

## PHOTOLETTER TO THE EDITOR

## Diffuse capillary malformation with overgrowth: a new and unusual case of a recent entity

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**Abstract**

Diffuse capillary malformation with overgrowth (DCMO) has recently been proposed as an independent entity within the wide spectrum of vascular abnormalities associated with overgrowth. We present a new case of DCMO with an unusual harlequin-like appearance. Physicians should bear in mind this diagnosis because its better prognosis. (*J Dermatol Case Rep.* 2014; 8(4): 118-119)

**Key words:**

vascular malformation, overgrowth, capilar

Diffuse capillary malformation with overgrowth (DCMO)<sup>1</sup> has recently been proposed as an independent entity within the wide spectrum of vascular abnormalities associated with overgrowth. We present a new case of DCMO with an unusual harlequin-like appearance.

A healthy 7-month-old nursling was admitted to our department with a birth history of extensive but non-progressive purplish-red stains all over his trunk and limbs. His mother had also noticed a worrisome overgrowth of his upper left limb during the last month.

Physical examination revealed light red to intense purplish reticular macules with a diffuse spreading along his both arms, legs and upper trunk. In addition to a striking violet plain area on his diaper region, two other large rectangular-shaped purplish macules with a sharply marked



**Figure 1**

Red to purplish uniform and reticular macules with a diffuse spread. Net midline demarcation on chest, back and buttocks.

midline were observed over his chest and back, giving rise to a harlequin-like clinical appearance (Fig. 1). No signs of cutaneous atrophy, ulceration and prominent veins were present. The morphometric exam highlighted a discrete macrocephaly of 36 cm and a moderate proportional hypertrophy of his left hand and forearm (1 cm girth bigger than the right one), without any additional osseous dystrophies (Fig. 2). The patient obtained adequate scores on the psychomotor evaluations.

We performed a transfontanelar, abdominal, and left upper limb ultrasounds, as well as an ophthalmological examination that all showed normal results.

After an 8-month follow-up, we realized as well as his parents did, that skin lesions faintly lightened and his hypertrophic left forearm had proportionally grown without any complication or new finding.

## Discussion

This presented diffuse vascular malformation with mild limb hypertrophy, does not fit the criteria of the established syndromes with asymmetric overgrowth and vascular anomaly. Cutis marmorata telangiectatica congenita (CMTC) is the congenital vascular anomaly that could be more likely to our case, it is characterized by a wider and more defined reddish to purple reticulate macules that may have prominent veins, telangiectasias, atrophy, ulceration and hyperkeratosis.<sup>2</sup> Skin lesions generally affect legs and torso, where a clear midline demarcation is also usually observed.<sup>3</sup> The anomaly most frequently associated with CMTC is body asymmetry, with typical limb hypotrophy.<sup>4,5</sup>

DCMO, recently described by Margaret S. Lee *et al*,<sup>1</sup> has been proposed as an independent entity within the wide spectrum of vascular abnormalities associated with overgrowth. It is distinguished by erythematous-purplish stains, with a narrow network morphology than can go with a more homogeneous or plain macules. It has a diffuse distribution, extending minimum beyond one anatomic region, and neither atrophy nor ulcers are present. It has been observed a midline sharply demarcation on the abdomen, but never on the back. The associated overgrowth is a diffuse proportional enlargement



**Figure 2**  
*Hypertrophy of his left hand.*

of a body region, most commonly of a limb, that does not progress, accordingly vascular or infectious complications will not take place. The skin vascular malformations frequently lighten over the first several months, however less intense than CMTC.

Because of these characteristics, our case better fits DCMO. Surprisingly, our nursing has a midline demarcation not only on the chest-abdomen, but also on the back and buttocks. It is worth recognizing this entity because diagnosing DCMO means a more benign condition than the other vascular syndromes with overgrowth.

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