varicella lesions. However, the oral erosions in HFMD are usually smaller, more uniform and asymptomatic unlike those in herpetic gingivostomatitis which are painful and coalesces, and those of varicella usually last longer and always crust. Unlike HFMD, both varicella and herpes lesions will also show multinucleated giant cells in Tzanck smears. Herpangina, another self limiting disease in children due to multiple types of coxsackie viruses and echoviruses and characterized by acute febrile illness with headache, sore throat, dysphagia, anorexia, occasionally stiff neck, and small yellowish-white vesicles/ulcers with erythematous areola distributed irregularly over posterior oropharynx (anterior faucial pillars, tonsils, uvula, or soft palate), closely mimics HFMD. However, absence of skin lesions and characteristic distribution of oral lesions in herpangina are diagnostic. The skin lesions of HFMD can be distinguished from *Herpes simplex* associated erythema multiforme by the skin lesions which are round/oval, grey and targetoid.

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Cutaneovisceral Angiomatosis

A 4 year old girl presented with painful hemorrhagic lesions all over her body that had gradually increased in size and number since birth. Physical examination revealed multiple, various sized lesions localized on her scalp, face, ears, lips, oral cavity, trunk, arms, palms, genital area, legs and feet (***Figs.* 1** to **3**). Her right foot had been amputated in another center at the age of 2 because of multiple giant hemorrhagic hemangiomas. Hemoglobin was 9.3 g/dL and platelet count was $197x10^9$/ mm^3. *X*-ray revealed radiolucent lesion on the diaphysis of the left ulna with multiple small round calcifications in the surrounding soft tissues interpreted as nonspecific lesions (***Fig.* 4**). Abdominal ultrasound and cerebral computed tomography scans were normal.

Biopsy of the of cutaneous lesion revealed thin-walled, blood-filled vascular channels lined by bland, sometimes hobnail endothelial cells and endothelial hyperplasia.

Cutaneovisceral angiomatosis is a rare vascular disorder characterized by generalized multiple, red brown to blue, discrete papules, macules, plaques and nodules ranging in size from millimetres to

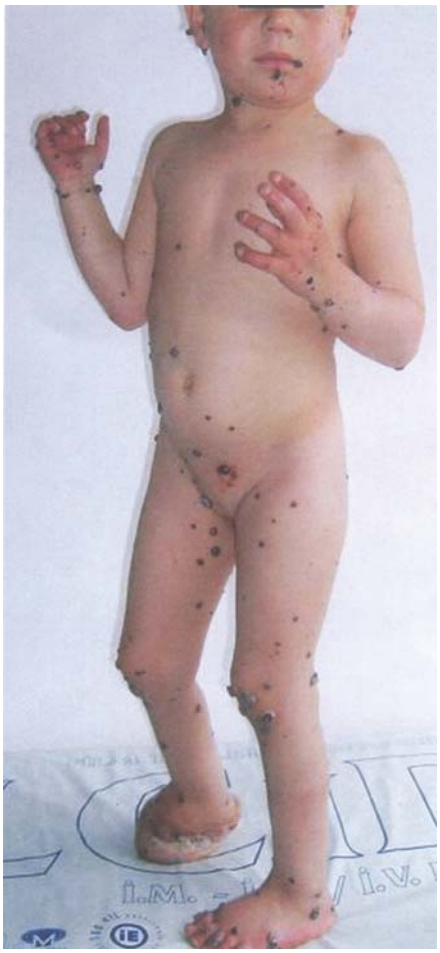

FIG.1 *Frontal view showing multiple, various sized lesions localized on face, ears, lips, trunk, arms, palms, genital area, legs and feet.*

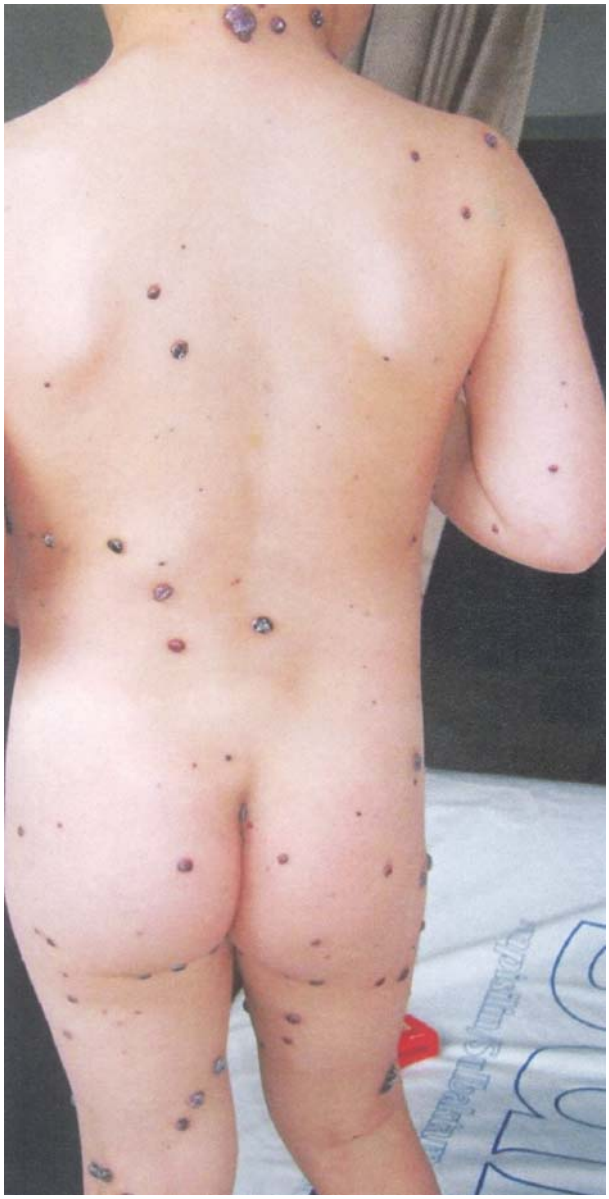

FIG. 2 *Back view of the patient showing lesions spread all over the body.*

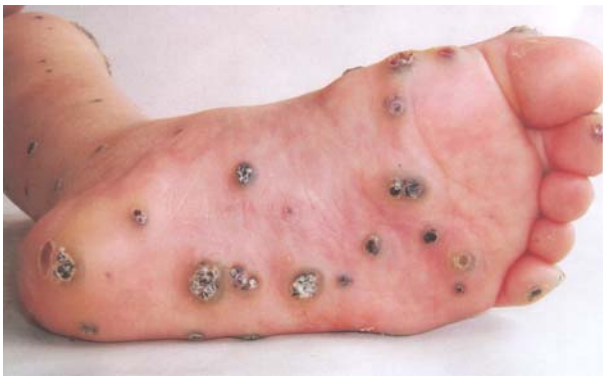

FIG. 3 *Lesions localized on plantar surface of the foot.*

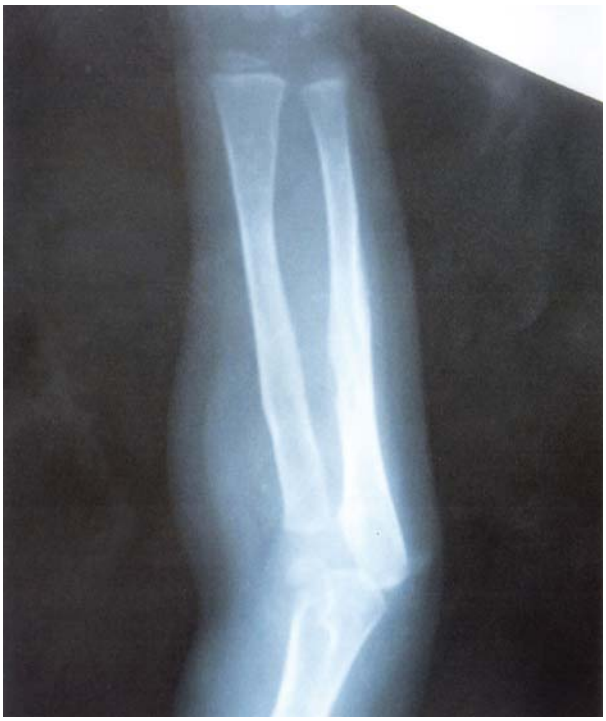

FIG. 4 *Radiolucent lesion on the diaphysis of the left ulna with multiple small round calcifications in the surrounding soft tissues.*

several centimetres involving the trunk and extremities. The lesions are present congenitally and new lesions continually appear throughout childhood. Other sites of involvement include the gastrointestinal tract, lung, bone, liver, spleen, muscle and synovium. It could be complicated by gastrointestinal hemorrhage, even sepsis and death. Benign lymphangioendothelioma and hobnail hemangioma reveal close histological similarity to cutaneovisceral angiomatosis. The most common clinical conditions that should be thought in differential diagnosis are neonatal hemangiomatosis and blue rubber bleb nevus syndrome. There is no standard treatment.

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