Three Cases of Cutis Marmorata Telangiectatica Congenita

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We report 3 cases of unusual cutis marmorata telangiectatica congenita (CMTC). The ages of the first two cases of CMTC were premature babies, born at intrauterine pregnancy of 31 weeks and 34 weeks; the other patient was a 45-year-old female. Compared to the age of other cases reported in the literature, our patients' ages are unusual. It is not surprising that the first two cases of premature babies had typical signs because CMTC is a congenital disorder, usually seen at birth, but the fact that the skin lesion of CMTC appeared already in the early third trimester may provide some clues to the pathogenesis of CMTC. The third case seems to be very rare because most reported cases show that the skin lesion usually disappear gradually over a period of months to years. The site and size of the lesion in the last case was told to have been fixed for 45 years without any change.


Key Words: Cutis marmorata telangiectatica congenita, Premature baby

CMTC is a rare vascular anomaly characterized by lasting discoloration of the skin in a reticulate pattern. Since the first report in 1922 by Van Lohuizen, more than a hundred cases have been reported in the literature. The skin lesions of a child with CMTC included livedo reticularis, telangiectases and superficial ulceration. The CMTC is also associated with congenital anomalies such as congenital glaucoma and vascular abnormality. But CMTC can exist without any congenital anomaly like our cases. We report three unusual cases of CMTC in point of their ages. The first two cases occurred in premature babies and the last case in a 45-year-old woman.

CASE REPORT

Case 1
A premature baby, born at the IUP (intrauterine pregnancy) of 31 weeks was referred to the department of dermatology for skin examination. The patient was male, who was born by means of Cesarean section due to placenta previa totalis. Apgar score was 7 at 1 minute and 8 at 5 minute; birth weight was 1.59 kg. From the moment of birth, he had reticulated blue-violet colored patches all over his body, which did not disappear by the changes in temperature (Fig. 1). He did not have any other systemic or dermatological disorders. He did not have any unusual family history. His mother was 35 years old and her gestational history was 1-0-5-1. During the midtrimester (IUP 20 weeks), the patient’s mother was said to have received medication for common cold symptoms from the department of family medicine. She received oral medication for 2 days consisting of acetyaminophen, piroxycam-β-cyclodextrin, chlorpheniramine and intramuscular injection of amoxicillin. Also, she received oral medication of aspirin and dydrogesterone from her obstetrician for vaginal bleeding. From the patient’s laboratory examinations, X-ray films of the chest and skull, cranial CT, EKG, metabolic and chromosomal study, amino acid analysis, VDRL and ANA were negative findings or within normal limit.

He was cradled in the incubator and cared by pediatricians. From the clinical manifestation and histological examination (Fig. 4), he was diagnosed with CMTC and was observed, but the alteration of the
lesion was minimal. The patient was seen in a follow-up visit 4 months after the discharge from hospital. There was some fading of the lesion, but the lesion was not completely cleared.

**Case 2.**
A premature baby, born at IUP of 33⁺⁴ weeks was referred to the department of dermatology for skin examination. The patient was male, who was born by Cesarean section due to pregnancy induced hypertensive. Apgar score was 7 at 1 minute, 8 at 5 minute, birth weight was 1.26 kg. From the moment of birth, he had reticulated blue-violet colored patches all over his body, which did not disappear by the changes