Journal of the Turkish Academy of Dermatology
eISSN 1307-394X

Case Report DOI: 10.6003/jtad.1482c1

A Case of Generalized Essential Telangiectasia with Early Onset

Müzeyyen Gönül,[1]* MD, Seray Külcü Çakmak,[1] MD, Esra Özhamam,[2] MD

Address: [1]Dermatology and [2]Pathology Clinics, Numune Education and Research Hospital, Ankara, Turkey.
E-mail: muzeyyengonul@yahoo.com
* *Corresponding Author:* Dr. Müzeyyen Gönül, Numune Education and Research Hospital, Dermatology Clinic, Ankara, Turkey

Published:
J Turk Acad Dermatol 2014; **8 (2)**: 1482c1
This article is available from: http://www.jtad.org/2014/2/jtad1482c1.pdf
Key Words: telangiectasia, generalized

Abstract

Observations: A 26-year-old woman attended to our outpatient clinic with widespread and progressively enlarging redness, without any subjective complaint and history of hemorrhagic episodes. The lesions had been present since her childhood. Dermatological examination showed patches which consisted of multiple fine telangiectasias on the face, anterior neck, trunk, upper and lower extremities and bilateral palms. She was diagnosed as generalized essential telangiectasia (GET) with medical history, clinical apperance of the lesion and histopathological findings. GET is an uncommon disorder characterized with generalized telangiectasia and it occurs in ages between late thirties to late fourties. We report a case of GET with early onset.

Introduction

Generalized essential telangiectasia (GET) is an uncommon disorder characterized with generalized telangiectasia [**1, 2**]. GET most commonly occurs in ages between late thirties to late fourties [**1**]. We report a case of GET with early onset.

Case Report

A 26-year-old woman attended to our outpatient clinic with widespread and progressively enlarging redness, without any subjective complaint and history of hemorrhagic episodes. The lesions had been present as long as she remembered since her childhood. Her past medical and family histories were not significant and she denied using any drug. Dermatological examination showed irregular shaped and bordered erythematous patches sized between 1-20cm which consisted of multiple fine telangiectasias on the face, anterior neck, trunk, upper and lower extremities and bilateral palms without mucosal involvement (**Figure 1a, b, c**). Histopatological examination of the lesions showed mild ortokeratosis of epidermis and dilatation of vessels in the papillary dermis with minimal mononuclear cell infiltration around the vessels (**Figure 2 a, b**). Complete blood count, basic metabolic profile, thyroid stimulating hormone, erythrocyte sedimentation rate were within normal limits. Anti-nuclear antibody was negative. She was diagnosed as GET with medical history, clinical apperance of the lesion and histopathological findings.

Discussion

Telangiectases are dilatations of capillaries localized in the skin and mucosas. They may occur as primary telangiectasies, without other cutaneous disorders or as secondary features of cutaneous disorders [**3**]. GET is a primary telangiectasia and it must be distin-

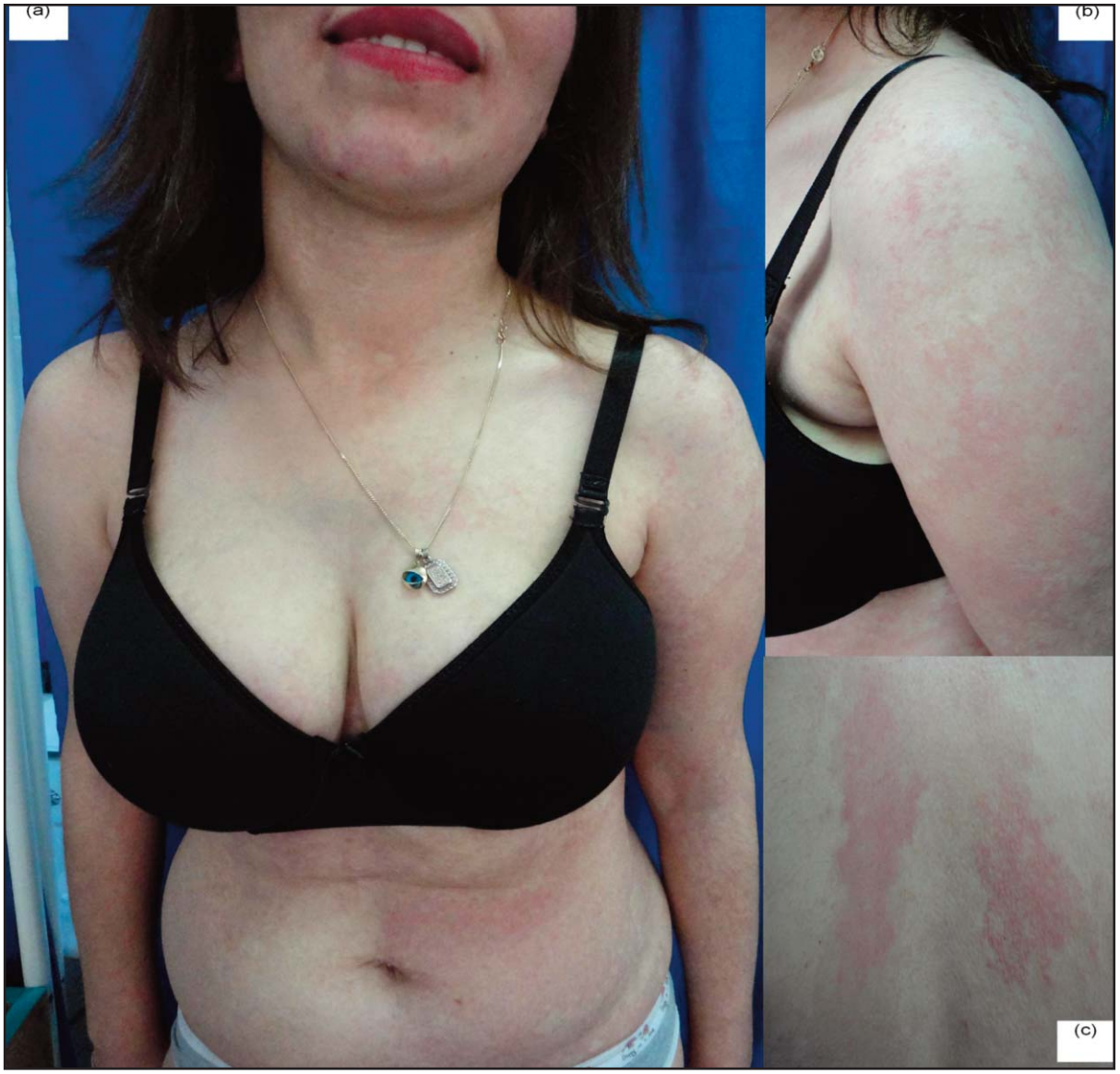

Figure 1. (a) Telangiectatic patches on the face, neck, arm and abdomen of the patients, **(b)** closer appearance of the lesions on the arm, **(c)** closer apperance of the lesions on the back

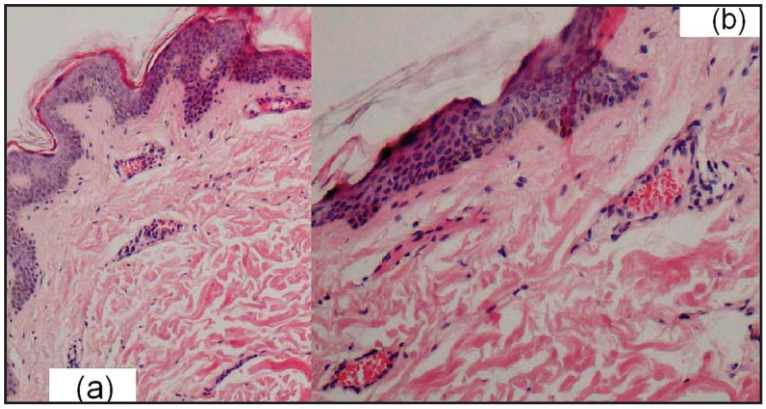

Figure 2. (a) Dilated vessels and minimal mononuclear cell infiltrates around the vessels in the papillary dermis (H&Ex100), **(b)** Closer apperance of dilated vessels (H&Ex 200).

guished from other primary telangiectasias. Hereditary hemorrhagic telangiectasia (HHT) is a more serious telangiectatic disorder that may be associated with mucosal bleeding and it starts with recurrent epistaxis in youth [**1, 2**]. Another primary telangiectasia, hereditary

benign telangiectasia is a rare autosomal dominant disorder characterized by widespread telangiectases which may range from punctate lesions to mats [**4**]. Its lesions show tendency to localized on skin exposed to light such as face, the vermilion border of the lips, neck and upper parts of the trunk [**4, 5**]. Our case was differantiated from these disorders with the lack of associated disease or history of mucosal or lesional bleeding, family history, drug use, and with gradually progressing widespreed sheets of telangiectasia localized on her whole body.

GET occurs generally in the fourth decade of life and its main feature is slow progression over the time [**1, 2**]. In our case, the lesions had begun in childhood and have showed progression over the time. The lesions are usually asymptomatic and more prominent on the lower legs and submammary region [**2**]. Mucosal involvement does not usually appear [**1**]. The pathogenesis of GET is unknown. Histopathology of the lesions shows dilated postcapillary venules in the superficial dermis without any dermal and epidermal pathology. Superficial perivascular mild lymphocyte infiltration may be seen [**1**]. Certain diagnosis may be obtained by clinical and histopathological examination with excluding the other telangiectatic diseases [**1, 2**].

The treatment of GET is difficult because the lesions are widespread. Compression stockings, minocycline or therapy with a vascular laser are therapy alternatives. We suggested vascular laser treatment to our case but because it is not available in our center, we do not know efficacy of the therapy [**1**].

GET may start at an early age and this diagnosis should be kept in the mind in cases of generalized telangiectasia with early onset.

References

1. Gordon Spratt EA, Defelice T, Robinson M, Patel RR, Sanchez M. Generalized essential telangiectasia. Dermatol Online J 2012; 18: 13. PMID: 23286803
2. Long D, Marshman G. Generalized essential telangiectasia. Australas J Dermatol 2004; 45: 67-69. PMID: 14961914
3. Rothe MJ, Grant-Kels JM. Nomenclature of the primary telangiectasias. Int J Dermatol 1992; 31: 320. PMID: 1587658
4. Sredoja Tisma V, Dobrić I, Pasić A. Hereditary benign telangiectasia. Acta Dermatovenerol Croat 2004; 12: 169-172. PMID: 15369642
5. McNicholl F, McMullin MF, Nevin NC, McMillan C. Hereditary benign telangiectasia-first family in Northern Ireland. Ulster Med J 1999; 68: 106-107. PMID: 10661639