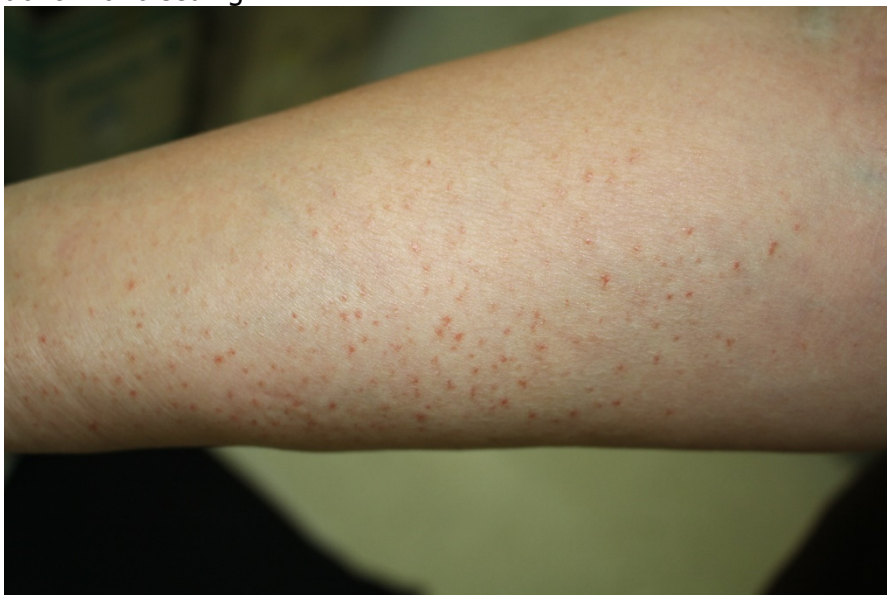
Case 21
A 63 year-old Thai woman from Phetchaburi
Chief complaint: Progressive erythematous pinpoint macules on legs, trunk, and arms for 1 year

Present illness:
One-year prior she notices multiple asymptomatic tiny erythematous macules on her lower legs then slowly progress to involved thigh, trunk and arms. The otherwise are normal, no abnormal bleeding.

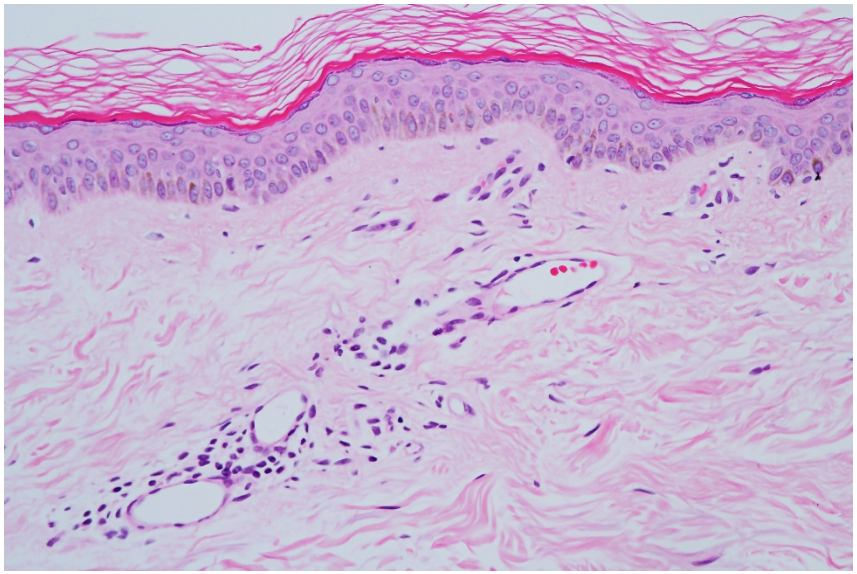


Past history:
- She was diagnosed with pigmented purpuric dermatosis on both lower legs for 10 years.
- There was no liver disease, current medication includes Aspirin (81) 1x1 po pc, Losartan (50) 1x1 po pc, Rosuvastatin (10) 1x1 po hs, $CaCO_3$ (1,250) 1x1 po pc, vitamin D_2 (20,000) 1 cap po weekly, Carbamazepine (400) 1x1 po pc, Clonazepam (1) 1/4x1 po hs, Paroxetine (20) 1x2 po pc, Pregabalin (75) 1x1 po hs, Glucosamine (1,500) 1x1 po ac

Physical examination:
HEENT: Not pale conjunctiva, anicteric sclera
Heart and lung: Normal
Abdomen: No hepatosplenomegaly

Dermatological examination:
- Multiple discrete punctate partial blanchable macules on both legs, trunk and arms. No cutaneous liver stigmata.

Histopathology: (S16-19331A, left groin)



- Increased number of dilated capillary vessels in the upper dermis.

Laboratory:

CBC WBC 6,350 /mm^3 (N 59 % L25 % Mono 13 % Eo 3 % Ba 2 %) Hb 14.5 g/dL Hct 46.8 % Platelet 222,000 /mm^3
LFT ALP 151 U/L GGT 71 U/L AST 27 U/L ALT 25 U/L

Diagnosis: Vascular ectasia compatible with angioma serpiginosum

Treatment: Reassure patient about this benign condition

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Discussion:

Histopathological diagnosis was vascular ectasia which consistent with telangiectasia. The cause of telangiectasia are classified into primary and secondary telangiectasia. After exclusion of secondary cause of telangiectasia included physical changes or damage, skin diseases, hormonal/metabolic and systemic condition, a primary telangiectasia was diagnosed. Angioma serpiginosum and essential telangiectasia both are in this group.

Angioma serpiginosum typically affects female patients during the first two decades of life. Characterized by asymptomatic, multiple, small, non-palpable, deep-red to purple punctate macules occur in small clusters and sheets arrangement. The arrangement and extension of the lesions may produce a serpiginous pattern. The extremities are most commonly affected.

Essential telangiectasia typically affects adult women. A sheets of asymptomatic blanchable telangiectasias are initially affected the limbs, especially the distal lower extremities, then progression proximally and usually symmetric.

Both conditions are histological undisguisable. According to clinical presentation with punctate telangiectasia the patient was diagnosed with angioma serpiginosum.

Angioma serpiginosum is a rare, benign, acquired, vascular nevoid condition that was first described by Hutchinson in 1889 with a characteristic appearance. It is usually sporadic, but familial cases have been reported.[1, 2] The pathogenesis of angioma serpiginosum is unknown. Proposed theories included abnormal vascular response to cold exposure[3], increased levels of estrogen are postulated to play a role in the development of lesions because most cases are female and rapidly progress during pregnancy. However, immunohistochemical analysis revealed the absence of estrogen and progesterone receptors within the involved blood vessels and normal hormonal assays has been documented in one case report[4].

Multiple, minute copper-colored deep-red to purple angiomatous puncta in small clusters and sheets often in a serpiginous pattern is the classical characteristic. But it may manifested as extensive involvement,[25] or distributed in linear or Blaschko's lines pattern.[6, 7] The lesions are predominantly located on the lower extremities and buttocks, sparing the palms, soles, and mucous membrane. Initially with a unilateral distribution then may become more widespread. The palms, soles and mucous membranes are not involved, trunk may also affected.

The clinical differential diagnoses were pigmented purpuric dermatoses, particularly the Majocchi's variant, which favor lower extremities and histologically show hemosiderin deposition, extravasation of erythrocytes and features of inflammation. Unilateral nevoid telangiectasia is manifested with blanchable telangiectatic macules usually confined to the trigeminal or upper cervical dermatomes. Angiokeratoma is characterized by hyperkeratosis and papillomatosis which absent in our case. Essential telangiectasia manifested as asymptomatic blanchable telangiectasias initially involved the limbs, especially the distal lower extremities then often progress proximally.

Histological findings revealed clusters of dilated non-

inflamed capillaries in the dermal papillae. The epidermis appears normal, and there is no associated inflammation or hemosiderin.

Treatment is not necessary, partial or complete spontaneous regression of the lesions may occur. Good response to pulsed dye laser[8] and 532 nm potassium-titanyl-phosphate lasers[9] have been reported.

References

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