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Cutis Marmorata Telangiectatica Congenita

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Clinical Images

Figure 1: Erythematous/violaceous reticulated mottling at the trunk, left upper and lower limbs in the first hours of life.

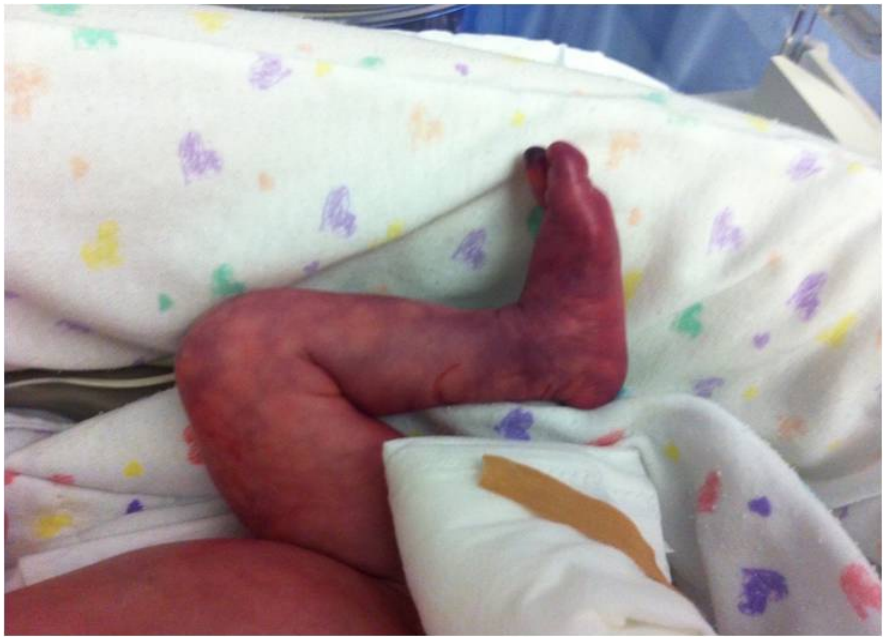

Figure 2: Violaceous reticulated mottling at the left feet by 12 hours of life.

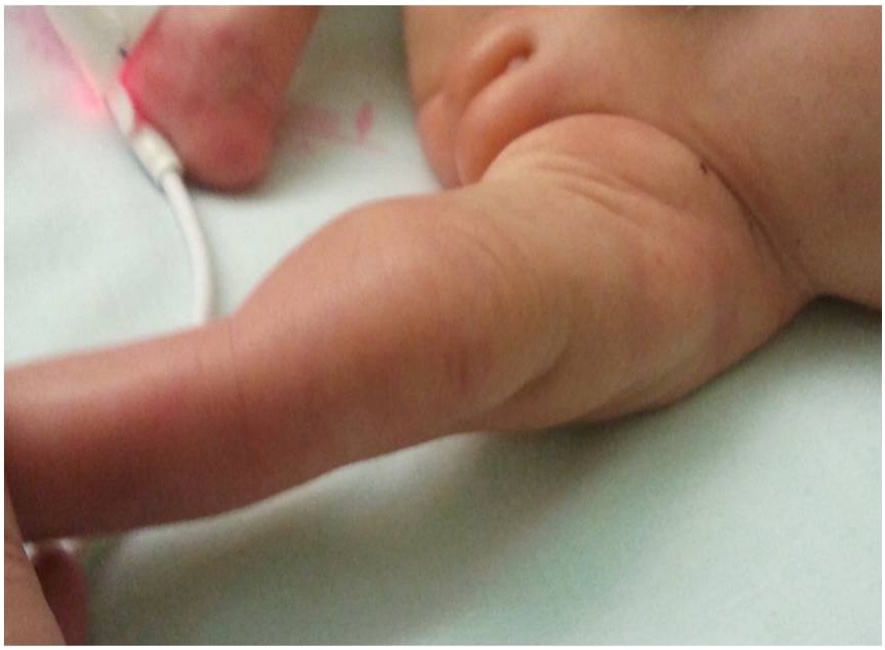

Figure 3: Complete resolution of lesions.

Description

Female newborn from a spontaneous delivery at 32 week gestational age. Due to maternal infection, Apgar score 8-9.9, Birth weight 1680g and head circumference 27,5cm. Admitted to the neonatal intensive care unit due to prematurity and low birth weight and treated with antibiotic therapy for infectious risk. At six hours of life she presented skin lesions, characterized by bluish reticulated mottling patches initially of the trunk and upper limbs and later with extension to the lower limbs, especially the left limb. The lesions did not disappear with warming nor were exacerbated with cold or crying. (Figure 1 and Figure 2). No other skin or physical changes were noted. Neurological and ophthalmological examinations were normal. Cerebral ultrasound with intraventricular hemorrhage grade I and abdominal Doppler with vascular changes of left hepatic lobe. Laboratory studies revealed thrombocytopenia (32000/uL) and negative sepsis and autoimmunity markers. There was progressive spontaneous improvement of skin changes, with complete resolution at 12 days of life (Figure 3). A clinical diagnosis of Cutis Marmorata Telangiectatica Congenita (CMTC) was established since the skin lesions persisted with local warming, differentiating it from physiological cutis marmorata. On follow-up psychomotor development and physical growth was normal for age.

Key Points

CMTC is a rare benign cutaneous vascular malformation of unknown etiology [1]. Differential diagnosis includes Klippel-Trénaunay and Sturge-Weber syndromes.

It is characterized by the presence of skin changes, erythematous or violaceous reticulated mottling, localized or generalized, often asymmetrical and present at birth in 90% of cases [2]. It may be accompanied by ulcerative lesions and skin atrophy.

Diagnosis relies in suggestive clinical findings, requiring a medical history and thorough physical examination. Skin biopsy is not indicated.

There is no specific treatment [3]. The prognosis is good, with total disappearance of skin lesions in the first two years of life [4].

References

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