



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

TELANGIECTASIA REVEALING SYSTEMIC SCLERODERMA

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Background: Telangiectases (TA) are dilations of small blood vessels that form red or sometimes purplish spots on the surface of the skin they are typically found in limited form scleroderma.

We are reporting a new case of systemic scleroderma revealed by telangiectasia

Observation: This is a 29-year-old patient, followed for 9 years for rheumatoid arthritis seropositive methotrexate, evolving remission

Our opinion was asked for asymptomatic lesions on the face, trunk, and upper/lower limbs appeared 6 years ago. The dermatological examination had objectified: erythematous macules of different size,

neckline, hand, foot, and forearms bilaterally and symmetrically. Periungual dermoscopy had shown a sclerodermiform pattern with mega-capillaries, the rest of the Examination had shown a deformation of both thumbs fingers in Z as part of his rheumatoid arthritis, and the interrogation revealed the concept of Raynaud's phenomenon. In front of this table the diagnosis of a systemic scleroderma was evoked, and an immunological assessment was asked: AC anti scl70 (+), anti-centromere (-), anti RNP positive.

The patient was put under colchicine Adalate for her phenomenon of Raynaud, and vascular laser for the treatment of telangiectasia

Key message: The telangiectasias are vascular macules falling within the framework of several etiologies and sometimes it can be physiological or idiopathic, by our case we recall their presence in the systemic scleroderma, and invite the clinicians to not trivialize this clinical sign and to carry out an examination in search of other signs in favor of this pathology especially in front of telangiectasias with multiple localizations or diffuse.

