

SPOT DIAGNOSIS (IMAGE GALLERY)



NEONATE WITH MARBLED SKIN APPEARANCE

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A full-term male neonate born of non-consanguineous parents was noticed to have reticulated skin lesions involving the whole body two hours after birth. Baby cried immediately

after birth and birth weight was 3.7 Kg. Antenatal period was unremarkable. Physical examination showed a reticulated marbled reddish-purple hue pattern over the trunk, extremities and face sparing the palms and soles, resembling physiological cutis marmorata but was more pronounced and was unvarying in nature (Fig.1). Rest of the systemic examination was unrevealing.

What is the diagnosis?

Cutis marmorata telangiectatica congenita (CMTC), also called Von Lohuizen syndrome or congenital generalized phlebectasia is a rare, benign, sporadic skin lesion that presents at birth or shortly thereafter as a localized or generalized, reticulated, blue-violet, cutaneous vascular network. (1,2) CMTC is a clinical diagnosis and histopathological examination of skin is usually not diagnostic. In contrast the physiological cutis marmorata tends to disappear with rewarming and is not persistent. The other differential diagnosis includes conditions such as Klippel-Trenaunay-Weber Syndrome, neonatal lupus erythematosus, nevus anemicus, livedo reticularis associated with collagen vascular disorder, nevus flammeus, and diffuse phlebectasia. (3) Sometimes CMTC may be complicated with other associated anomalies, for example, macrocephaly, superficial ulceration, glaucoma, hypospadias, syndactyly, multicystic renal disease and cardiac malformations. (4) The disorder is self-limiting and prognosis is usually good and the lesions mostly improve within 2 years after birth. There is actually no specific treatment for the lesions but the laser therapy is under investigation. (3)

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