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CASE REPORTS

GENERALIZED ESSENTIAL TELANGIECTASIA

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A 24-year-old lady had extensive telangiectases in the skin of both the upper and lower limbs, trunk and face for the last 14 years. There was no associated change in the skin or other organs. Haemorrhage from the skin or mucous membranes never occurred. Family history was negative.

Key words: Telangiectasia, Generalized essential telangiectasia.

Generalized essential telangiectasia consists of widespread telangiectasia of the skin without involving other organs.[1] The ailment starts usually in late childhood or early adult life, and predominantly in the females.[2] Extremities are common sites but conjunctiva and oral mucosa may also be involved.[3] Haemorrhage into skin or mucous membranes is usually absent. Family history is negative. Demonstration of the absence of alkaline phosphatase activity has led to the hypothesis that generalized essential telangiectasia is possibly analogous to varicose veins at the venule level.[2] Shelley[4] cured a case with oral tetracycline therapy. Ayres[5] claimed that his case recovered following treatment for chronic sinus infection.

Case Report

A 24-year-old lady had extensive telangiectases, both discrete and confluent, on all her limbs, trunk and face for the last 14 years. The lesions were gradually spreading. Family history of a similar ailment was negative. There were no symptoms. She never had bleeding into skin or mucous membranes, epistaxis, haematemesis, melaena, haemoptysis or intraocular haemorrhage. Menstruation was normal. The lesions were completely blanchable on diascopy. Darier's sign was negative. There were no other associated cutaneous changes. Mucous membranes and conjunctiva were not involved. Liver, spleen and lymph glands were not enlarged. There were no associated chronic sinusitis, cerebellar ataxia or recurrent respiratory tract infections.

Histopathology showed dilated blood vessels, some containing RBCs, in the upper part of the dermis (Fig. 1). Endothelium alone constituted the wall of the vessels. Toluidine blue stain did not show increased number of mast cells. Hemoglobin level and bleeding and coagulation times were within normal limits. Ophthalmoscopy and central nervous system examination showed no abnormality.

The patient was treated with tetracycline 500 mg thrice a day for 3 weeks without any benefit.

Comments

The present case represents an interesting example of generalized essential telangiectasia. Ten per cent of hereditary haemorrhagic telangiectasia may also be present without bleeding, but there is usually positive family

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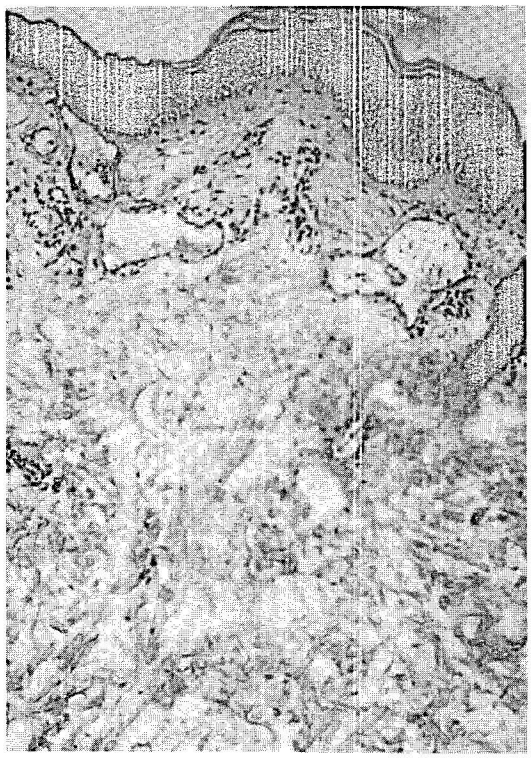

Fig. 1. Dilated blood vessels, some containing RBCs, in the upper part of the dermis (H and E stain × 80).

history and upper half of the body is commonly involved. Telangiectasia macularis eruptiva perstans was excluded by negative Darier's sign and normal mast cell number. This case is not ataxia telangiectasia because of absence of cerebellar ataxia, recurrent respiratory tract infection or family history. Symptoms and signs of other diseases causing secondary telangiectasia were also absent.

In generalized essential telangiectasia, limbs particularly the legs are commonly involved. The present case, however, showed involvement of the trunk and face besides the limbs.

Neither our case had any associated chronic sinus infection nor the case responded to oral tetracycline. Thus, the patient differs a bit from the patients described by Shelley[4] and Ayres.[5]

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