Pediatric Oncall Journal (October-December 2019)
Volume 16, Issue 4: 131
DOI: https://doi.org/10.7199/ped.oncall.2019.64

PEDIATRIC ONCALL
CHILD HEALTH CARE

IMAGES IN CLINICAL PRACTICE

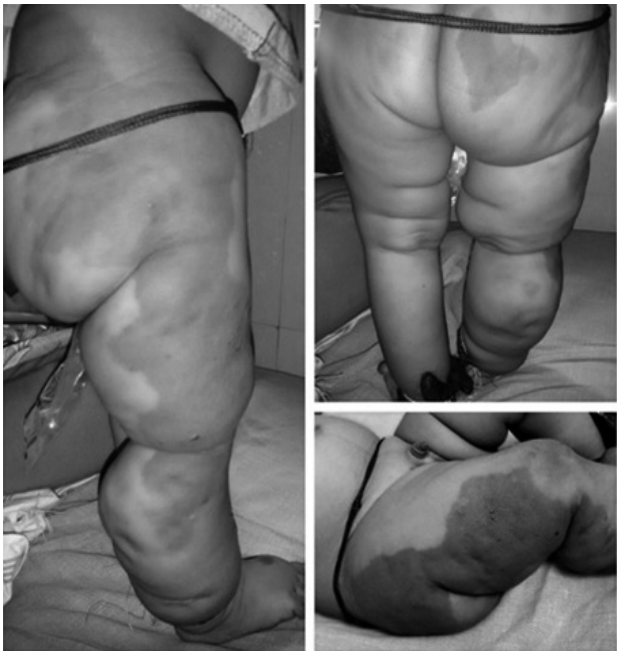
SKIN HEMANGIOMAS WITH LIMB HYPERTROPHY

Rajani H S, Narayanappa D.

Department of Pediatrics, JSS Medical College, JSS Academy of Higher Education and Research, Mysore, India.

A 9-month-old male child had large irregular compressible bluish purple hemangiomas and port vein stains in the right gluteal region and right lower limb laterally with asymmetric hypertrophy of right lower limb (Figure 1). Blood investigations were normal. Viscera, bones, spinal canal, gastrointestinal and genitourinary tracts were not involved. Ultrasound showed numerous subcutaneous cystic lesions.

Figure 1: Bluish purple hemangiomas and port vein stains in the right gluteal region and right lower limb laterally with asymmetric hypertrophy of right lower limb.



What is the diagnosis?

Klippel-Trenaunay syndrome. It is a sporadic rare cutaneous vascular disorder characterized by a triad of a port-wine stain, varicose veins, and hemangiomata along with bony or soft tissue hypertrophy of an extremity associated with life-threatening complications.[1,2] Complications include limb-length discrepancy leading to impaired gait and pain, thromboembolism, bleeding, venous insufficiency, and soft-tissue infection.[3] A primary mesodermal abnormality in fetal development leads to persistence of microscopic arteriovenous communications.[1] The differential diagnosis are Parkes Weber syndrome, Proteus syndrome, Macrodystrophia lipomatosa, Beckwith-Wiedemann syndrome, neurofibromatosis, soft tissue sarcomas, and lymphangioma.[4] Ultrasound-guided foam sclerotherapy is the state of the art new treatment to potentially close many large vascular malformations.[5] Compression therapies and surgical debulking can be considered.[6]

CONTACT Rajani H S

Email: drrajanihs@jssuni.edu.in

Address for Correspondence: Dr. Rajani H S, Assistant Professor, Department of Pediatrics, JSS Medical College, JSS Academy of Higher Education and Research, Mysore 570004, India.

ARTICLE HISTORY

Received 15 March 2019

Accepted 20 May 2019

KEYWORDS

Klippel-Trenaunay syndrome, varicose veins, hemangiomata

Compliance with Ethical Standards

Funding: None

Conflict of Interest: None

References :

1. Zea MI, Hanif M, Habib M, Ansari A. Klippel-Trenaunay Syndrome: a case report with brief review of literature. J Dermatol Case Rep. 2009;3:56-9.
2. Jacob AG, Driscoll DJ, Shaughnessy WJ, Stanson AW, Clay RP, Gloviczki P. Klippel-Trénaunay syndrome: spectrum and management. Mayo Clin Proc. 1998; 73:28-36.
3. Sharma D, Lamba S, Pandita A, Shastri S. Klippel-trénaunay syndrome - a very rare and interesting syndrome. Clin Med Insights Circ Respir Pulm Med. 2015;9:1-4
4. Lacerda LdaS, Alves UD, Zanier JF, Machado DC, Camilo GB, Lopes AJ. Differential diagnoses of overgrowth syndromes: the most important clinical and radiological disease manifestations. Radiol Res Pract 2014; 2014: 947451
5. Smith PC. Chronic venous disease treated by ultrasound guided foam sclerotherapy. Eur J Vasc Endovasc Surg. 2006; 32:577-583
6. Noel AA, Gloviczki P, Cherry KJ Jr, Rooke TW, Stanson AW, Driscoll DJ. Surgical treatment of venous malformations in Klippel-Trénaunay syndrome. J Vasc Surg. 2000; 32:840-847