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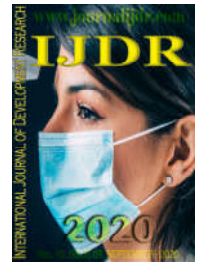
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RESEARCH ARTICLE

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ACQUIRED UNILATERAL NEVOID TELANGIECTASIA: CASE REPORT

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ABSTRACT

Unilateral nevoid telangiectasia (UNT) is a rare vascular dermatosis, characterized by areas of superficial telangiectasias distributed in a linear unilateral pattern. Several theories were developed to explain its etiopathogenesis. The most widely accepted is the one which establishes its probable association with an increase in the estrogen levels, exist two types: congenital and acquired. **Objective:** describe a rare case in the Dermatology Department at the State University of Pará. **Case report:** a healthy 47-years-old woman with acquired unilateral nevoid telangiectasia, without any comorbidities, clinical, and /or laboratory findings indicative of hyperestrogenism. **Comments:** UNT is a rare and little-known entity, it deserves disclosure in the scientific community.

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INTRODUCTION

The unilateral nevoid telangiectasia (UNT) is a vascular disease that affects as reported in 1899, by Zeisler and Blaschkoque, without any special denomination¹. Later, it was called "acquired telangiectatic spiders", by Pautrier and Ullmo³. In 1970, it was finally recognized as unilateral nevoid telangiectasia by Selmanowitz⁴. It can be of the congenital type and used. To this day, its pathophysiology is still not completely clarified, being attributed mainly to hormonal cause, and characterized by the unilateral distribution of numerous telangiectasias along its dermatome⁵. As the most common areas affected are the face, cervical region, the transition between arms and arms and chest. Oral and gastric mucous membranes are less frequently⁹.

CASE REPORT

Female 47 years old, phototype III, attended in University State of Pará Dermatology Service, with asymptomatic

lesions, except for slight itching to sun exposure. He denies a history of systemic diseases. Use oral combined contraceptives throughout reproductive life and menopause up to 40 years without hormone replacement. Upon dermatological examination, an erythematous irregular macula with telangiectasias on the surface, well delimited, located in the anterior region of the right hemithorax, which disappeared on scanning (Figures 1 and 2). Complete Blood Count, liver enzymes (AST and ALT), thyroid hormones (TSH, T4) without changes. Sex hormones (estradiol and progesterone) compatible with the menopause period. Histopathological exam (post incisional biopsy): epidermis with rectification foci. In the dermis, we noticed ectatic vessels, with a discrete infiltrate (Figures 3), suggestive of UNT.

DISCUSSION

As telangiectasias, they are very thin vessels dilated on the surface of the skin.



Figure 1: Hypochromic erythematous macules, distributed in the right hemithorax



Figure 2. Unilateral linear distribution

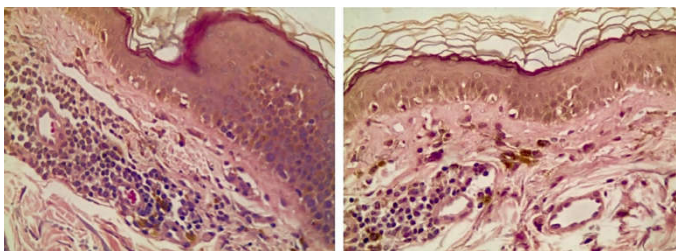


Figure 3. (H & E) Epidermis with rectification foci. In the dermis we perceive ectatic vessels, with discrete infiltrate

In UNT, telangiectasias are arranged in a unilateral arrangement in a dermatome, sometimes accompanied by erythema⁵. It can be congenital and acquired⁵. A congenital accommodates more men, represents 15% of cases, increases at birth or in the first months of life, assigns an autosomal dominant inheritance influenced by estrogen and maternal progesterone transmitted by pregnancy, is a more important theory for your case². The acquired form is the most common in women, related to physiological transformations during pregnancy, puberty, or high pathological levels of estrogen, an example: liver diseases⁴. Other conditions associated with are the use of oral contraceptives, hormone replacement therapy, alcoholism with or without liver cirrhosis, hypertension portal, carcinoid syndrome, hepatitis B and C, infection, and chemotherapy⁶. The type purchased in men is more linked to

liver disease and its manifestations in healthy men are rare and the etiology is unknown³. Some authors defend the hypothesis that there is an increase in estrogen receptors in the injured skin, suggesting that UNT is a localized abnormality in these receptors, regardless of serum hormone levels⁸. The case described a 47-year-old woman with an acquired form of UNT, whose relevance is given by the fact that the case has disclosure of systemic diseases (liver transaminases, or hormone disorders, or thyroid disease). The condition was not present during pregnancy or contraceptive use. Such a rarity is based on the fact that the infection appears only 5 years after menopause, when, theoretically, there is a decrease in the levels of estrogen and progesterone, or if the reform is a hypothesis that there may be an increase in estrogen receptors. on the skin, regardless of the American concentration of sex hormones.

The usually found histopathological patterns of UNT are: dilated vessels, thin walls lined with prominent endothelial cells in the papillary and middle dermis, without endothelial proliferation and a light perivascular and perianexial lymphohistiocytic infiltrate are used⁷. Similar findings were evidenced in the histopathological examination of this patient (Figure 3). The differential diagnosis is made with primary telangiectatic syndromes: "the generalized essential" form that does not apply to the case due to the unilateral distribution of lesions; inherited hemorrhagic telangiectasia caused by episodes of recurrent epistaxis; and an eruptive macular telangiectasia disturbs, which is a form of mastocytosis, characterized by intense itching⁷. Some acquired cases, mainly associated with pregnancy, may have a spontaneous involution during the postpartum period¹. There is no effective treatment for UNT³. An application of pulsed dye laser has been an option with a record of improvement, but with the possibility of hypo or hyperpigmentation as consequence⁷. The use of corrections for aesthetic camouflage and photoprotection should be recommended in addition to the correction of causal agents when applicable⁷. Due to the difficulty in accessing laser therapy, the patient can use the photoprotector and correct it when necessary.

Conclusion

UNT is a rare, little-known entity, which may be involved in several risk factors, it deserves disclosure in the scientific community, whose diagnostic diagnosis allows a better approach for patients, in the search for causal conditions.

Consent for publication: Written informed consent obtained from the patients for publication of this case report. A copy of written consent will be available for review by the editor of this journal.

Competing interests: No competing interests.

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