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Blaschkoid Angioma Serpiginosum: A Clinicodermoscopic Diagnosis

An otherwise healthy 12-year-old boy presented with gradually progressive (over 2 years), asymptomatic reddish skin eruptions over his right upper limb and chest. There was no history of local trauma or bleeding from any site. No other family member had similar symptoms. Examination revealed bright-red grouped punctate macules and irregular patches arranged in a linear distribution, extending from the lateral aspect of right arm to the right pectoral area, following the lines of Blaschko (**Figure**, A). On diascopy, lesions were nonblanchable. Dermoscopy showed multiple, round-to-oval red lagoons (**Figure**, B) corresponding with dilated papillary dermal vessels. Other mucocutaneous areas were uninvolved. Systemic examination and routine laboratory measures, including coagulation profile, were normal. Based on clinicodermoscopic findings, a diagnosis of blaschkoid angioma serpiginosum was established. Laser therapy was advised for cosmetic correction.

Angioma serpiginosum is a rare, benign, acquired nevoid vascular anomaly that usually appears in childhood or early adolescence with a predilection for the extremities and sparing mucosal areas. The typical presentation of angioma serpiginosum is copper to bright red, punctate, grouped macules that may transform into papules over an erythema-

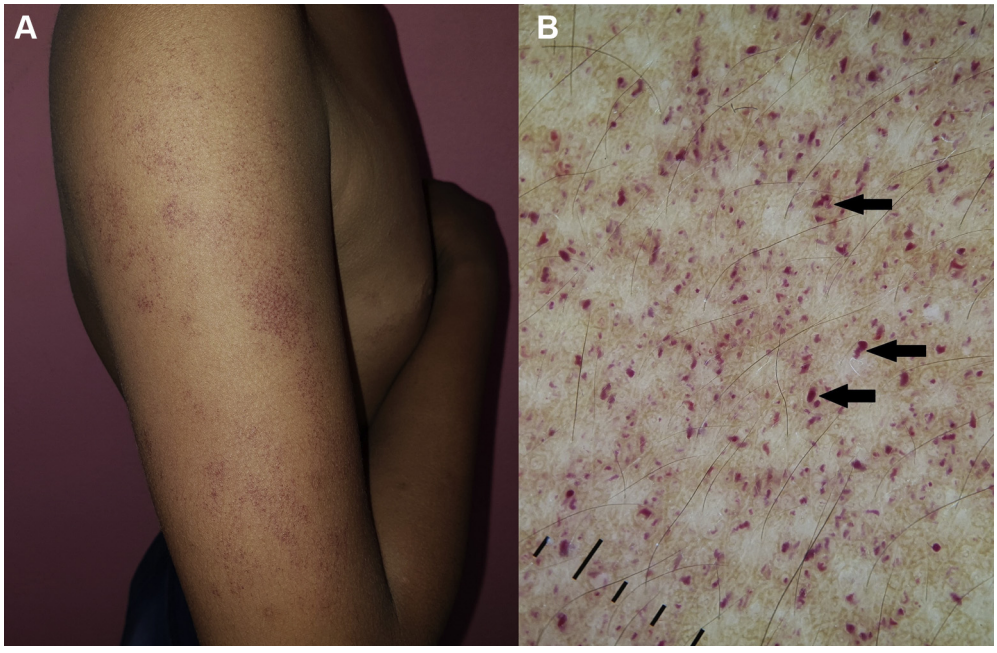

Figure. **A,** Bright-red grouped punctate macules and irregular patches arranged in a linear configuration, following the lines of Blaschko. **B,** Dermoscopy (Dermlite DL4, contact/polarized mode; original magnification × 10) showing multiple, round-to-oval red lagoons (black arrows).

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tous background distributed unilaterally; however, bilateral cases have been reported.[1,2] The presence of characteristic dermoscopic feature of round-to-oval red lagoons averts the need for invasive histopathology. Other conditions with similar clinical presentation include unilateral nevoid telangiectasia (completely blanchable, red tortuous capillaries with a reticular appearance), pigmented purpuric dermatoses (usually bilateral, predominantly affects lower limbs, on dermoscopy red globules and dots over coppery-red-pigmented background), and Fegeler syndrome (acquired port wine stain; history of trauma, rounded globular vessels with reddish ring-like structures under dermoscope).[3] Treatment with a 532-nm potassium titanyl phosphate and pulsed dye laser is indicated primarily to address the psychological discomfort caused by the condition.[2] Prompt clinical recognition and appreciation of dermoscopic features of the condition can help to avoid unnecessary invasive investigation(s). ■

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