Cutis marmorata telangiectatica congenital

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DESCRIPTION

Cutis marmorata telangiectatica congenita (CMTC) is a skin vascular malformation of low flow, compromising venous and capillary vessels, of unknown origin, with about 300 cases described in the literature. Clinical manifestations include a purple erythema, which is either generalised or more frequently localised over a limb, with hypotrophy of the affected limb.

CMTC can be associated with extracutaneous findings in 20–80%, including ocular and neurological abnormalities. 2 3

CMTC resembles cutis marmorata, a common benign physiological response to cold in infants. However, unlike cutis marmorata, it does not resolve with warming of skin.³

The authors report the case of CMTC in a 4-month-old female infant observed in the dermatology consultation by reticular erythema over the left superior limb, presented since birth, that did not disappear with local warming. On examination, she had reticular erythema over the left superior limb (figure 1) and hypotrophy of the same limb (figure 2). The circumferences of her left upper arm and right arm were 13.5 and 15.5 cm, respectively. The circumferences of her left forearm and right forearm were 11 and 13 cm, respectively (the measures were done 5 cm up and 5 cm down the olecranon process of the ulna).

The patient was checked by the department of ophthalmology and neurology to screen for associated anomalies, which were not detected.

Prognosis of CMTC is generally good, but it depends on the presence of associated

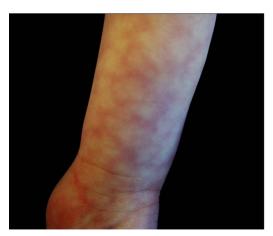


Figure 1 A reticular erythematous patch over the left superior limb.



Figure 2 A reticular erythematous patch and atrophy over the left superior limb.

malformations.^{2 3} Skin lesions usually improve with age, but the limb asymmetry tends to persist.¹

Learning points

- Cutis marmorata telangiectatica congenita (CMTC) is a rare skin vascular malformation, which resembles cutis marmorata, a common benign physiological response to cold in infants, but it does not resolve with warming of skin surface.
- Patients should be carefully evaluated for extracutaneous anomalies, including ocular and neurological abnormalities.
- Skin lesions of CMTC usually improve with age, but the limb asymmetry tends to persist.

Contributors CIPR contributed to the literature research, data collection and article writing. CA contributed to acquisition of the data. APV contributed to acquisition of the data, interpretation of the data and revision. CB contributed to acquisition of the data and revision.

Competing interests None.

Patient consent Obtained.

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