

CASE 13

A 29-year-old female from Bangkok

Chief complaint:

Multiple erythematous macules at extremities and V-shape area for 12 years.

Present illness:

Twelve year ago, she developed asymptomatic small red macules on both of her legs that spread up to her arms and V-shape area of neck.

Past history:

She refused personal illness.

She refused history of topical steroid application or other drug usage.

Family history:

All members are healthy .No similar lesions in her family members.

Physical examination:

General appearance A young Female patient, cooperative

HEENT. Not pale, Not icteric

No lesions on oral mucosa

Skin: Multiple discrete erythematous blanchable macules on thighs, forearms and dorsa of hands and V-shape, with few telangiectatic lesions



Fig. 13.1

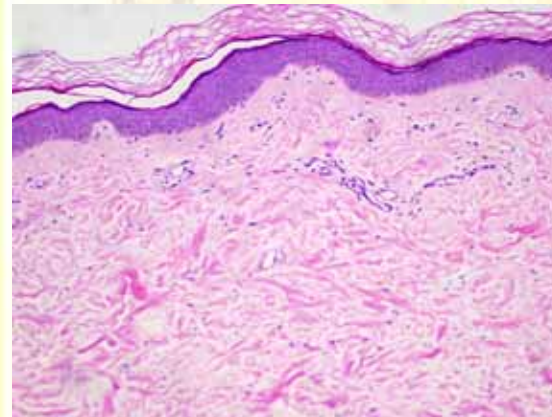


Fig. 13.2

Histopathology: (06-08689)

Sparse, superficial perivascular infiltration with lymphocytes, with few dilated vessels in the upper dermis

Diagnosis: Generalized essential telangiectasia

Treatment: Pulse dye laser

Presenter: Sarawut Boonpasat

Consultant: Penpun Wattanakrai

Discussion:

Generalized essential telangiectasia is a rare condition. 70% of the patients are female. Lesion may be diffused, localized, macular plaque-like, discrete or confluent. The lesion often develop on lower limbs and slowly progress upwards to involve the trunk and upper arms. Numbness, tingling or burning have been reported. Unlike hereditary hemorrhagic telangiectasia, it usually lacks hemorrhage and is not associated with any internal involvement and does not affect the patient's health. The treatment is for cosmetic concern but can be difficult to eradicate due to its generalized nature and relapse. The treatment can be started from compression stocking, systemic tetracycline, minocycline and vascular laser (Long pulse, frequency doubled Nd:Yag laser and pulse dye laser)

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References:

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