

## Repeated Cutdown Intervention in Cutis Marmorata Telangiectatica

A 5-month-old boy patient was referred to us because of skin problems. The parents were second cousins. There was no family history of congenital skin or vascular diseases. He was born premature and suffered from hypoxic ischemic encephalopathy, respiratory distress syndrome and septic shock. He was kept in the neonatal intensive care unit for fifty days and had required six cutdown procedures because of management of life-threatening episodes of septic shock. At the age of two months, he developed multiple reticuled, blue-violet skin



*Fig. 1. Typical reticulated blue-violet net-work is evident on the left arm, right and left leg (thick arrows). Note nevus flammeus of philtrum and upper lip (dotted arrow) and three cutdown scars (thin arrows).*

lesions, midline nevus flammeus along the upper lip, cavernous hemangioma at the frontoparietal region and the chin (*Fig. 1.*). The skin lesions were distributed all over the body especially below umbilicus. We thought that these features of cutis marmorata telangiectatica congenital (CMTC) might be connected with the vascular trauma because of repeated cutdown procedures, although Doppler study of venous and arterial system was normal. Brain computerized tomography revealed left hemispheric atrophy, asymmetric dilatation of left lateral ventricle and calcification at left basal ganglion level.

A number of hypothesis have been proposed for the pathogenesis of CMTC, including environmental factors, autosomal dominant inheritance with low or variable penetrance, a multifactorial cause or a lethal gene surviving mosaicism, a peripheral neural dysfunction, and a failure of development of the mesodermic vessels in the early embryonic stage(1-4). We suggest that a failure of development of vessels might be because of septic shock and frequently repeated cutdown procedures. One of the most serious complications of cutdown procedures is probably arterial thrombosis. And also, repeated microthrombosis might lead to increased peripheral flow resistance, which causes a perfusion deficit, and thus explain the reduced oxygen saturation in the tissues and specific skin problems. Although, we could not confirm this theory, we presume a functional malformation at the level of the terminal blood vessels.

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**Avoidance of Food Allergens in Asthma (Reply)**

At the outset, allow us to make it clear to all the readers of IP that there was a communication gap between the editorial board of IP and the authors (caused by the demise of one of our co-authors, Dr. B.N. Bapat). Had it not been for this, our readers would have received answers to their queries much earlier.

Reply to Dr. Sarpotdar(1). His first question was about allergens and the method of their preparation.

The food allergens were proteins extracted by standard method of protein extraction. High molecular weight fractions were used, food allergens are water soluble glycoproteins with molecular weight in the range of 10,000 to 60,000 daltons. They are suitable for treatment by heat, acid and proteases. They are not haptens.

Regarding the second question, we are glad the concept of total allergenic load was accepted. Ours was a pilot clinical study to demonstrate whether avoidance of food allergens would have any beneficial role at all

in the management of childhood asthma. It is nice to know that Dr. Sarpotdar agrees with the role of allergen avoidance and is encouraging us to carry out a study for a longer duration to see the effects on perennial symptoms. We were encouraged by the response in this limited period. Larger study with a longer duration of food allergen avoidance is being planned.

To answer the queries raised by Dr. Yash Paul(2). Yes, certain food items like curd, cheese and milk products, generally good for the intestine, are harmful for some asthmatics and need to be avoided.

With only a small blood sample, we were able to study age against 84 food items. Not all were excluded from the diet. Those items against which allergy was detected, were excluded. Twenty had allergy against rice, 12 had allergy against wheat, 9 against maida. Avoidance was advised and was followed by parents for the period of the study. One of the patients was a breast fed infant and the mother was advised to avoid eating these items - we got encouraging results in this case as well.

We really appreciate Dr. Yash Paul's concern for nutritional intake. Masoor dal and soyabean can take care of protein requirement.