

Acquired Cutaneous Lymphangiectasia: Dermoscopic Evidence from White-Yellowish Lacunae

Nicolás Silvestre-Torner¹, Adrián Imbernón-Moya¹, Marta Martínez-García¹, Fernando Burgos-Lázaro²

1 Department of Dermatology. Hospital Universitario Severo Ochoa. Avenida de Orellana, Leganés, Madrid, Spain.

2 Department of Pathology. Hospital Universitario Severo Ochoa. Avenida de Orellana, Leganés, Madrid, Spain.

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Corresponding author: Nicolás Silvestre Torner, Department of Dermatology, Hospital Universitario Severo Ochoa, Avenida de Orellana, Leganés, Madrid, Spain, Plaza General Vara de Rey 11, 4G. Email: nicolassilvestretorner@gmail.com

Case Presentation

A 71-year-old woman, with a personal history of a left radical mastectomy and locoregional radiation therapy for breast cancer 20 years ago, was referred for assessment. She presented secondary chronic upper limb lymphedema and asymptomatic flesh-colored papulovesicles on the left axillary area (Figure 1) that appeared 6 months ago. On dermoscopy, lesions presented well-demarcated red-orange lacunae surrounded by white lines (Figure 2). Histopathology showed multiple ectatic lymphatic vessels in the papillary dermis (Figure 3). Thus, a diagnosis of acquired cutaneous lymphangiectasia was made.

Teaching Point

Acquired cutaneous lymphangiectasia (ACL) are dilatations of surface lymphatic vessels, following lymphatic damage after surgery or radiotherapy, specially related with breast cancer [1]. Often described as “frog spawn”, ACL presents as multiple asymptomatic translucent vesicular lesions, resembling a lymphangioma circumscriptum. Dermoscopy shows a vascular pattern with yellow-orange lacunae surrounded by white septa [2]. Although ACL are considered benign disorders, histopathological diagnosis is needed to rule out different disorders, including cutaneous metastases from previous cancers.



Figure 1. Multiple thin-walled papulovesicles on the left axillary area.

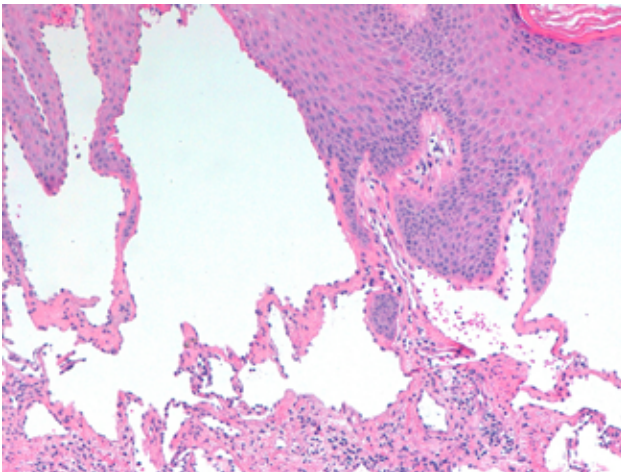


Figure 3. Histopathology revealing ectatic vessels in papillary dermis lined by a single layer of endothelial cells.

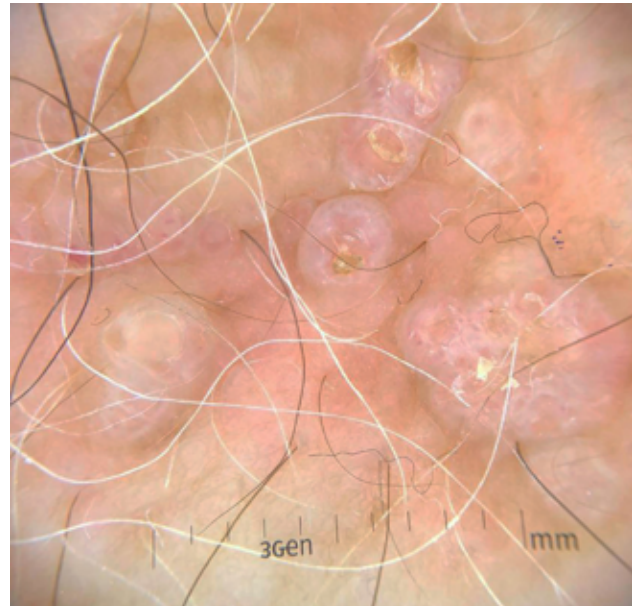


Figure 2. Dermoscopy revealing a vascular pattern with well-circumscribed yellowish lacunae surrounded by pale septa.

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