

Answers to Dermato-venereological Quiz on page 198

1. Capillary malformation / nevus flammeus, cutis marmorata telangiectatica congenita, neonatal lupus, subcutaneous fat necrosis of newborn
2. Diagnosis is mainly clinical. Imaging studies for evaluation of clinical suspected congenital anomalies such as ultrasound abdomen and cardiovascular system. Eye examination may be performed to detect retinal vascular anomalies. Skin biopsy finding is non-specific and non-diagnostic, but can be performed if other differential diagnoses have to be ruled out.
3. Cutis marmorata telangiectatica congenita (CMTC). The mid-line demarcation, patchy reticular purpuric appearing patches and slight atrophic skin changes are highly suggestive of CMTC.
4. Physiological cutis marmorata is usually distinguishable from CMTC. Associated congenital abnormalities of CMTC can be screened by careful physical examination and followed with appropriate investigations. Reported abnormalities include defective bony and soft tissue growth, congenital heart diseases, glaucoma, branchial cleft cysts and other vascular abnormalities. The prognosis is good usually. Marked improvement or disappearance of lesions is observed in most patients.¹ No specific therapy is required otherwise.

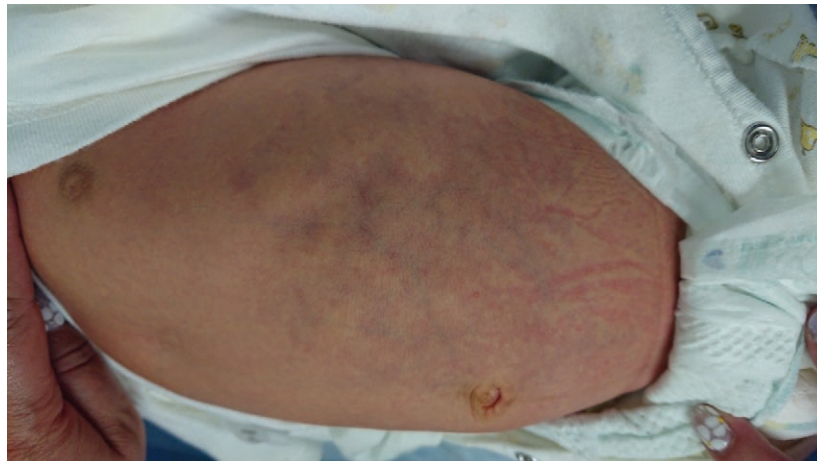


Figure 2. Noted fading in purpuric colour on follow-up visit three weeks later.

Reference

1. Devillers AC, de Waard-van der Spek FB, Oranje AP. Cutis marmorata telangiectatica congenita: clinical features in 35 cases. *Arch Dermatol* 1999;135:34-8.