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GENERALIZED ESSENTIAL TELENGIECTASIA, WIDESPREAD CUTANEOUS TELENGIECTASIES

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Abstract

Generalized essential telangiectasia is a rare, benign condition with an unknown cause. It typically begins in the lower part of the legs and spreads proximally in an ascending manner, which is why it is also referred to as "progressive ascending telangiectasia" in the literature. We present a case involving a 70-year-old patient who was not diagnosed with generalized essential telangiectasia until the age of 70.

Keywords: *Telengiectasia, cutaneous, vascular changes*.

Introduction

Generalized essential telangiectasia is a rare and benign skin condition that typically does not involve systemic symptoms. In most cases, the primary symptom is the appearance of telangiectasias themselves. However, a small subset of patients may also experience tingling sensations and a burning feeling. The aim of this case report is to present a patient recently diagnosed with generalized essential telangiectasia, who has had lesions for 40 years.

Case

A 70-year-old female patient was admitted to the dermatology and venereology outpatient clinic with complaints of diffuse vasodilatation in the whole body, hot flashes after bathing, tingling, and itching. Detailed anamnesis revealed that the patient's lesions had existed for about 40 years, starting below the knee and gradually spreading throughout the upper parts of the body. In the dermatological examination, telangiectatic macules were observed in a diffuse pattern throughout the body, including the cheeks, neck, anterior and posterior trunk, and both upper and lower extremities, not being clustered in any particular area. (Figure-1) The findings indicated a generalized dryness. The oral mucosa appeared normal, but bilateral dilated vascular structures were observed in the conjunctiva. The patient also had Sjögren's syndrome, asthma, and renal failure, all of which seemed to be under control. It was noted that the onset of the aforementioned conditions occurred after the initial appearance of telangiectasias. The patient's platelet count was $343x10^9$ /L, the prothrombin time was 8.07 seconds, and the INR was 0.932. Histopathological examination of the punch biopsy sample taken from the back revealed an increased number of dilated vessels in the papillary dermis. Considering all findings, the patient was diagnosed with generalized essential telangiectasia. The patient was informed about the case report process, and verbal consent was obtained.

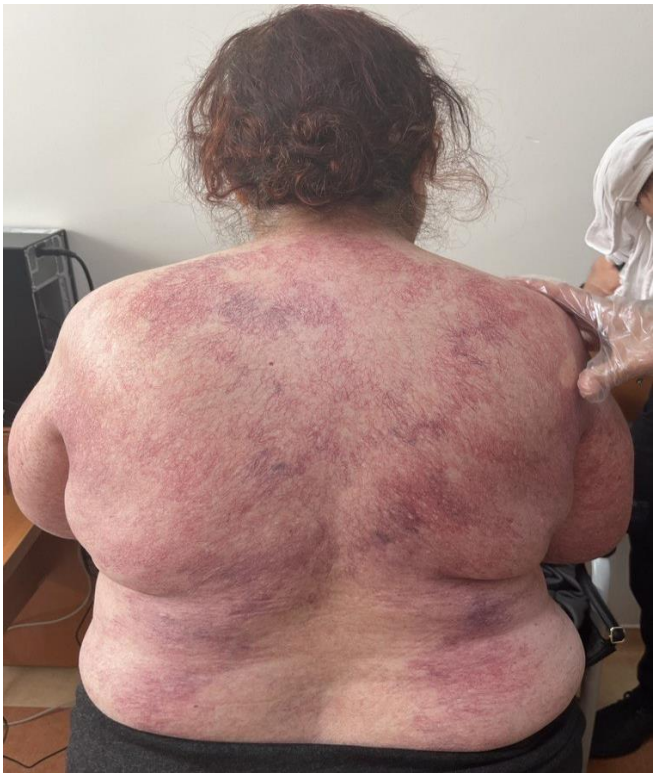

Figure 1a. There are widespread, scattered telangiectatic macules on the back.

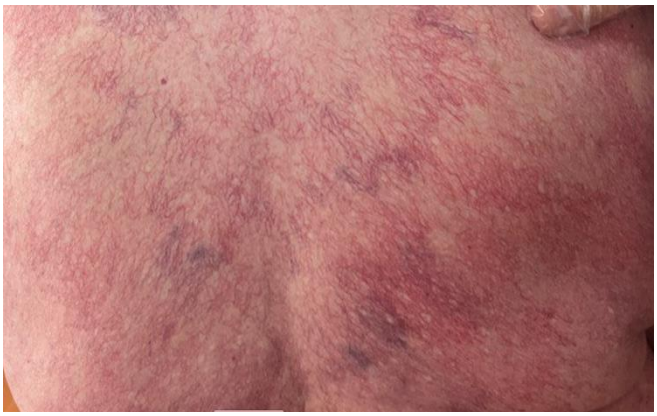

Figure 1b. There are widespread, scattered telangiectatic macules on the back.

Discussion

Generalized essential telangiectasia (GET) is a rare, benign condition of unknown cause. Since it tends to start from the lower part of the legs and spread proximally in an ascending fashion, it was also named as "progressive ascending telangiectasia" in the literature.[1] Lesions can affect the whole body, or can present as localized large-scale involvement. Dilated blood vessels are in the form of a postcapillary venule located in upper dermiş.[2] Highest prevalance is observed among women in the 3rd and 4th decades.[3] Our 70-year-old patient experienced onset in her 30s, starting in the legs and gradually spreading to her back, trunk, and cheeks over time.

GET lesions are typically symmetrical and fade when pressed [4]. The prognosis for these lesions can vary, ranging from telangiectatic macules to plaques or a reticular meshwork. In our patient, the lesions were macular, widespread, and symmetrical, covering the entire body. While mucosal involvement has been rarely documented in the literature, our case showed enlarged vessels in the conjunctiva. [5]

Date report show no systemic involvement, except for a few publications associating the clinical course with gastrointestinal bleeding.[6] Our patient had accompanying Sjogren's syndrome, asthma, and renal failure, but these diseases were noted to have developed after the onset of the lesion.

Two key clinical scenarios to consider in the differential diagnosis of generalized essential telangiectasia (GET) are cutaneous collagenous vasculopathy and hereditary hemorrhagic telangiectasia.

Cutaneous collagenous vasculopathy is distinct from GET in that it does not show a female predominance. Additionally, the lesions are typically located on the trunk and proximal extremities and do not exhibit an ascending pattern.

Hereditary hemorrhagic telangiectasia can be differentiated based on a history of recurrent nosebleeds, arteriovenous malformations, and telangiectasias primarily observed on the hands, face, and oral region. There is also a tendency for a positive family history in these cases. Since our patient did not meet the criteria for cutaneous collagenous vasculopathy or hereditary hemorrhagic telangiectasia, we ruled out these diagnoses and established the diagnosis of GET.

In terms of treatment, there have been reports of partial success using systemic tetracycline, ketoconazole [1,7], local pulsed dye laser, and long-pulse Nd:YAG laser therapy [8,9,10]. It has been suggested that microbial focal intravascular coagulation plays a role in the pathogenesis, which may

explain the anti-inflammatory and antibacterial effects of tetracycline and ketoconazole. Additionally, it is important to note that the lesions are known to recur. Given that there are a few accompanying systemic diseases and response rates of local treatments were low, a continuous follow-up without treatment was recommended to the patient. Symptomatic treatment was given for widespread dryness and itching.

Conclusion

Generalized essential telangiectasia is a condition characterized by dilated blood vessels, known as telangiectasias, covering large areas of skin. It typically has a benign course, although the underlying etiology remains unidentified.

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Conflict of interest

Authors declare no conflict of interest.

Ethical statement

Verbal approval granted from patient.

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