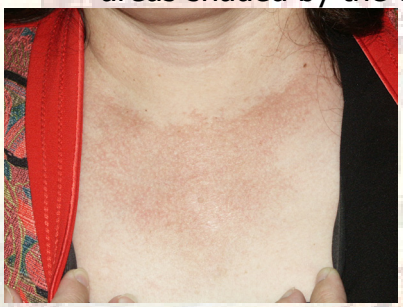

Fig 02.1

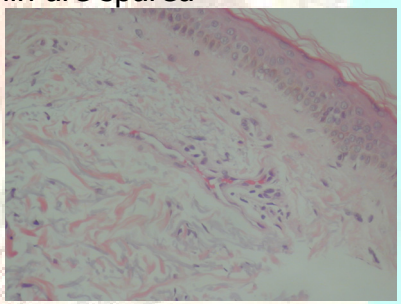

Fig 02.2

Histopathology: (S03-11453)

-Sparse superficial perivascular lymphocytic infiltration
-Mild thinning of the epidermis and increased melanin in basal layer
-Solar elastosis ,dilated blood vessels in upper and mid dermis

Diagnosis: Poikiloderma of Civatte

Presenter: Vasanop Vachiramon
Consultant: Somyot Charuwichitratana

Discussion:

Poikiloderma of Civatte refers to erythema associated with a mottled pigmentation seen on the sides of the neck, most commonly in women. Civatte first described the condition in 1923[1].

Etiology and pathogenesis of poikiloderma of Civatte are still incompletely understood. Cumulative solar radiation[2,3,4], photosensitizing chemicals in perfumes and cosmetics[5], genetic predisposition[6] and possible hormonal factors have been implicated in pathogenesis of poikiloderma of Civatte.

Histologic findings show moderate thinning of the stratum malphigii, hydropic degeneration of the basal cell and effacement of the rete ridges. In the upper dermis, an inflammatory infiltrate is composed of lymphocytes with few histiocytes, in addition to pigment incontinence. In late stages, a thin flattened epidermis, dilated blood vessels, and solar elastosis in the upper dermis are demonstrated.

No specific treatment exists for poikiloderma of Civatte. Educating the patient about avoiding sun

exposure and the proper use of sunscreens are important. However erythema, telangiectasia and pigmentation respond well to an intense pulsed-light[7,8] (IPL) source, flashlamp-pumped pulsed-dye laser[9,10,11](FPDL 585 nm.) and potassium titanyl-phosphate[12](KTP)laser. Attempt to correct the disorder using electrosurgery, cryotherapy and argon laser have been unsuccessful.

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