Abstract N°: ID-8

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Cutaneous Clues, Vascular Consequences: Endovascular Outcomes in NF1-Associated Aneurysms

Foteini Moniati*[1], Nikki Yu[2], Christos Costa[3], Panayiotis Stavrinou[4], Marios Chatzimatthaiou[2]

[1]Sandwell and West Birmingham NHS Trust, Birmingham, United Kingdom
[2]Barts and the London School of Medicine and Dentistry, London, United Kingdom
[3]Oxford University Hospitals NHS Trust, Oxford, United Kingdom
[4]University Hospitals of North Midlands NHS Trust, Staffordshire, United Kingdom

Introduction

Neurofibromatosis type 1 (NF1) is a common autosomal dominant genodermatosis characterised by café-au-lait macules, intertriginous freckling, and cutaneous and plexiform neurofibromas.[1] While primarily recognised for its cutaneous features, NF1 is also associated with a spectrum of vascular abnormalities, including stenosis, occlusion, and aneurysm formation. NF1-related aneurysms may arise in vessels of any calibre and often present with rupture, representing a significant cause of morbidity and mortality.[2,3] Given that cutaneous signs frequently facilitate early diagnosis, awareness of systemic complications, including vasculopathy, is essential. Endovascular therapy is increasingly employed as a minimally invasive treatment option; however, the rarity and heterogeneity of these lesions limit the establishment of standardised management strategies. This systematic review evaluates the safety and outcomes of endovascular interventions for NF-associated aneurysms.

Materials and Methods

A systematic review was conducted in accordance with PRISMA guidelines. PubMed, Embase, and the Cochrane Library were searched from inception to 1st March 2025 for studies reporting endovascular management of aneurysms in patients with confirmed neurofibromatosis. Eligible studies included human case reports, case series, and observational studies published in English with full-text availability. Studies describing only open surgical repair, reviews, conference abstracts, and animal studies were excluded. Two reviewers independently screened and extracted data relating to patient demographics, aneurysm characteristics, procedural technique, complications, and outcomes. Findings were synthesised descriptively due to significant heterogeneity.

Results

Seventy-one studies encompassing 71 patients were included. The mean age was 44.1 years, and 54% were female. Most patients had NF1 (89%), and 62% presented with ruptured aneurysms. Aneurysms most frequently involved the vertebral (22.5%), neck (19.7%), and intercostal arteries (18.3%), with 22.5% having multiple lesions. Coiling was the predominant technique (74.6%), followed by covered stents (14.1%), detachable balloons (5.6%), and n-butyl cyanoacrylate embolization (5.6%). Major complications occurred in 18.3% of cases and minor complications in 5.6%. Technical failures occurred in 8.5% and clinical failures in 9.9%. No consistent relationship was observed between aneurysm location and chosen endovascular technique. Among cases with reported follow-up (n = 38), the mean duration was 21 months, with durable aneurysm exclusion observed in most patients.

Conclusions

Endovascular therapy is a safe and effective option for managing NF1-associated aneurysms and should be considered first line in haemodynamically stable patients. In unstable cases or those with extensive vascular disruption, open or combined surgical approaches may be required. As cutaneous hallmarks frequently facilitate early diagnosis of NF1, dermatologists are often uniquely positioned to identify patients at risk and prompt early multidisciplinary assessment for systemic complications such as vasculopathy, thereby improving opportunities for early detection and intervention.

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Abstract N°: ID-47

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Hands Up, Lesions Down: Position-Dependent Pale Macules

Samet Öner*[1], Semih Aydemir[1], Farid Azizli[1]

[1]Department of Dermatology, Dokuz Eylül University Medical Faculty, İzmir, Türkiye

Introduction

Bier spots present as small, pale macules surrounded by relatively erythematous skin, resulting from localized vasoconstriction as part of a normal vasomotor response. Recognizing Bier spots is crucial as they may mimic common pigmentary disorders such as pityriasis versicolor, vitiligo, and nevus anemicus. We present a case of Bier spots to highlight the diagnostic importance of positional variability in distinguishing this benign vascular phenomenon from true hypopigmentation.

Materials and Methods

A 25-year-old man presented with asymptomatic pale macules on the dorsal aspects of both hands, persisting for 3-4 months. The patient underwent detailed dermatologic examination, diascopy, and Wood's lamp evaluation. A skin biopsy was performed to rule out primary pigmentary and inflammatory disorders.

Results

Clinical examination revealed multiple, well-defined pale macules symmetrically distributed over both hands. The lesions demonstrated striking positional variability, becoming more visible when the arms were lowered (dependent position) and fading markedly upon elevation. They were non-scaly, blanchable, and became imperceptible on diascopy. Wood's lamp examination was negative. Histopathologic evaluation revealed mild hyperkeratosis and superficial perivascular infiltrate without fungal elements or pigmentary loss, supporting a vascular etiology rather than a pigmentary disorder.

Conclusions

The diagnosis of Bier spots relies on characteristic clinical features, particularly the disappearance of lesions with limb elevation. This simple maneuver distinguishes them from true hypopigmentation disorders, as confirmed by the lack of pigmentary changes in histopathology. Awareness of this benign condition allows clinicians to reassure patients and avoid unnecessary treatments or extensive workups.

Abstract N°: ID-242

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Efficacy of sirolimus in Klippel Trenaunay syndrome

Safa Gueroum*[1], Fatima Zahra Elfatoiki[1], Bouchra Baghad[1], Fatima Zahra Benhayoun[1], Hanane Rachadi[1], Soumiya Chiheb[1]

[1]Ibn rochd university hospital, Department of dermatology, CASABLANCA, Morocco

Introduction

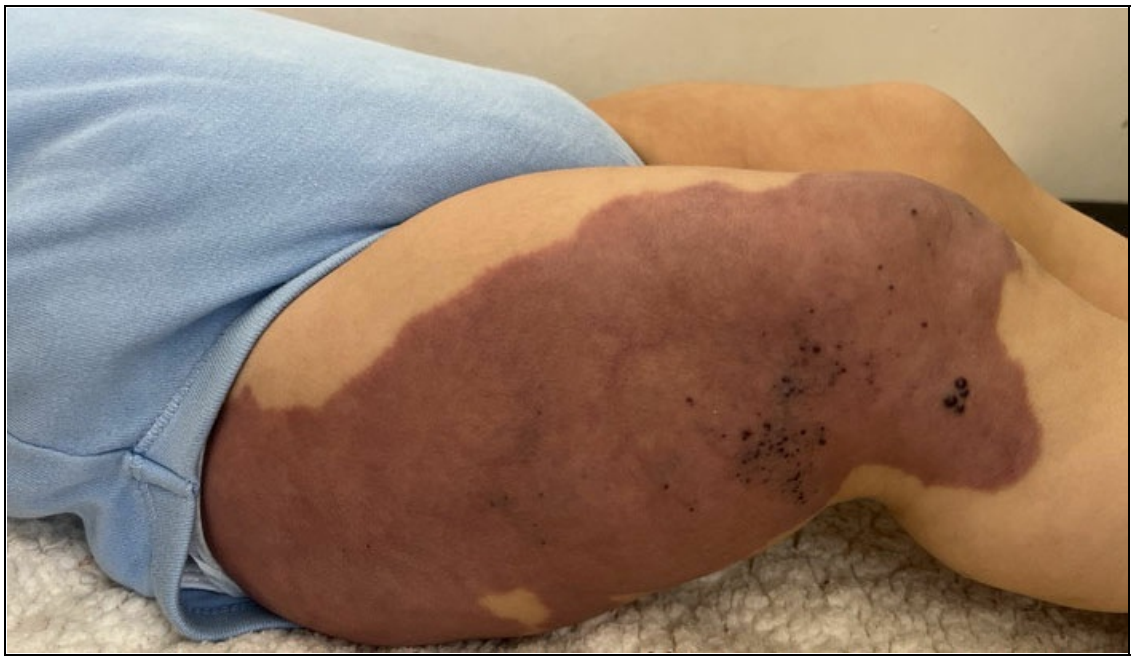
Klippel-Trenaunay syndrome (KTS) is a rare and complex congenital vascular malformation. Until recently, therapeutic options were mainly palliative, primarily aiming at symptom relief. The introduction of sirolimus, an mTOR pathway inhibitor, has opened new therapeutic perspectives, demonstrating significant clinical efficacy in the management of this syndrome.
We report the case of a 5-month-old infant with KTS treated with sirolimus.

Materials and Methods

A 5-and-a-half-month-old female infant, born to second-degree consanguineous parents, presented with an angiomatous lesion of the right thigh that had been present since birth. The lesion progressively increased in size, with the appearance of recurrent bleeding vesicles.

Clinical examination revealed a large port-wine stain with geographic borders, overlaid with clusters of hemorrhagic vesicles and crust, located on the right lower limb, extending from the knee to the ipsilateral gluteal and lumbar regions (figure1). The lesion was associated with hypertrophy of the affected limb, leading to asymmetry between the two lower limbs.

Laboratory findings showed elevated D-dimer levels at 5753.6 ng/ml (normal range < 500ng/ml), hypochromic microcytic anemia with hemoglobin at 10 g/dl (normal range 12.5-14.5 g/dl), and a 482 000/mm^3 platelet count (normal range 150 000-450 000/mm3) .
Magnetic resonance imaging of the right lower limb revealed serpiginous intramuscular and subcutaneous venous structures extending to the pelvis, where they formed a pseudomass in the right lateral uterine region. There was also marked infiltration and thickening of the gluteal and lower limb soft tissues, without any signal abnormalities of the adjacent bones.



Large port-wine stain with microcystic lymphatic malformation of the right lower limb

Results

This presentation was consistent with a complex vascular malformation of the KTS type, complicated by blood loss due to microcystic lymphatic malformation and coagulopathy.

The patient was started on sirolimus at a dose of 1 mg/m^2 twice daily, after a normal pre-treatment evaluation, with regular monitoring of plasma drug levels. Iron supplementation was also prescribed. Clinical improvement was noted from the third week, with a reduction in limb circumference, regression of hemorrhagic vesicles with cessation of bleeding, attenuation of the redness of the angioma and normalization of hemoglobin. D-dimer levels returned to normal after three months, and no adverse effects were observed after six months of treatment.

Conclusions

This case report highlights the efficacy and safety of sirolimus in the management of KTS, particularly when complicated by bleeding or coagulopathies, but further prospective studies are needed to evaluate the long-term efficacy of this drug.

Abstract N°: ID-279

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Benign Infantile Hemangiomatosis in Early Infancy: A Case Report

Fatima Zahra Sassine*[1], Méria Saci[2], Michele Sanchez[2]

[1]Ibn Sina University Hospital, Dermatology, Rabat, Morocco
[2]Centre Hospitalier Henri Duffaut, Dermatology, AVIGNON, France

Introduction

Benign infantile hemangiomatosis is a rare vascular condition characterized by the presence of multiple cutaneous infantile hemangiomas without visceral involvement. It usually manifests within the first weeks of life as numerous small erythematous papules or nodules. Although the prognosis is generally favorable, the clinical presentation may be misleading and raise concern for systemic disease, particularly when lesions are widespread or associated with bleeding. Early recognition is essential to distinguish this benign entity from more severe forms of hemangiomatosis and to guide appropriate investigations.

Materials and Methods

We report the case of a 2-month-old infant admitted to the neonatal unit for evaluation of a diffuse cutaneous eruption. The infant was born at term by vaginal delivery after a well-monitored pregnancy, with a normal Apgar score and no perinatal complications. There was no parental consanguinity and no family history of similar conditions. The infant was in good general condition at presentation.

Dermatological examination revealed multiple asymptomatic erythematous papules measuring less than 2 mm in diameter, diffusely distributed over the trunk, limbs, and scalp. The lesions had appeared around the third week of life and progressively increased in number. There was no involvement of the face or periorificial areas. A history of post-traumatic bleeding in the nuchal region was reported.

Dermoscopy showed multiple well-defined red lacunae, a characteristic feature consistent with infantile hemangiomas. Given the suspicion of hemangiomatosis, an abdominal ultrasound was performed and revealed no visceral involvement. Based on clinical, dermoscopic, and imaging findings, a diagnosis of benign infantile hemangiomatosis was established.

Results

Benign infantile hemangiomatosis represents a variant of infantile hemangiomas characterized by multiple cutaneous lesions without systemic involvement, distinguishing it from diffuse neonatal hemangiomatosis, which may be life-threatening. Dermoscopy is a valuable, non-invasive diagnostic tool, with red lacunae being a typical feature of hemangiomas. Although bleeding is uncommon, minor trauma may lead to hemorrhage due to the vascular nature of the lesions. Imaging, particularly abdominal ultrasound, is essential to exclude visceral hemangiomas. Management is usually conservative, with close clinical follow-up, as spontaneous involution is expected.

Conclusions

This case highlights the role of dermoscopy in supporting the diagnosis of benign infantile hemangiomatosis in infants presenting with diffuse papular eruptions. Recognition of this condition allows appropriate reassurance, targeted investigations to exclude visceral involvement, and careful monitoring to prevent complications.

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Abstract N°: ID-404

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Bilateral large perilabial/ perineal infantile kissing haemangiomas

Simona Kordeva*[1], Konstantin Tchernev Jr[2], Georgi Tchernev[1, 2]

[1]Medical Institute of Ministry of Interior, Department of Dermatology and Venereology, Sofia, Bulgaria
[2]Onkoderma- Clinic for Dermatology, Venereology and Dermatologic Surgery, Sofia, Bulgaria

Introduction

A 13-year-old girl presented with two blue-purple, non-pulsating, kissing nodules involving the labia majora, measuring approximately 1.0 cm x 1.5 cm, as well as two smaller lesions in the perineal region (Figure 1a,b), with unknown disease onset, accompanied by mild pruritus and discomfort in the genital/vaginal area, without bleeding. INR of 1.41 was noted.

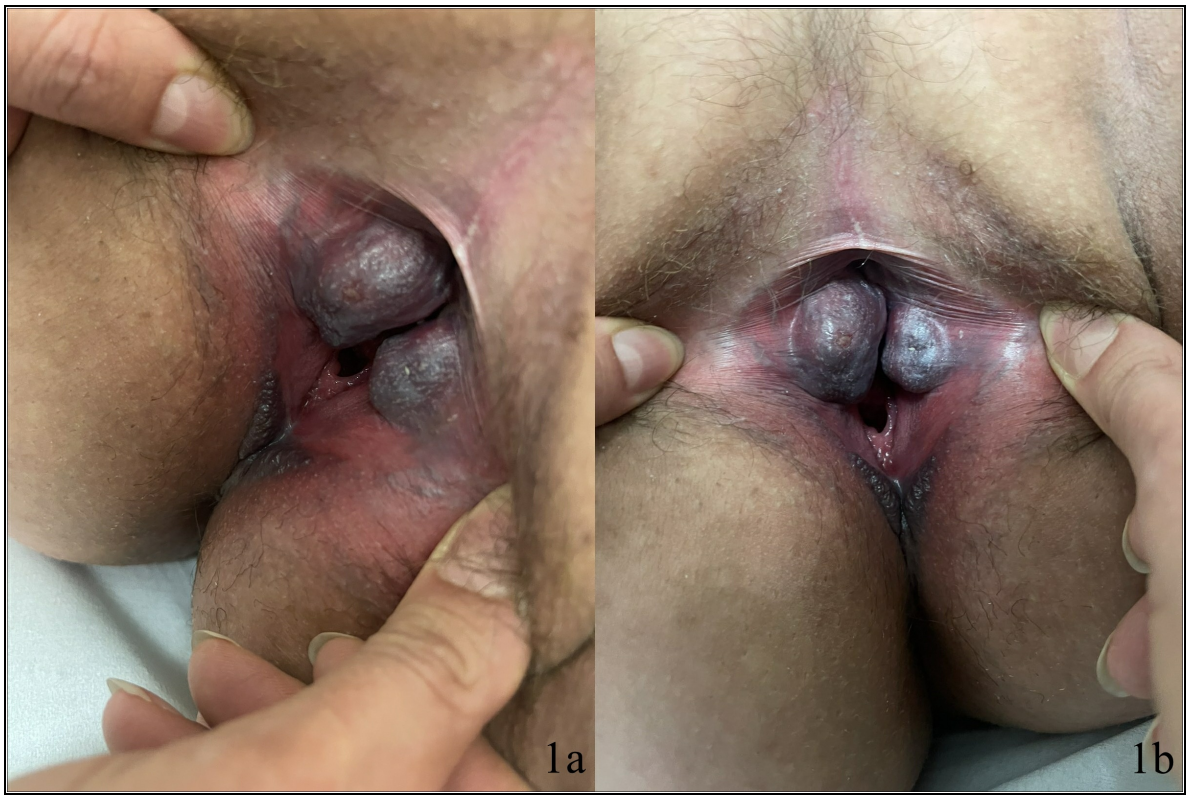


Figure 1a,b: Two bilateral, blue-purple, non-pulsating, large kissing nodules involving the labia majora, measuring approximately 1.0 cm x 1.5 cm. Two smaller blue-purple lesions in the perineal region.

Materials and Methods

Magnetic resonance imaging (MRI) of the pelvis and perineum showed superficial vascular formation in the perineum. The changes involved a small amount of the dermis, with a maximal depth of approximately 2.2 mm on the right and 1.6 mm on the left.

A punch biopsy revealed dermal tissue composed of vascular lacunae lined by single-layer of endothelium, demarcated by pericytes, abundantly filled with erythrocytes, located among fibrous stroma with foci of coagulation necrosis (figure

2a,b). The histological constellation was diagnostic of haemangioma.

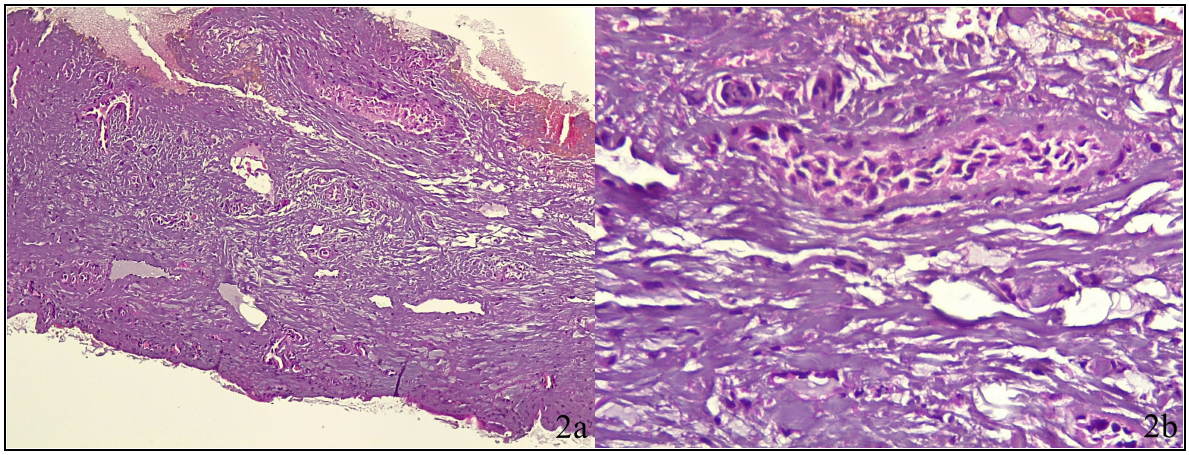


Figure 2a,b: Dermal tissue composed of vascular lacunae lined by single-layer of endothelium, demarcated by pericytes, abundantly filled with erythrocytes, located among fibrous stroma with foci of coagulation necrosis : Haemangioma x 200 x HE (a) and Haemangioma x 400 x HE (b)

Results

A diagnosis of bilateral large perilabial/ perineal infantile kissing haemangiomas was made.

Conclusions

Haemangiomas are typically benign vascular tumors, often asymptomatic and prone to spontaneous involution with age. First-line therapy includes beta blockers, such as propranolol, atenolol or nadolol. Systemic glucocorticosteroids may also be considered. For smaller or localized lesions, intralesional glucocorticosteroid therapy represents an alternative option.

Abstract N°: ID-423

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

When a Painful Violaceous Breast Lesion is Not a Tumor : An Unusual Presentation of Glomuvenous Malformation

Sri Sela Imanuari Napan*[1], Dian Eka Permata[1], Siswanto Wahab[1], Khairuddin Djawad[1], Airin Riskianty Nurdin Mappewali[1]

[1]Faculty of Medicine Hasanuddin University, Hasanuddin University Hospital, Dermatology, Venereology, and Aesthetic, Makassar, Indonesia

Introduction
Glomuvenous malformation (GVM), previously termed glomangioma, is a rare cutaneous slow-flow venous malformation caused by loss-of-function mutations in the *glomulin* gene. It accounts for approximately 5% of venous malformations and typically manifests during infancy or childhood. Clinically, GVM presents as violaceous to bluish papules or nodules that may be tender on palpation. Lesions most commonly involve the extremities, whereas involvement of the breast is distinctly rare and may mimic pigmented, vascular, or neoplastic conditions.

Materials and Methods
A 17-year-old adolescent female presented with multiple violaceous papulonodular lesions on the right breast that had progressively enlarged since early childhood and were associated with pressure-induced pain. There was no relevant family history. Clinical dermatological examination, dermoscopic assessment, imaging studies, and histopathological evaluation were performed. Surgical excision was selected as definitive management based on symptom severity and lesion localization.

Results
Clinical examination revealed multiple firm, violaceous papules and nodules with tenderness on palpation, without thrill or bruit. Dermoscopy demonstrated blue–purple structureless areas with dotted and linear vessels, producing a cobblestone-like pattern suggestive of a vascular malformation. Imaging excluded deeper tissue involvement. Histopathological examination showed dilated venous vessels within the dermis surrounded by proliferating glomus cells with eosinophilic cytoplasm and uniform nuclei, confirming glomuvenous malformation. Complete surgical excision with advancement flap closure was performed. Satisfactory wound healing, complete pain resolution, favorable cosmetic outcome, and no recurrence were observed. At 4-month follow-up, there was no recurrence, residual pain, or functional impairment.

Conclusions
Glomuvenous malformation is a rare but important differential diagnosis for painful violaceous breast lesions, particularly in young patients. Recognition of its characteristic clinical, dermoscopic, and histopathological features is essential to avoid misdiagnosis. Surgical excision remains an effective and curative treatment for localized symptomatic lesions. This case emphasizes the importance of considering GVM in atypical anatomical locations.

Abstract N°: ID-435

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Beyond the Skin: Hepatosplenomegaly Revealing Multifocal Congenital Hemangiomatosis (NICH)

Yasmine Mahdar*[1], Bouchra Baghad[1], Meriem Takiddine[1], Soumiya Chiheb[1]

[1]Hôpital Ibn Rochd, Casablanca, Morocco

Introduction

Multifocal congenital hemangiomatosis is a rare vascular anomaly characterized by multiple congenital cutaneous hemangiomas with possible visceral involvement, mostly hepatic. Extensive hepatic hemangiomatosis may lead to significant morbidity. We report the case of an infant in whom hepatosplenomegaly revealed multifocal congenital hemangiomatosis.

Results

Case Presentation:

An 8-month-old female infant, born to second-degree consanguineous parents with a history of perinatal asphyxia, was admitted for progressive abdominal distension since the age of two months. Clinical examination revealed multiple congenital cutaneous nodular lesions measuring 1–10 mm, distributed over the trunk, face, scalp, and limbs, without ulceration or bleeding, associated with marked hepatosplenomegaly. No dysmorphic features or developmental delay were observed.

Abdominal ultrasonography showed hepatosplenomegaly with heterogeneous hepatic echotexture, and Doppler ultrasound demonstrated vascularized cutaneous lesions. Thoraco-abdomino-pelvic scan revealed massive heterogeneous multinodular hepatomegaly with a pulmonary “balloon-release” appearance. Liver biopsy confirmed hemangioma with positive CD31 immunostaining. The overall findings supported the diagnosis of multifocal congenital hemangiomatosis, non-involuting type (NICH).

Following a normal standardized pre-therapeutic assessment, oral propranolol was initiated and progressively increased to 3 mg/kg/day under strict monitoring. Adjunctive systemic corticosteroid therapy was administered at a dose of **10 drops/kg/day** for a limited duration. At 3-month follow-up, the disease remained stable.

Conclusions

This case illustrates the complexity of congenital multifocal infantile hemangiomatosis with extensive visceral involvement and underscores the importance of comprehensive systemic evaluation. In severe cases, therapeutic decisions need to be individualized when standard management options are limited.

Multidisciplinary follow-up remains essential to optimize outcomes and prevent complications.

Abstract N°: ID-461

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Pyogenic granuloma–like Kaposi sarcoma: a diagnostic challenge in an isolated plantar lesion

Houda Talbi*[1], Nassiba Zerrouki[1, 2], Zizi Nada[1, 2]

[1]Mohammed VI University Hospital, Department of Dermatology, Venereology and Allergology, Oujda, Morocco
[2]Faculty of Medicine and Pharmacy, Mohammed First University, Laboratory of Epidemiology, Clinical Research and Public Health, Oujda, Morocco

Introduction

Kaposi sarcoma is a multifocal angioproliferative disorder associated with human herpesvirus 8. Among its rare variants, the pyogenic granuloma–like form represents a diagnostic pitfall because of its close clinical and histological resemblance to benign vascular proliferations. This variant may mimic pyogenic granuloma both clinically and microscopically, delaying accurate diagnosis. We report an unusual case of pyogenic granuloma–like Kaposi sarcoma presenting as a solitary plantar lesion, highlighting the diagnostic challenges and the importance of clinicopathological correlation.

Materials and Methods

A 73-year-old patient was referred for evaluation of a rapidly growing plantar nodule. A complete dermatological examination, dermoscopic assessment, surgical excision, histopathological analysis, and immunohistochemical study were performed. A systemic workup was conducted to assess disease extension and associated conditions.

Results

Clinical examination revealed a solitary, well-demarcated erythematous nodular lesion on the plantar surface, measuring 2 × 3 cm, with a central crateriform area, peripheral scaling, bleeding on contact, and tenderness. Dermoscopy showed milky-red areas, structureless white zones, yellow-brown areas, and polymorphous vascular patterns, without atypical pigmentation, suggesting differential diagnoses such as amelanotic acral melanoma, keratoacanthoma, or pyogenic granuloma.

Histopathology demonstrated a non-encapsulated dermal proliferation composed of vascular slits, red blood cell extravasation, and spindle-shaped cells with moderate cytologic atypia. Immunohistochemistry showed strong positivity for CD31 and human herpesvirus 8, while melanocytic and epithelial markers were negative, confirming Kaposi sarcoma. No other lesions were detected on systemic evaluation, and viral serology was negative. Surgical excision was performed with good outcome.

Review of previously excised lesions initially diagnosed as pyogenic granulomas revealed similar vascular proliferation with HHV-8 positivity, supporting the diagnosis of pyogenic granuloma–like Kaposi sarcoma.

Conclusions

Pyogenic granuloma–like Kaposi sarcoma is a rare variant that may closely mimic benign vascular tumors, leading to diagnostic delay. Solitary plantar presentation further increases diagnostic complexity. This case emphasizes the need to reconsider recurrent or atypical “pyogenic granulomas” and to perform immunohistochemical testing, particularly HHV-8 detection, in suspicious lesions. Awareness of this variant is essential to avoid misdiagnosis and ensure appropriate

management and follow-up.

Abstract N°: ID-1035

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Is that really a port-wine stain? Two cases of progressive facial capillary malformations revealing underlying arteriovenous pathology

Xiaozhun Hang*[1, 2], Tania Zappala[1, 2]

[1]Qiderm, Dermatology, South Brisbane, Australia
[2]The University of Queensland Herston, Herston, Australia

Introduction
Facial capillary malformations are commonly assumed to represent congenital port-wine stains or benign inflammatory dermatoses. However, progressive or atypical vascular lesions arising in adulthood may reflect underlying high-flow disease. We present two patients initially considered to have superficial capillary malformations who were subsequently found to have deeper arteriovenous pathology on imaging, highlighting the importance of diagnostic reassessment in evolving vascular presentations.

Materials and Methods
Two adults presenting with progressive facial erythematous telangiectatic plaques underwent evaluation with clinical examination, dermoscopy, histopathology, Doppler ultrasound, MRI, and CT angiography. Clinical evolution, imaging findings, and management pathways were reviewed.

Results

Case 1 involved a 37-year-old male who developed a gradually enlarging unilateral erythematous plaque over the right malar region over 10 years following penetrating facial trauma. Initial histology demonstrated superficial capillary dilatation without atypia. Doppler ultrasound revealed increased subdermal vascular flow, and MRI identified a small enhancing subfascial focus communicating with the facial vein. CT angiography demonstrated a probable feeder from the maxillary artery, and the findings were interpreted as consistent with a post-traumatic micro–arteriovenous malformation with secondary superficial capillary dilatation. Vascular laser therapy produced minimal clinical improvement, and the patient was referred to a vascular surgeon for interventional radiology assessment prior to any surgical or endovascular management.

Case 2 involved a 32-year-old female with lifelong facial erythema affecting the forehead, cheeks, and chin, initially attributed to common inflammatory or vascular mimickers such as rosacea. During pregnancy, she developed multiple bleeding vascular papules and deeper subcutaneous lesions. Ultrasound demonstrated fast-flow vascular channels consistent with arteriovenous pathology. Postpartum regression of the pregnancy-associated lesions was observed. Based on lifelong cutaneous findings and pregnancy-related vascular changes, an underlying capillary malformation-arteriovenous malformation spectrum disorder was suspected, with plans for MRI and genetic evaluation. Vascular laser therapy was resumed once clinical stability was achieved.

Conclusions
These cases illustrate how trauma and pregnancy may unmask or remodel underlying arteriovenous pathology, producing port-wine-like appearances through distinct mechanisms. Laser therapy addresses only superficial telangiectasia and does not treat deeper arteriovenous nidus. Progressive adult-onset or evolving facial capillary malformations should prompt vascular imaging to exclude high-flow disease. Early recognition enables appropriate multidisciplinary referral and avoids ineffective superficial treatment.

Abstract N°: ID-1095

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Unilateral Cutaneous Signs Revealing Parkes–Weber Syndrome

Meriem Takiddine*[1], Bouchra Baghad[1], Soumiya Chiheb[1]

[1]University hospital center Ibn Rochd, Department of Dermatology and Venereology, Casablanca, Morocco

Introduction

Parkes–Weber syndrome (PWS) is a rare congenital high-flow vascular malformation characterized by extensive capillary malformations, multiple arteriovenous shunts, and limb overgrowth. Frequently associated with *RASA1* mutations, PWS may lead to significant hemodynamic complications, making early recognition and appropriate imaging essential for optimal management. We report a rare case of Parkes–Weber syndrome presenting with strictly unilateral cutaneous involvement in a 17 years old female.

Materials and Methods

N/A

Results

A 17-year-old female with no significant past medical history presented with painless subcutaneous nodules evolving since early childhood, strictly confined to the right hemibody. Clinical examination revealed multiple soft, non-pulsatile subcutaneous nodules of variable size, including a bluish lesion on the right thigh and skin-colored nodules involving the right hand, wrist, lower limb, and axillary region. A lower limb length discrepancy was noted, predominating on the left side.

Ultrasonography confirmed the presence of multiple subcutaneous nodules, two of which demonstrated a vascular pattern on Doppler examination. Angio-MRI of the right thigh revealed a superficial venous angioma associated with extensive vascular malformations involving the inter- and intramuscular compartments, as well as peri- and intra-osseous structures. Multiple arteriovenous shunts were identified. Imaging also showed thickening of the right femur with centromedullary vascular enhancement, associated muscular fatty degeneration, and a reduction in right thigh volume.Based on the clinical presentation and radiological findings, the diagnosis of **Parkes Weber syndrome** was established.

Treatment with **sirolimus** was initiated, and the patient was placed under regular multidisciplinary follow-up. At three months of follow-up, the disease remained clinically and radiologically stable.

Conclusions

Parkes–Weber syndrome remains a rare and challenging diagnosis due to its clinical heterogeneity and often insidious evolution. Demonstration of arteriovenous shunts on angio-MRI is crucial for establishing the diagnosis and distinguishing PWS from low-flow vascular malformations, particularly Klippel–Trenaunay syndrome. Accurate differentiation is essential, as management strategies and prognostic outcomes differ significantly, and early multidisciplinary care is required to prevent potentially severe cardiovascular and local complications.

Abstract N°: ID-1300

Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Cutis Marmorata Telangiectatica Congenita: A Case Report

Maryam Alabdullah*[1], Zainab Al-Abdullah[1], Rensa Sherif[2], Roopali Soni[2]

[1]Mohammed Bin Rashid University of Medicine and Health Sciences, Dubai, United Arab Emirates
[2]Mediclinic Parkview Hospital, Dubai, United Arab Emirates

Introduction
Cutis Marmorata Telangiectatica Congenita (CMTC) is a rare vascular congenital disorder characterised by persistent reticulated marbled or fishnet patterns on the skin surface due to dilated capillaries and venules. The condition resembles physiologic cutis marmorata but is distinguished by the absence of resolution with warming of the skin surface. About 500 cases of CMTC have been reported so far, but the true frequency of CMTC is unknown as it is often benign, rendering it possibly underdiagnosed. According to the Center of Arab Genomic Studies, only 2 cases were reported from the Arab World.

Materials and Methods
N/A

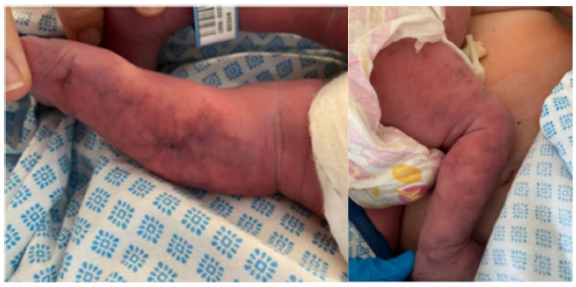
Results
A Caucasian male was born at term via elective lower segment C-section as a single pregnancy to a gravida 3 para 2 mother in her early thirties. His prenatal course was uneventful and there was no family history of skin conditions or vascular malformations. Physical examination at birth was notable for a mottled, net-like pattern of blood vessels on his right lower limb extending to the right hip, left arm extending to the left shoulder and medial aspects of the right arm. The lesions were non-tender, and the remainder of the neonatal physical examination was unremarkable. A provisional diagnosis of Cutis Marmorata Telangiectatica Congenita was made, and the patient was discharged with scheduled appointments with the neonatologist and dermatologist.

By the third week of life, the mother observed that the vascular lesions become more prominent in the cold but don't fade in warmer temperatures. Ophthalmologic examinations revealed mild myopia but no evidence of glaucoma. Over time, the family have observed a higher sensitivity to increased temperatures in the affected limbs. The reticular lesions are also noted to become more 'dark purple' during any fever or illness. Additionally, the infant bruises easily on the affected limbs, with a prolonged healing time. The affected limbs (arms, hands, legs) are thinner in circumference than the non-affected limbs.

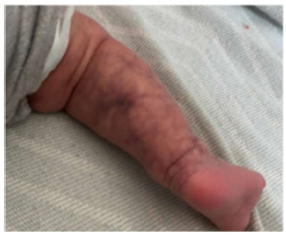
At one year of age, he was seen by a Paediatric Orthopaedic surgeon and was noted to have discrepancy of leg lengths, with the right leg(affected) measuring 0.6cm longer than the left. At 2 years old, he is growing well and developing very well within normal expected milestones, especially in motor and fine motor skills. Although there has been noticeable improvement in the vascular lesions, they still remained visible.

Pictures:

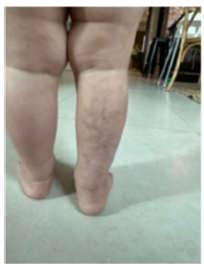
At birth:



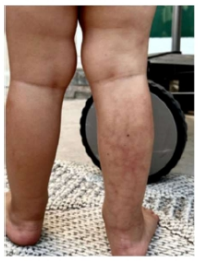
6 weeks:



18 months:



24 months:



Conclusions

Our case is one of isolated CMTC without any associated abnormalities identified so far at 2 years of age. The absence of any other features as well as the congenital timeline, helped to rule out other similar conditions such as Sneddons syndrome, Parkes-Weber syndrome, or Kilppel-Trenanuany syndrome. Aetiology in this case is unclear. Our case was considered sporadic as there was no family history of the condition. Given the limited evidence for the various treatment options, the parents opted not to pursue laser therapy. Hence, the patient did not undergo any specific treatment as he has not had suffered any of the associated complications. As with previously reported cases, the lesions have faded over the years but did not completely disappear. Although there is a leg length discrepancy, he has not yet required any specific treatment for this, although this will require further monitoring.

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Topic: Angiology, haemangiomas, vascular malformations, vasculitis

Simultaneous occurrence of infantile hemangioma and naevus sebaceous: A Rare association

Houda Zouaki*[1], Fatima Zahra Elfatoiki[1], Bouchra Baghad[1], Soumia Chiheb[1]

[1]CHU ibn Rochd, dermatology, Casablanca, Morocco

Introduction
Infantile hemangiomas (IHs) are benign vascular tumors that are common in children. They are present in an estimated 5% of the population and are characterized by abnormal proliferation of endothelial cells and abnormal blood vessel structure. Nevus sebaceous of Jadassohn is a congenital malformation. These malformations are hamartomas of the pilosebaceous follicular unit that form most commonly on the scalp, but may also appear on the forehead, face, or neck. We report the case of an infant with a rare association of a hemangioma and a Nevus sebaceous.

Results
A 6-month-old female presented with an angiomatous lesion on her index finger and a yellowish lesion on her nose, present since birth and gradually increasing in time. She was born at term. The child cried immediately after birth and required no neonatal intensive care unit stay. There was no history of loss of any acquired skills, seizures, stiffening or tightness of limbs, visual or hearing impairment.

Clinical examination revealed the presence of an angiomatous asymmetrical nodular lesion, with a well-defined raised borders measuring 3x3 cm, with a smooth surface, soft and elastic consistency, non-pulsatile and located on the left index finger. The growth on the base of her nose was a smooth yellowish hairless elevated plaque in a linear shape with no ulceration. The rest of the clinal exam was normal.

Conclusions
Patients with linear nevus sebaceous may have hemangioma