ABSTRACT BOOK ABSTRACTS



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SKIN CANCER (OTHER THAN MELANOMA)

TELANGIECTASIA MACULARIS ERUPTIVE PERSTANS IN A FILIPINO FEMALE: CORRELATION BETWEEN CLINICAL, DERMOSCOPIC, HISTOPATHOLOGICAL, AND IMMUNOHISTOCHEMICAL FINDINGS

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Background: Telangiectasia macularis eruptive perstans (TMEP) is seen in less than one percent of patients with mastocytosis. Most commonly seen symmetrically on the trunk and proximal extremities, presenting as blanchable telangiectatic macules on tan background. Which correlates histopathologically as the dilated vessels and increased number of mast cells in the papillary dermis. Giemsa and CD117 immunohistochemical stain highlights these mast cell findings.

Observation: We report a case of a 27 year old Filipino female with a 10 year history of multiple, asymptomatic macules on the face. Lesions remained asymptomatic however slowly increasing in number also appearing on the trunk and the upper extremities. Upon consult, patient presented with erythematous telangiectatic, blanchable macules on the face, trunk and extremities. Dermoscopy of the lesions showed telangiectatic vessels arranged in a reticular network. Initial impression was to consider Telangiectatic macularis eruptive perstans (TMEP). Histopathological analysis revealed a normal looking stratum corneum with dilated blood vessels and increased number of mast cells in the papillary dermis. Special stains such as Giemsa stain and CD117 highlighted the intense number of mast cells present in the specimen. Patient was advised further laboratory work up, CBC with platelet count, comprehensive chemistry panel, thyroid stimulating hormone levels to rule out the possibility of other underlying diseases. Once completed, patient is contemplated to undergo long pulsed Q- switched 1064 Nd-YAG laser to improve cutaneous lesions.

Key Messsages: TMEP, although a rare cutaneous finding, may indicate a high index of suspicion for an underlying systemic disease. It is essential to recognize and investigate these cutaneous manifestations early through clinical, dermoscopic and histopathologic correlation to avoid any fatal complications. To date, there is no established first-line therapy for TMEP however, the use of long pulsed Nd-YAG lasers may provide promising results for improving cosmetic appearance of these patients.





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