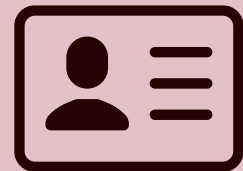




Lesão acral multilobulada

Joanna Patriarcha Guimarães
Maria Theodora Sirtoli Marcondes
Laura Ribeiro Teixeira
Luciana Ferreira de Araújo
Ricardo Barbosa Lima
Diego Rocha

Caso clínico:



Identificação: homem, 32 anos, preto, natural e procedente do Rio de Janeiro e motorista de aplicativo;



Queixa principal: “inchaço no dedão direito com saída de água”;



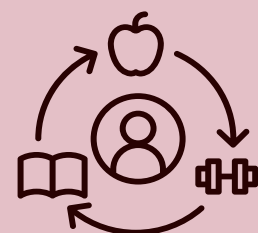
HDA: relatava **aumento de volume** do **hálux direito**, com **crescimento progressivo** e **dor local** há cerca de 2 anos. Apresentava **eliminação espontânea de líquido cristalino**, sem saída de pus ou sangue. Não recordava traumas no local.



HPP: fratura do tornozelo direito há 14 anos do surgimento da lesão.
Negava histórico pessoal de neoplasia ou radioterapia;



Comorbidades: ausentes;



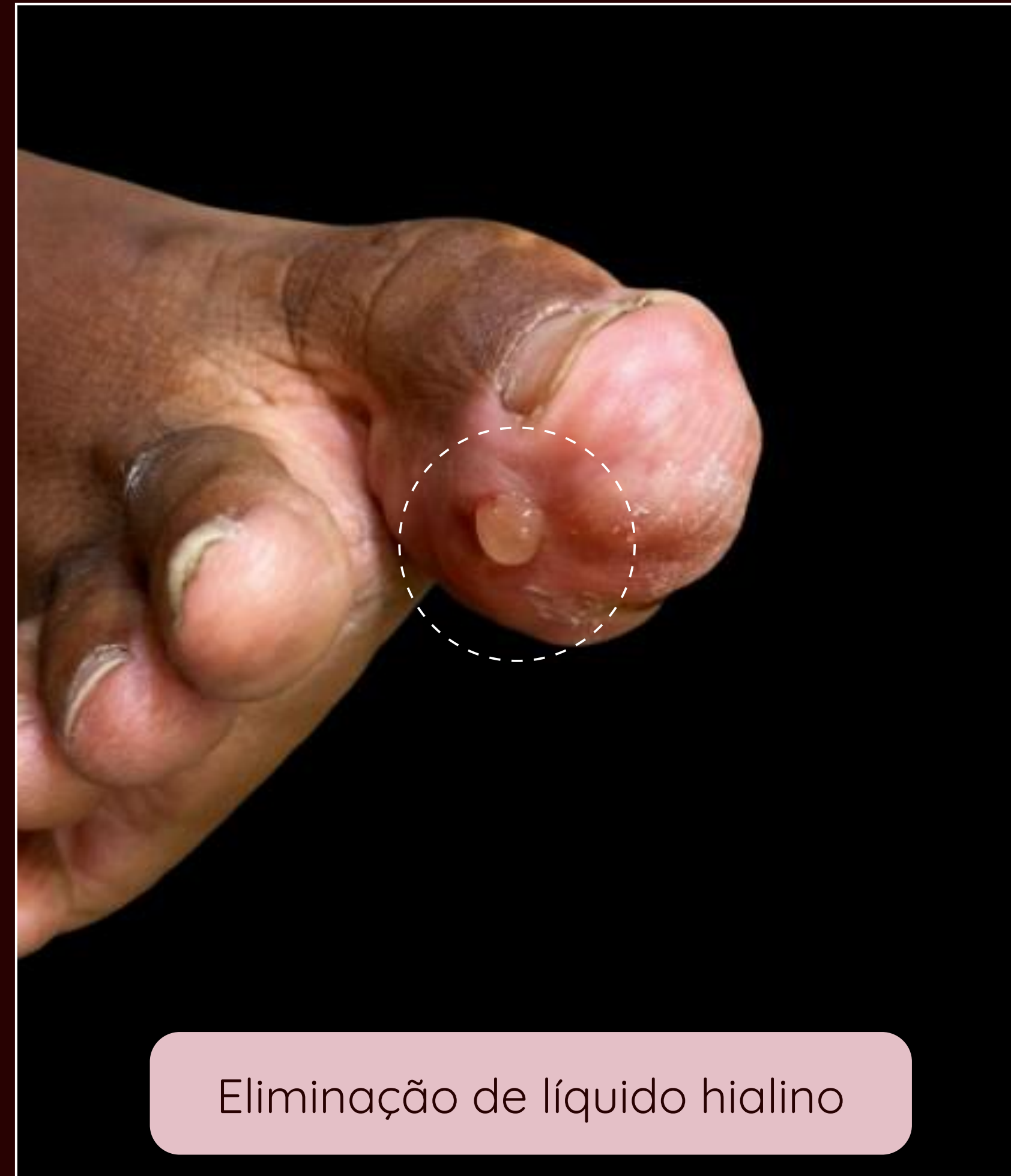
Hábitos de vida: prática regular de futebol (destro).

Exame físico:



Aumento volumétrico

Contornos lobulados



Eliminação de líquido hialino



Volume

Vincos e dobras



Imagem cedida pelo paciente

Área traumatizada

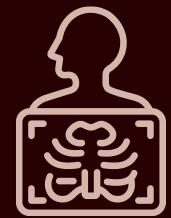


Transluminação:



Transluminescência positiva

Conduta:



Solicitação de exames de imagem:

Radiografia

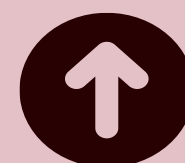
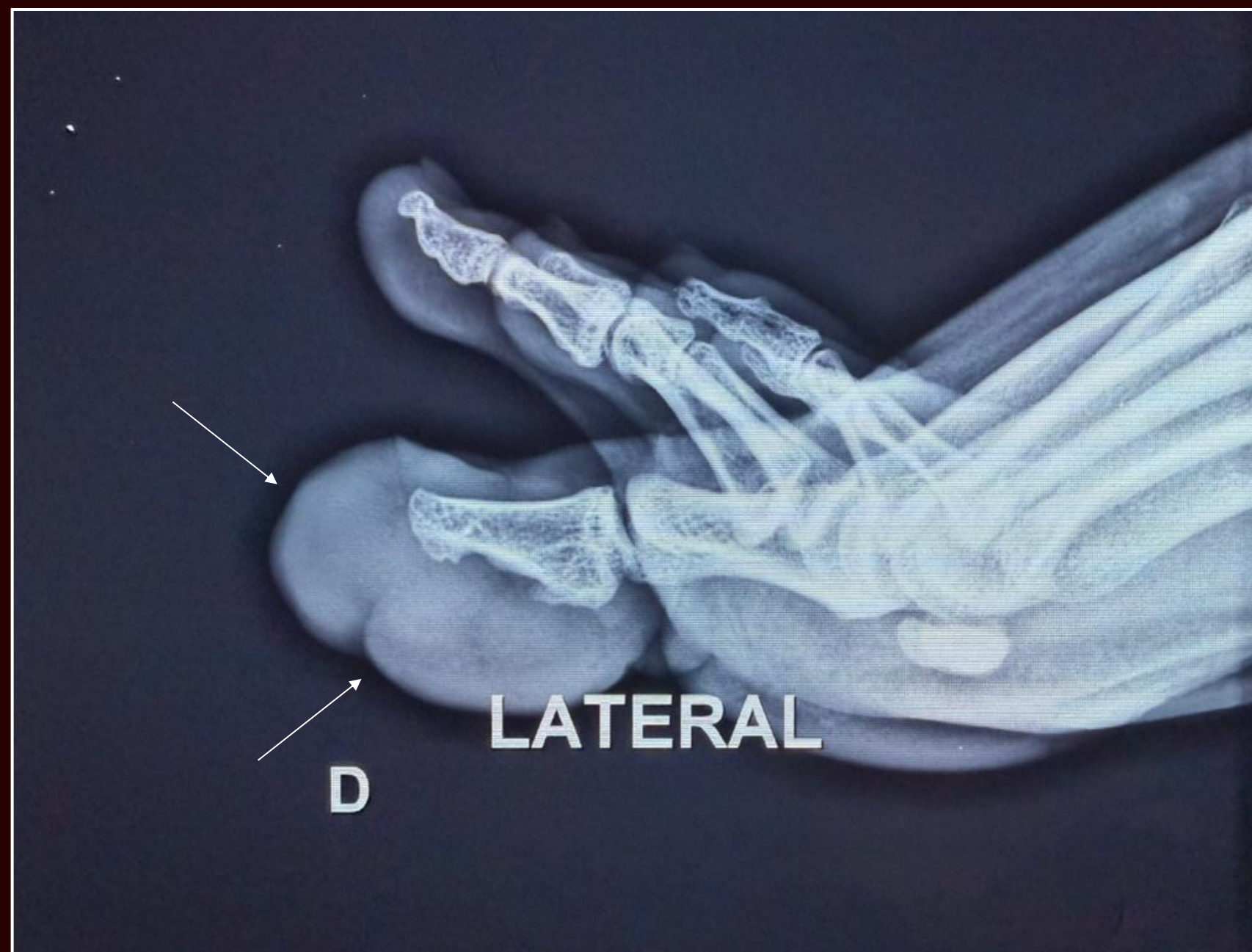
USG dermatológico

Ressonância Magnética



Biópsia incisional ampla

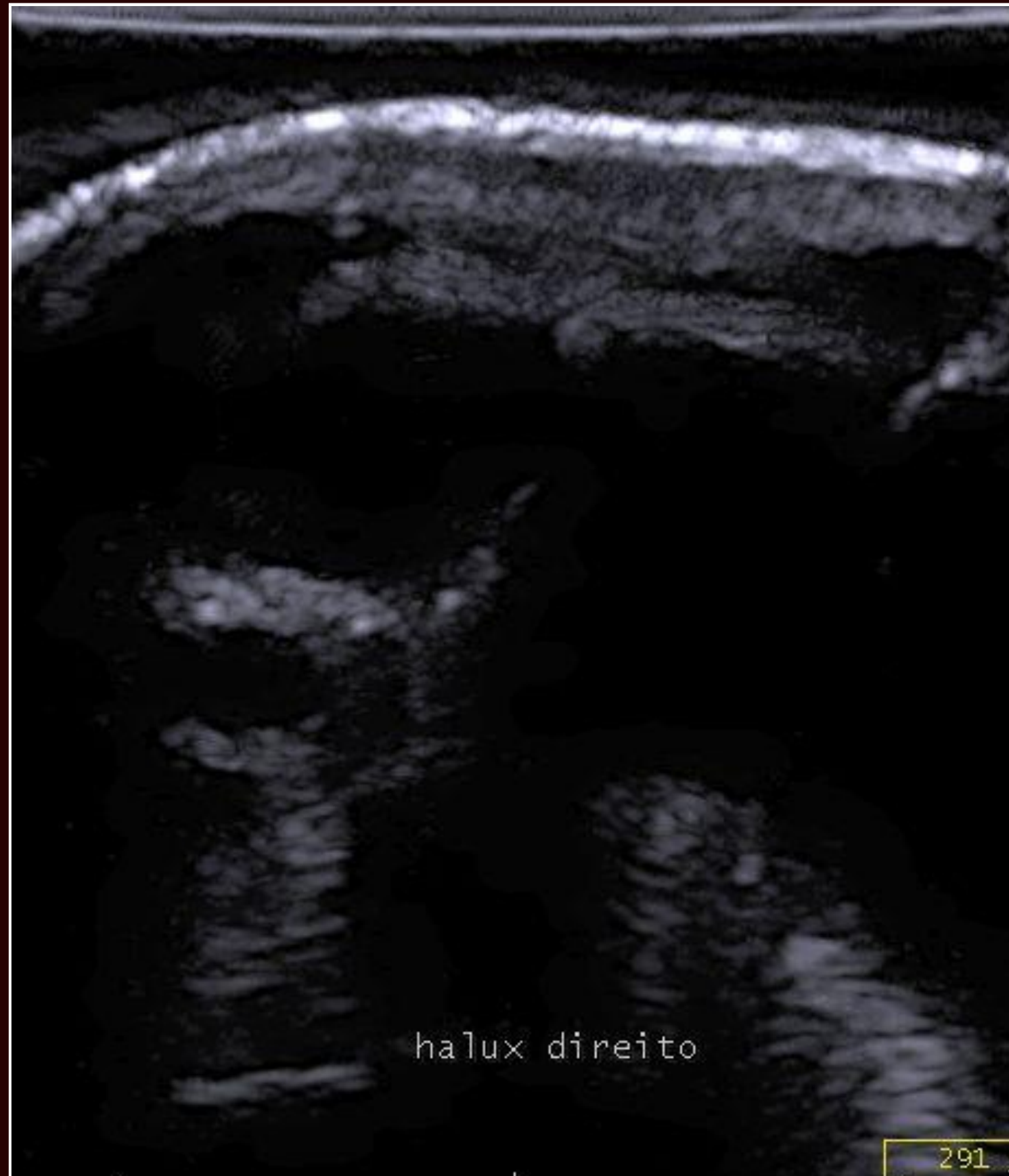
Radiografia do pé direito:



Volume ao nível da falange
distal do hálux

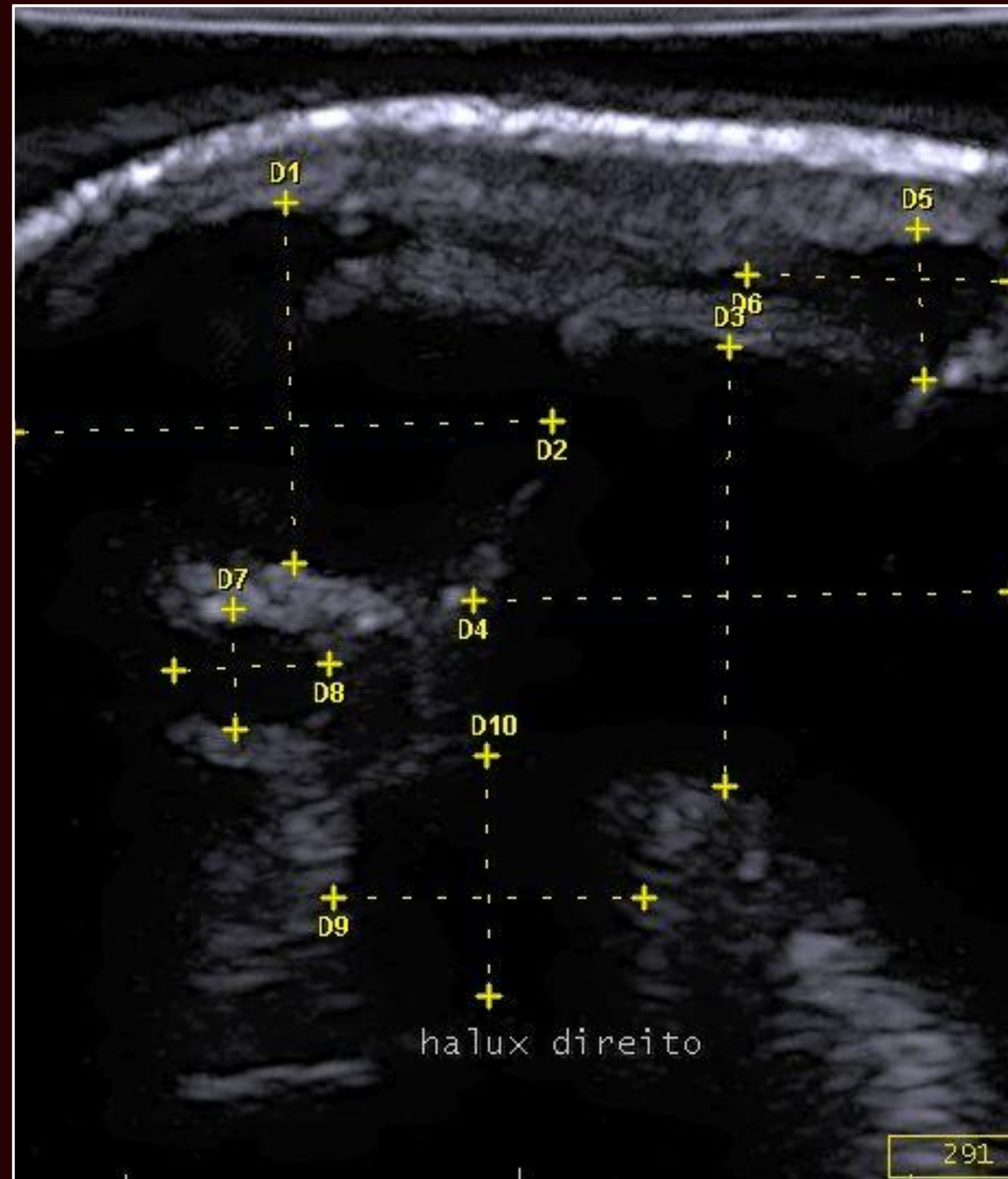
Sem alterações ósseas

USG dermatológico com Doppler:



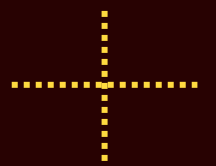
Formações lobuladas

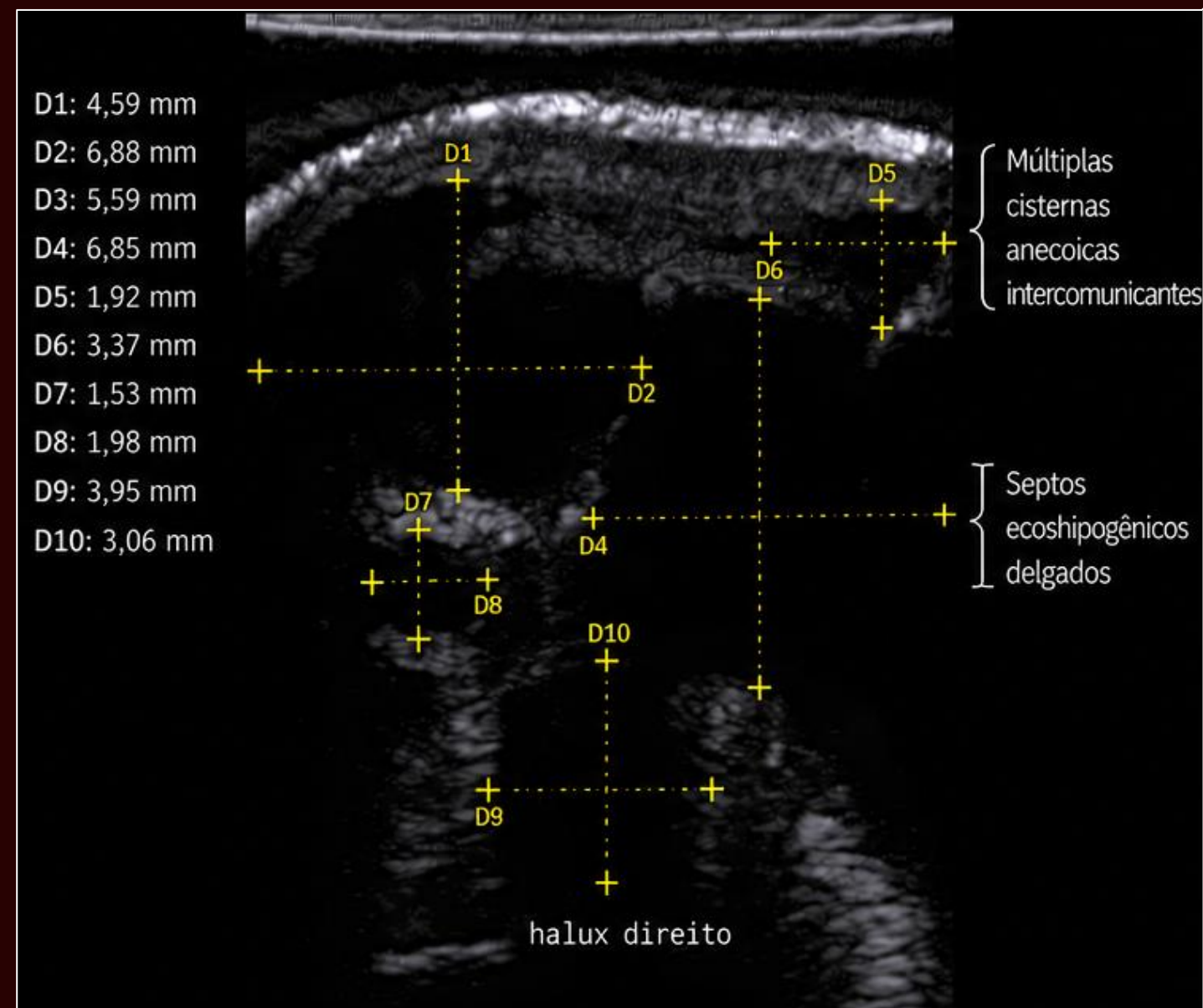
USG dermatológico com Doppler:



Formações lobuladas

Anecoicas





USG do paciente

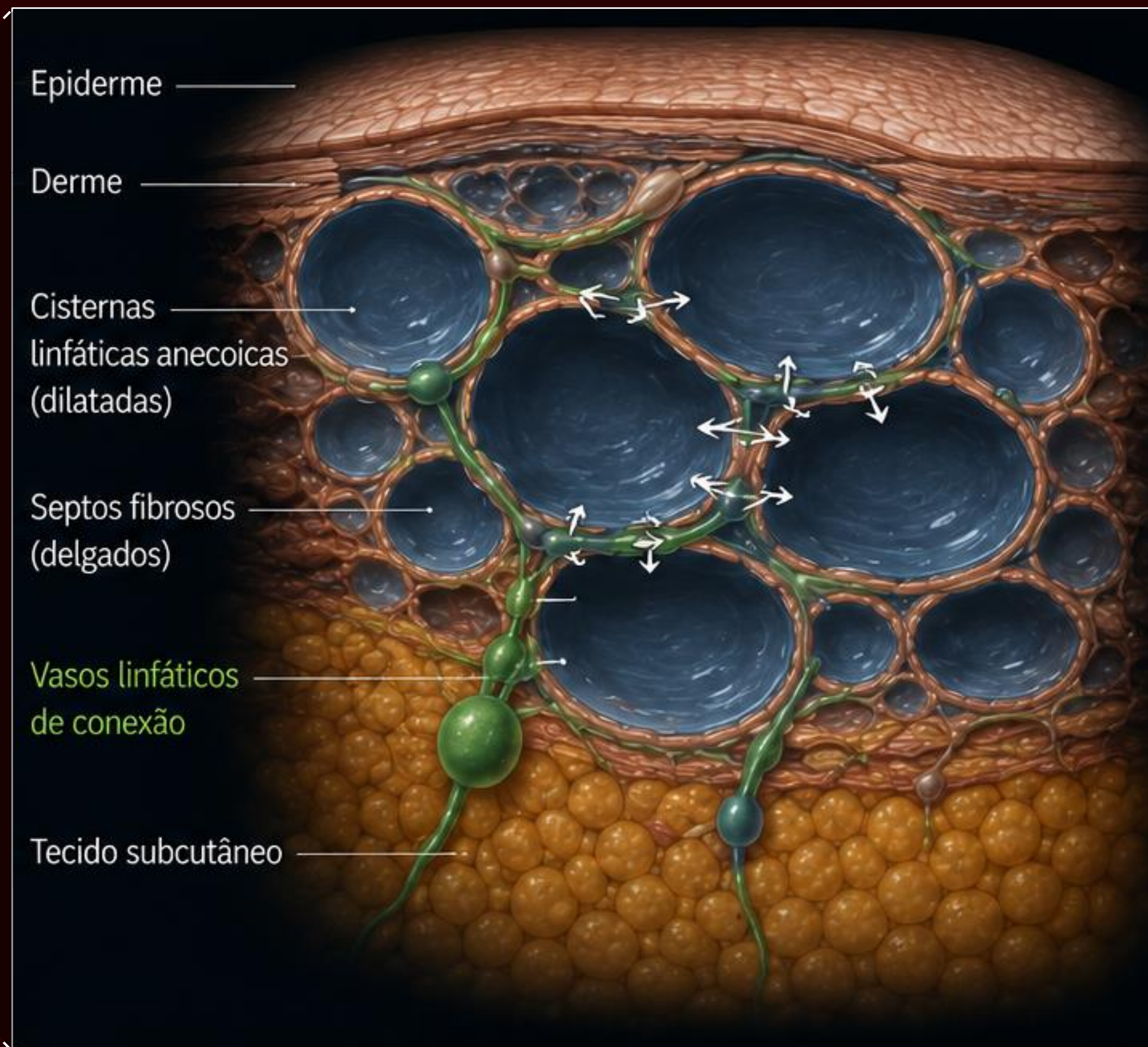
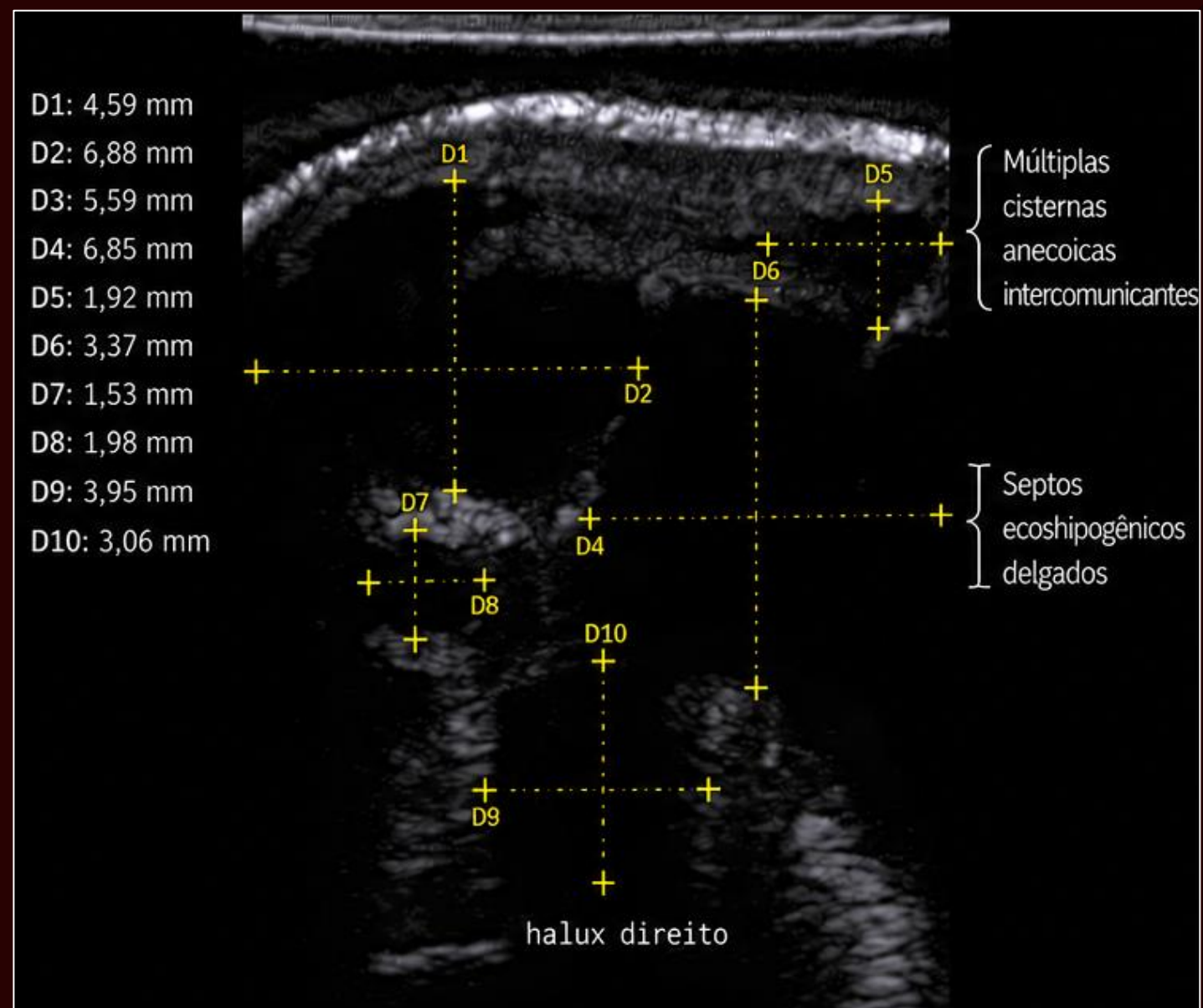


Ilustração representativa - Imagem gerada por IA



USG do paciente

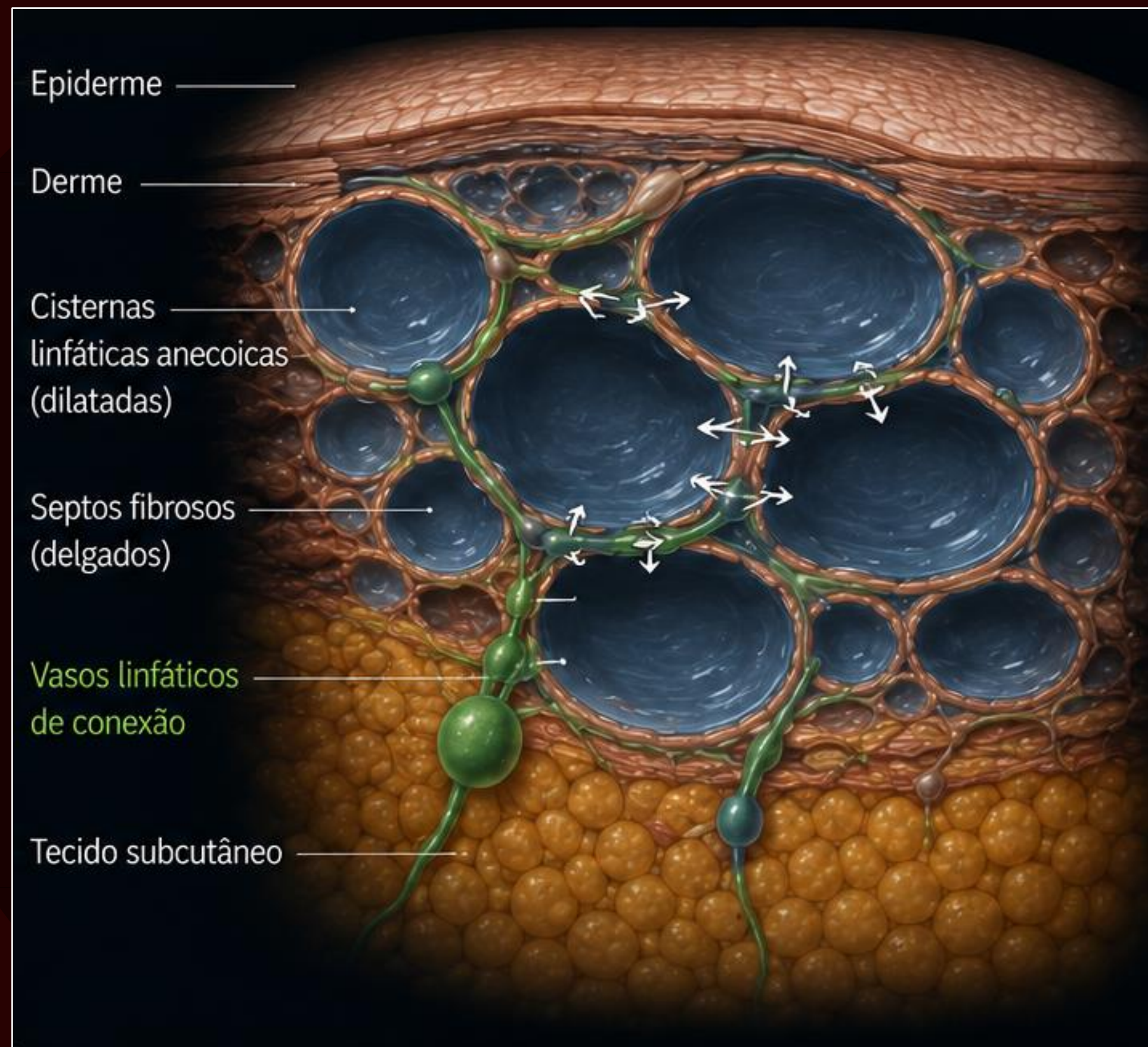


Ilustração representativa - Imagem gerada por IA

Ressonância Magnética do pé direito:

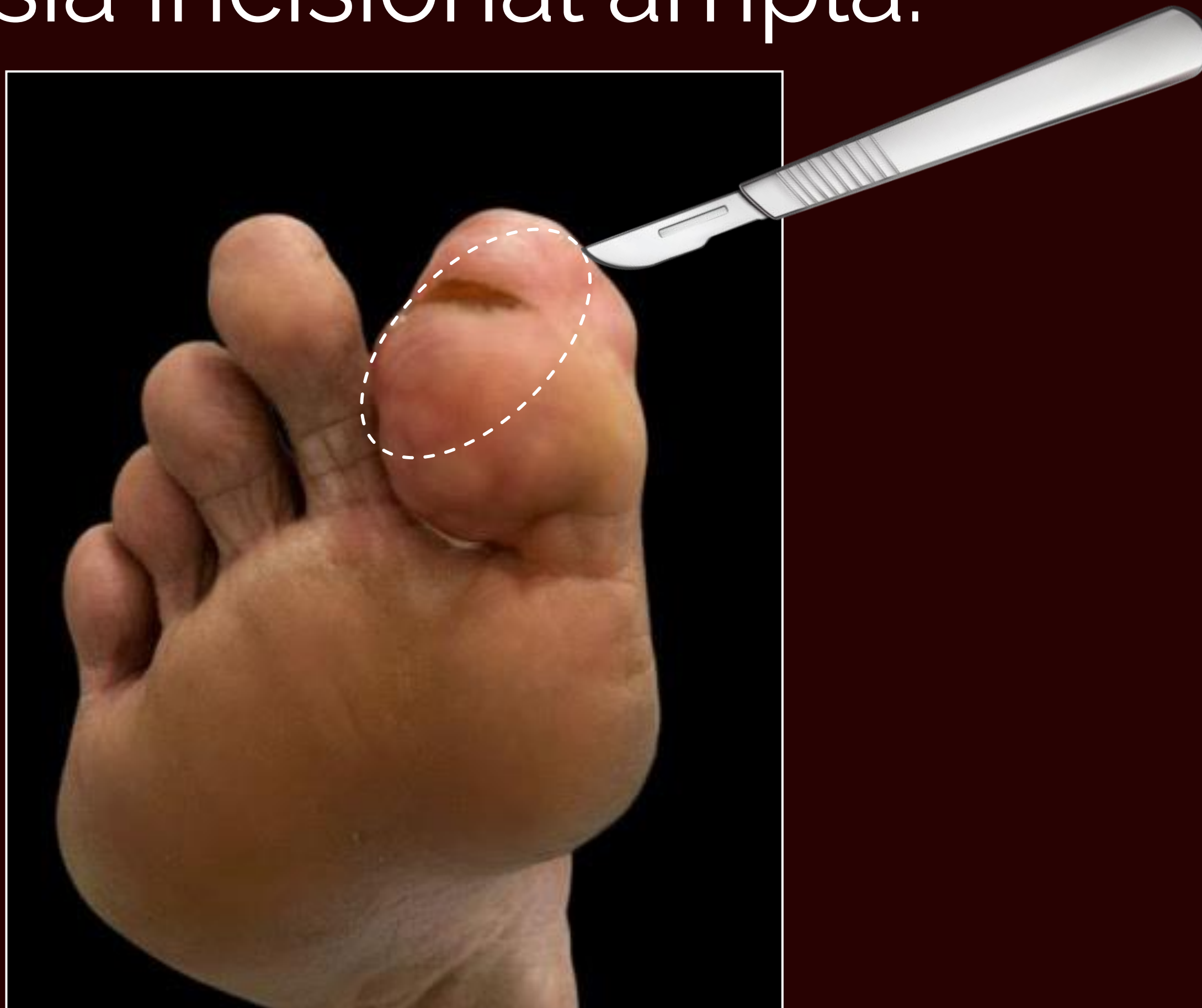


Lesões císticas no
subcutâneo

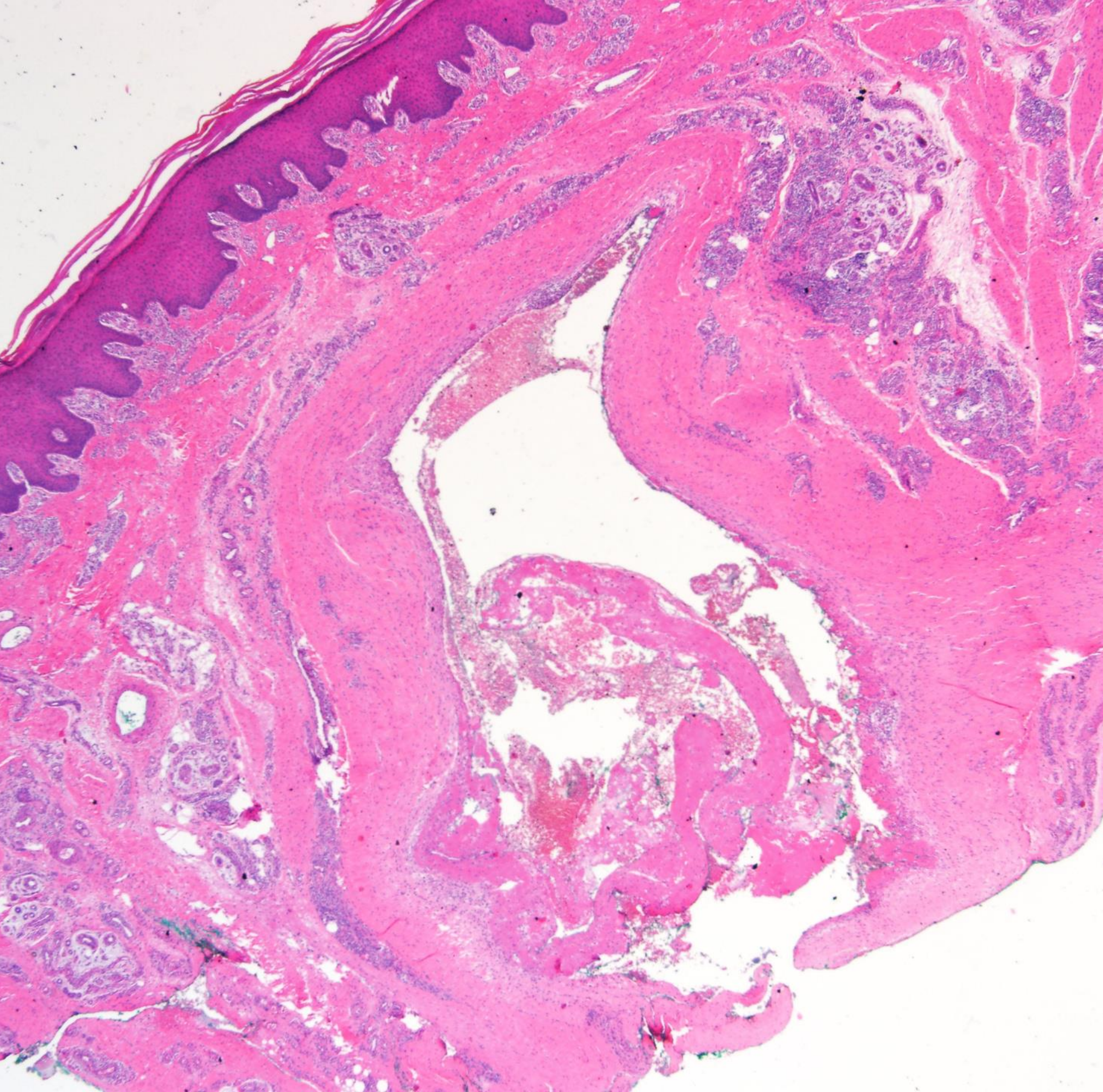
Biópsia incisional ampla:



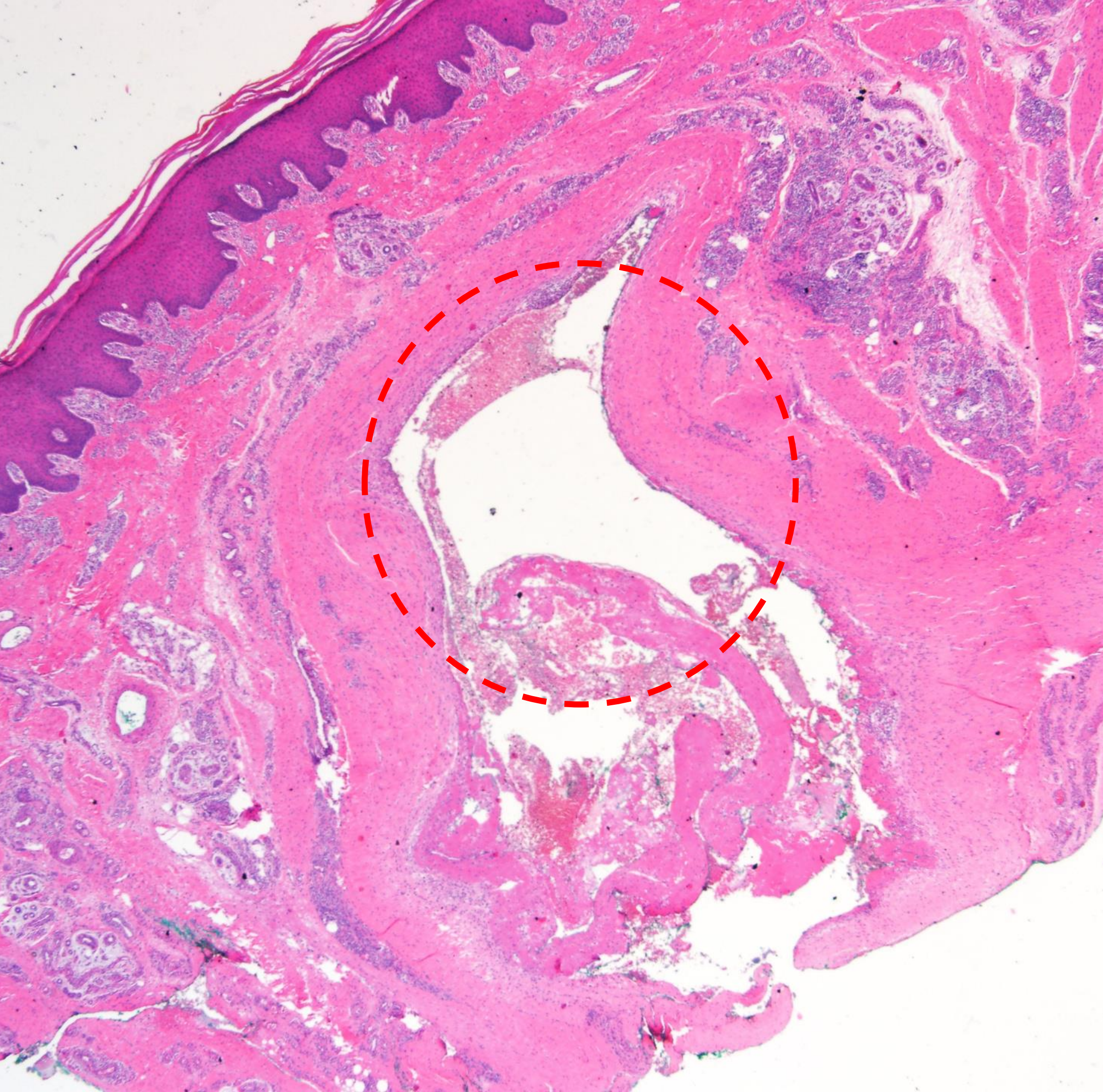
Biópsia incisional ampla:



Histopatológico

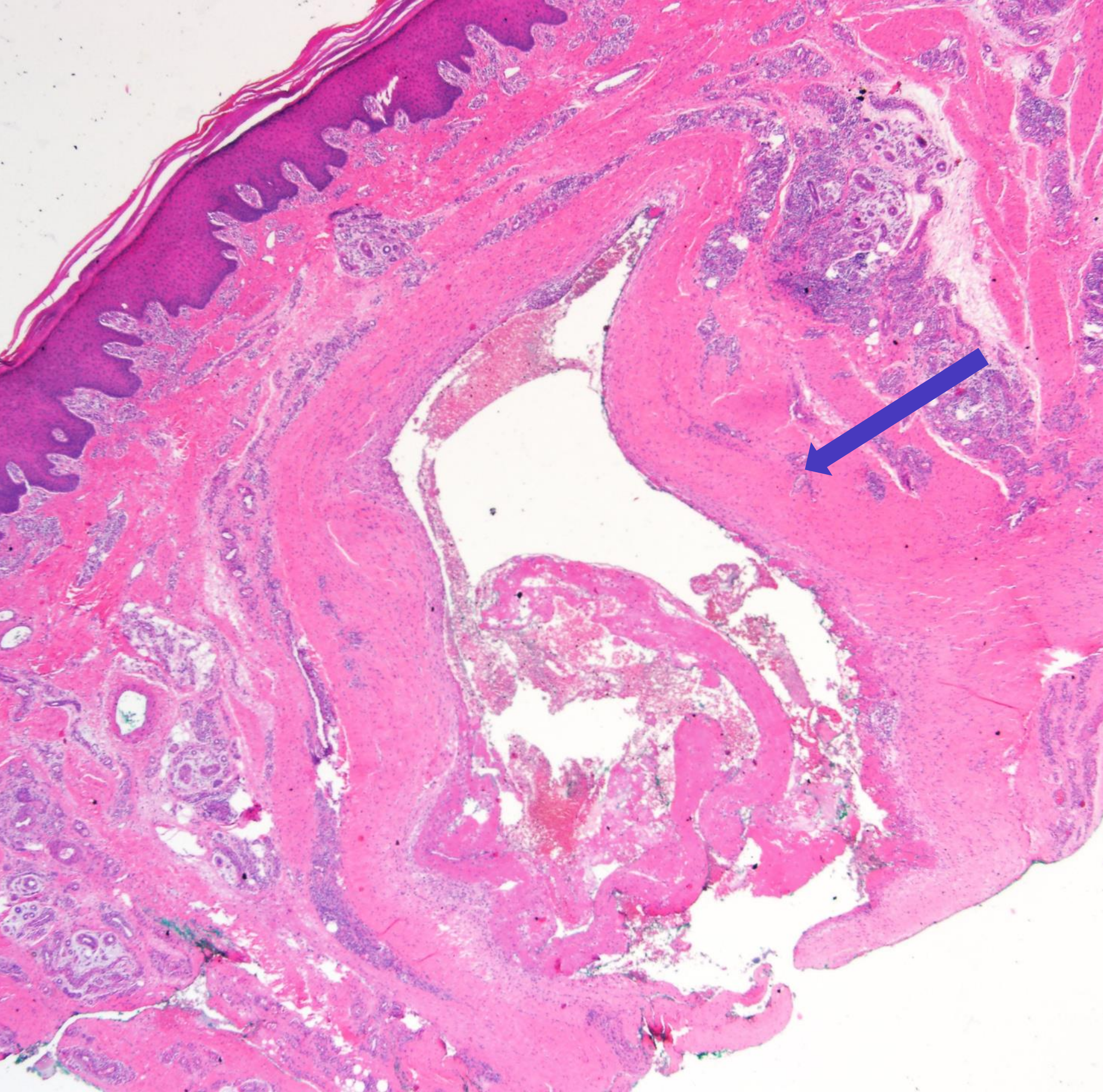


Histopatológico



Ectasia vascular

Histopatológico



Ectasia vascular

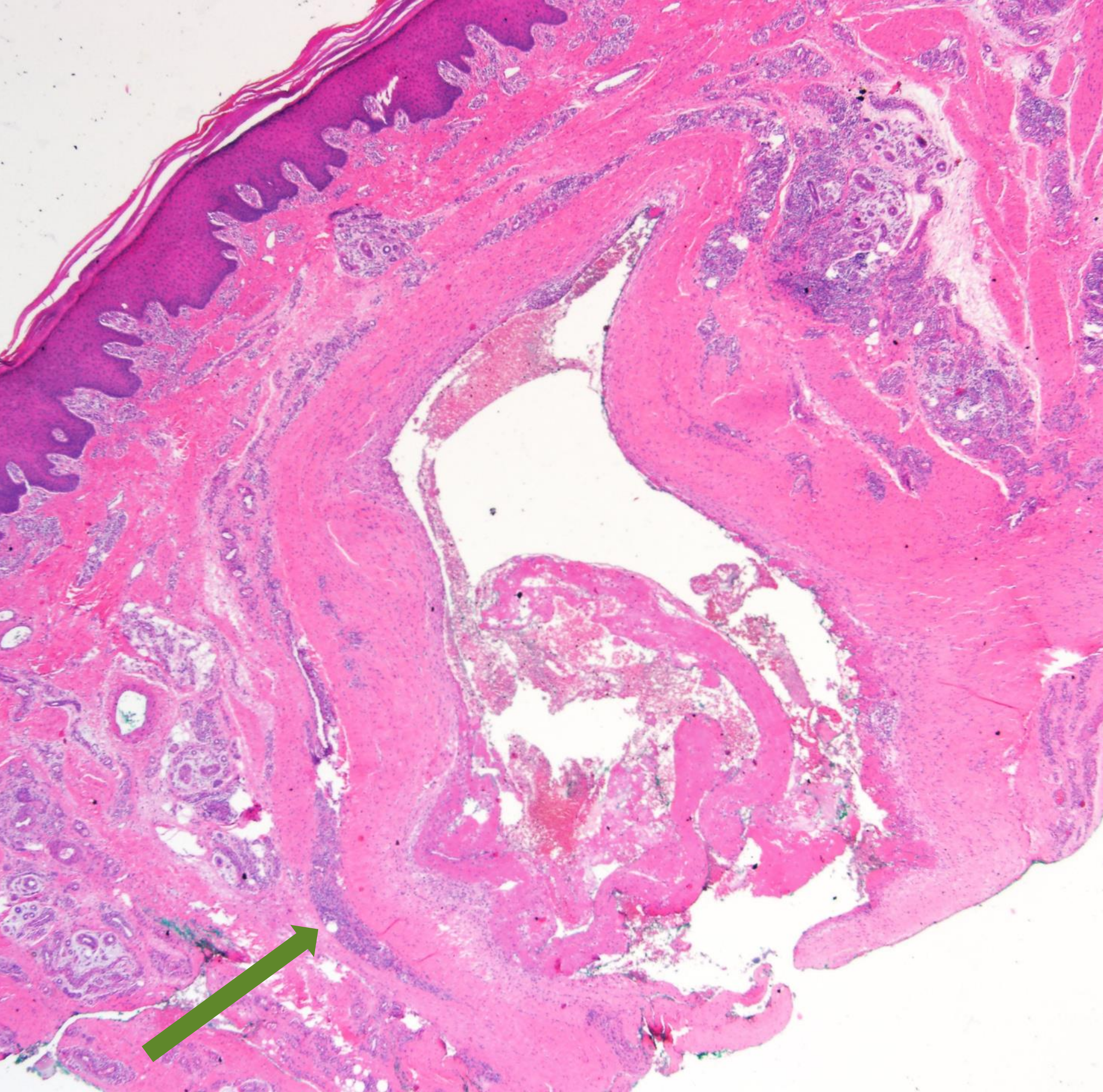
Paredes envoltas por fibras colágenas e fibroblastos

Histopatológico

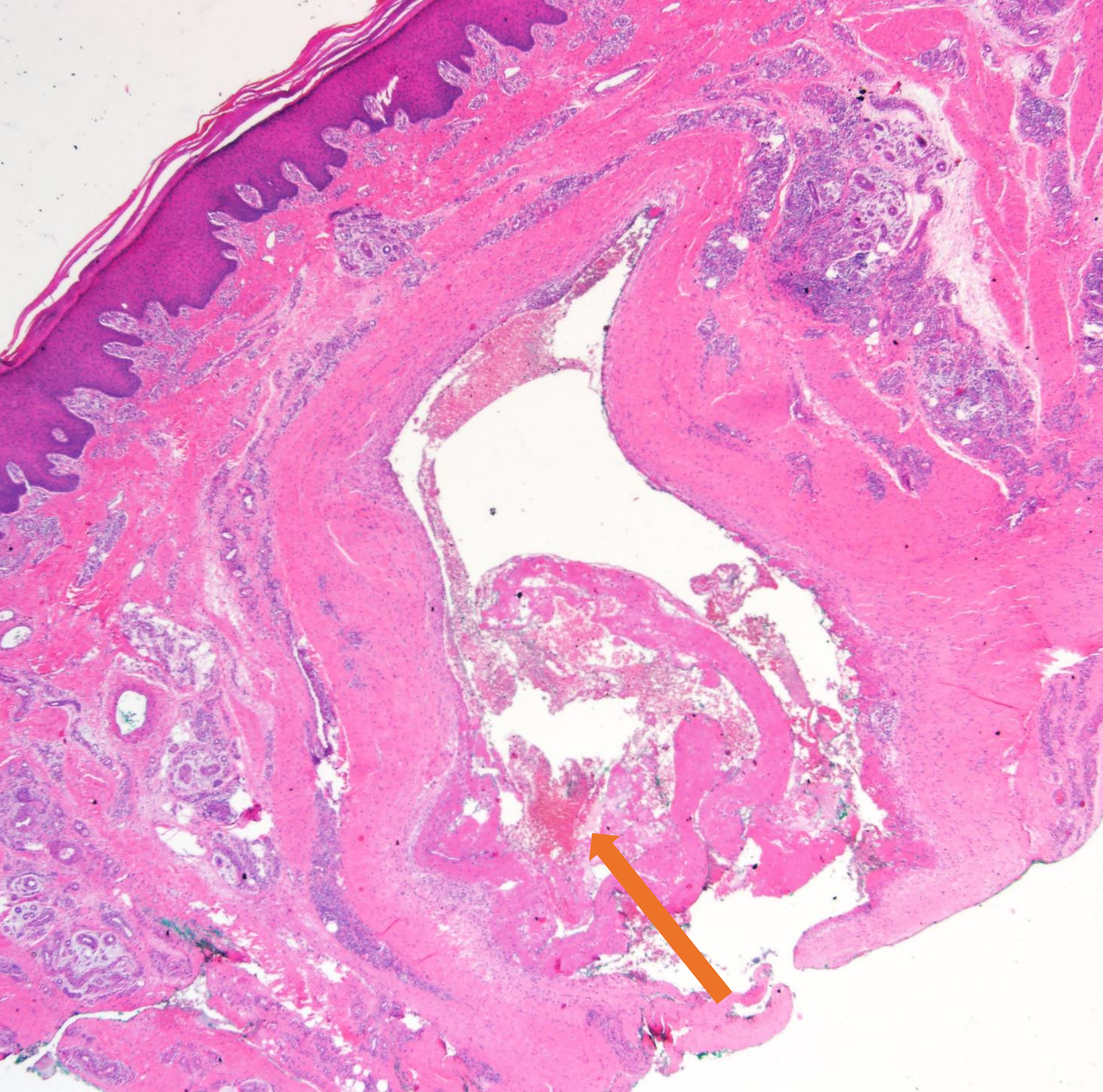
Ectasia vascular

Paredes envoltas por fibras colágenas e fibroblastos

Infiltrado inflamatório linfohistiocitário



Histopatológico

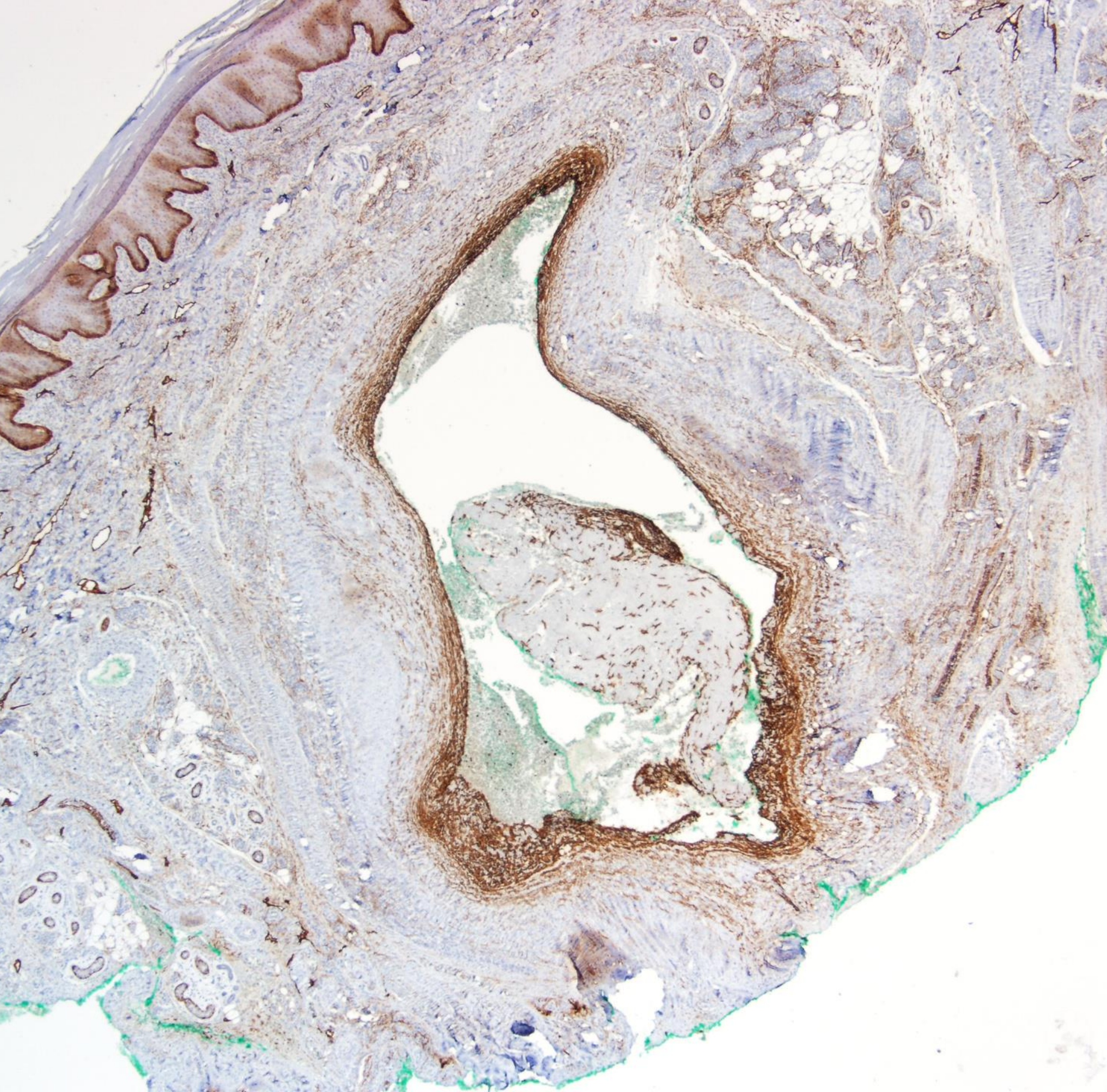


Ectasia vascular

Paredes envoltas por fibras colágenas e fibroblastos

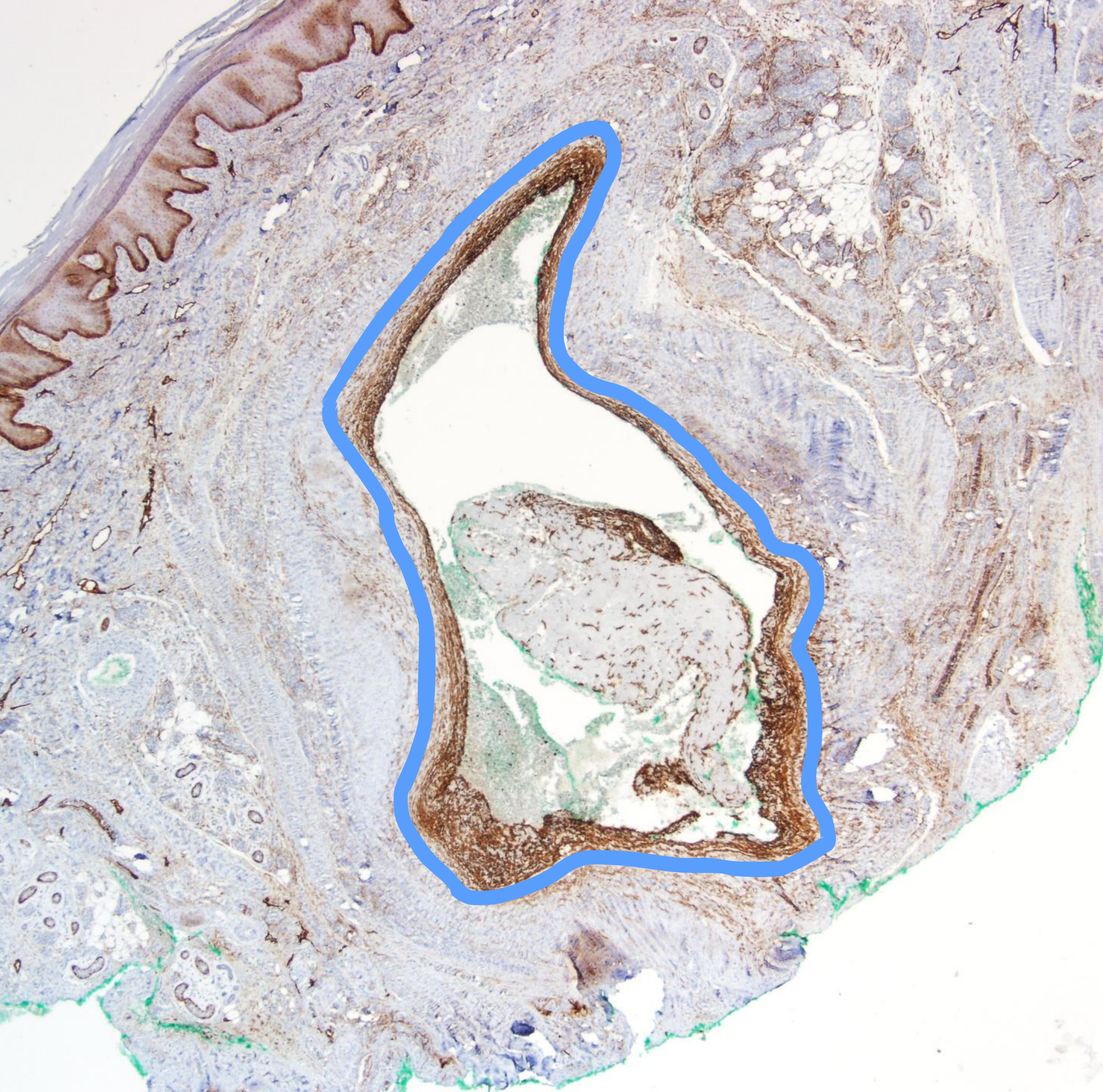
Infiltrado inflamatório linfohistiocitário

Material homogêneo, eosinofílico e hemácias

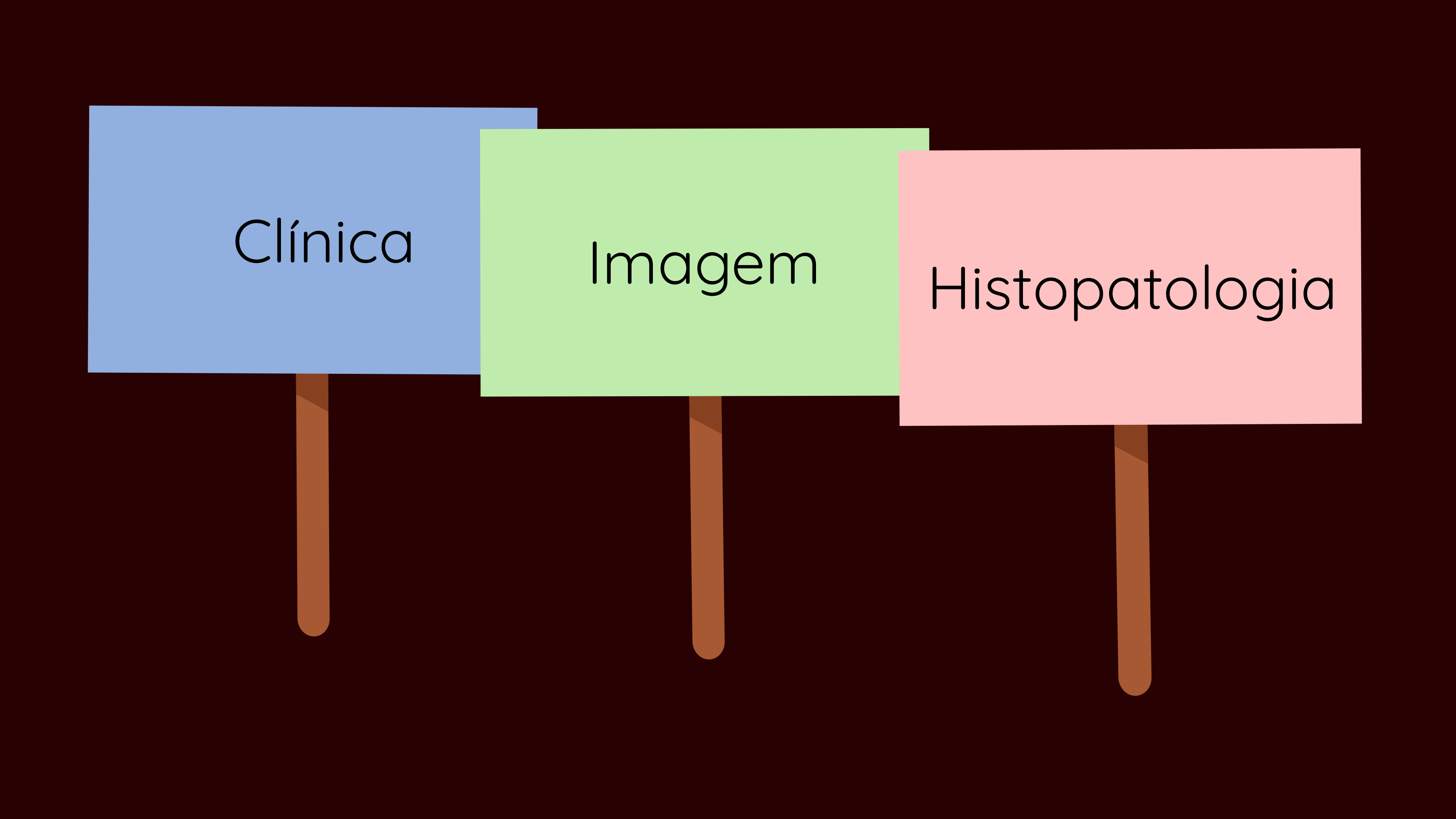


Imuno-histoquímica

Imuno-histoquímica



Positivo para D2-40



Clínica

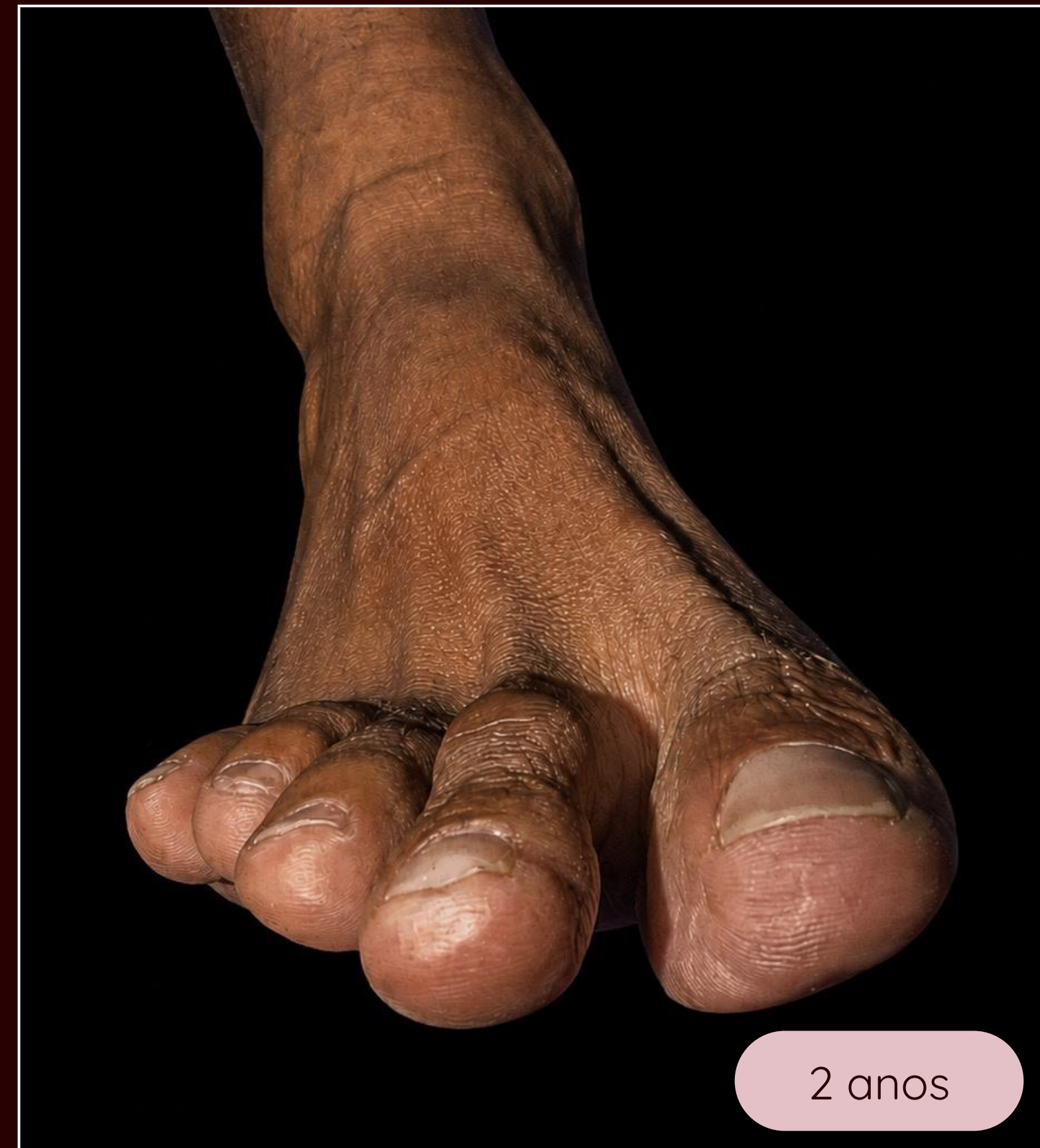
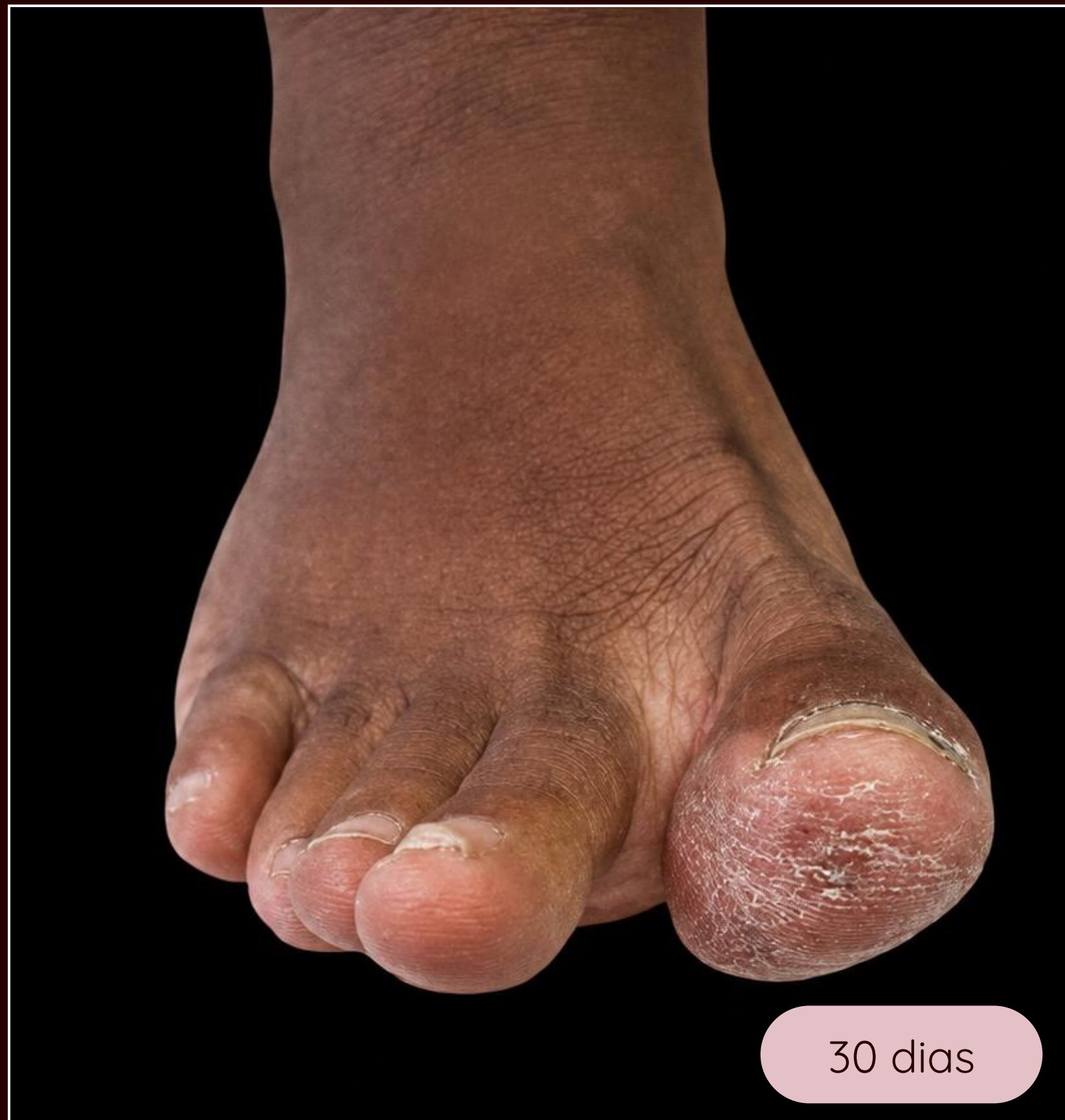
Imagem

Histopatologia

Linfangiectasia Adquirida







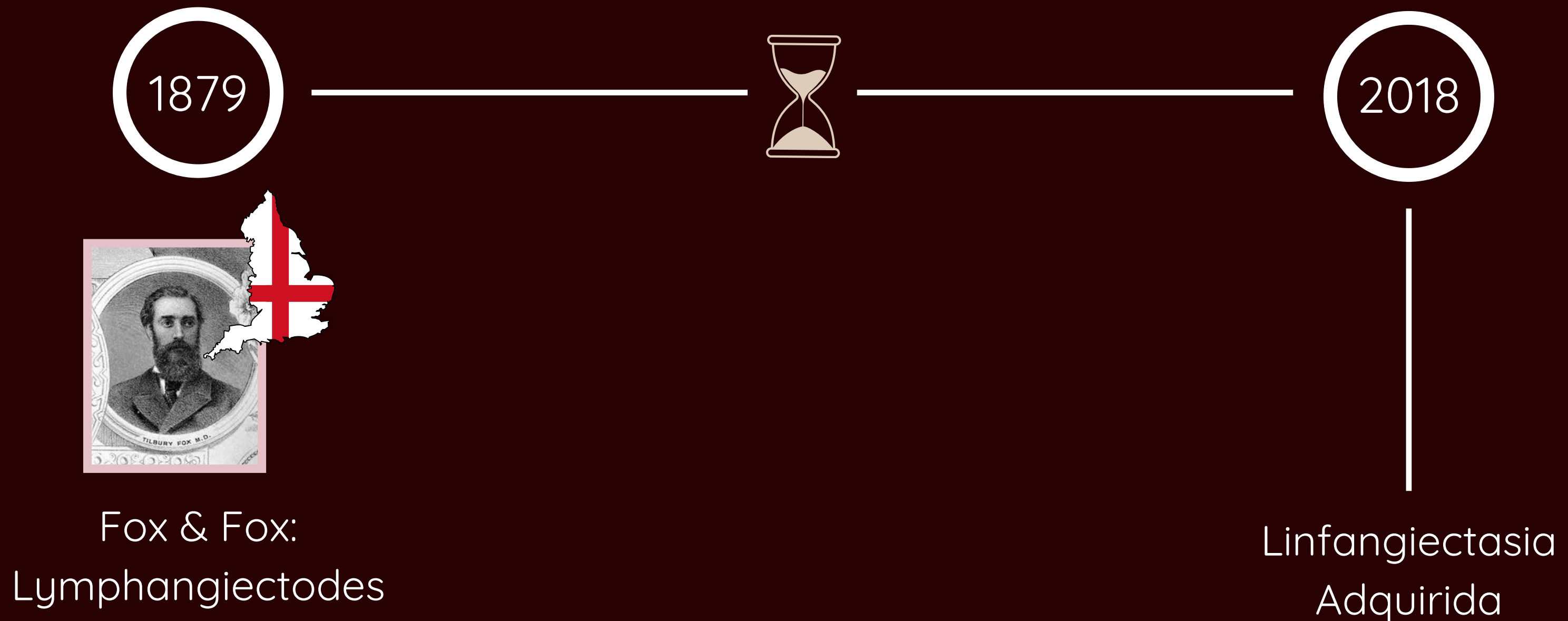
Pé direito



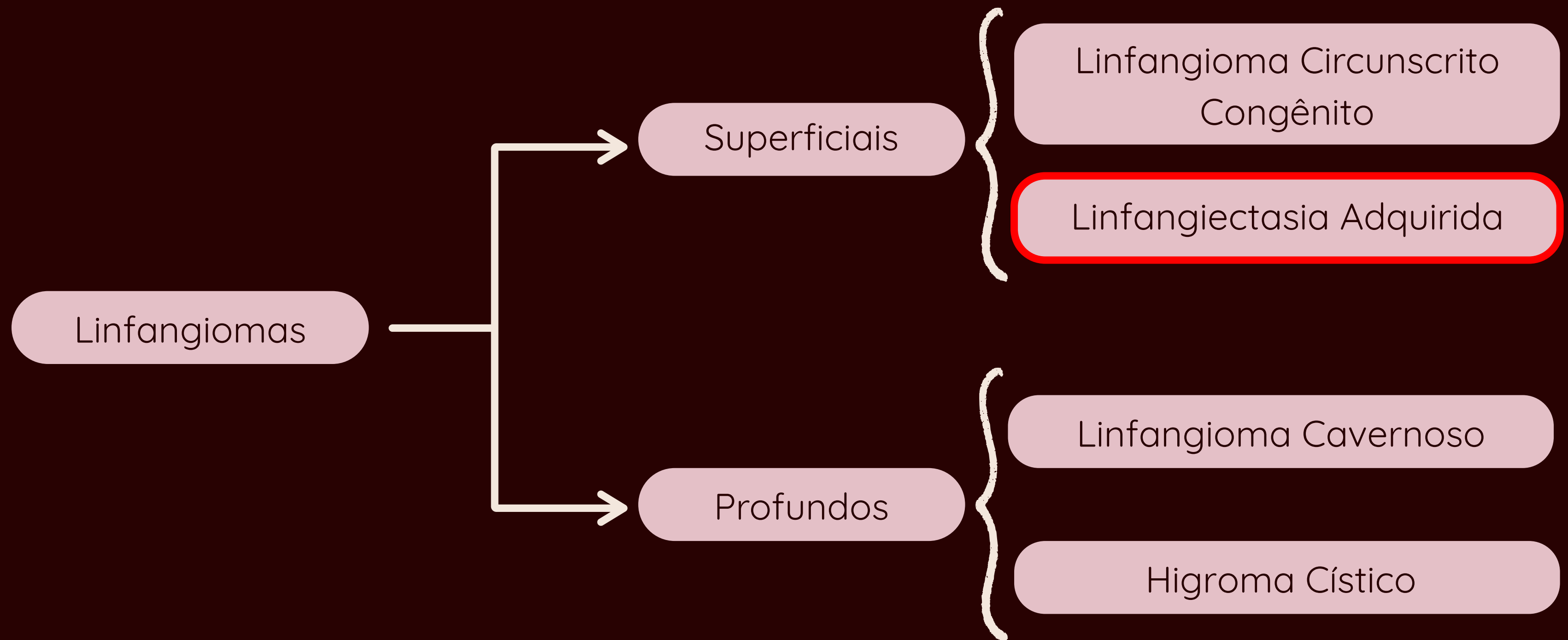
Pé esquerdo

Discussão:

Definição: dilatação estrutural dos vasos linfáticos



Classificação:



Fisiopatologia:

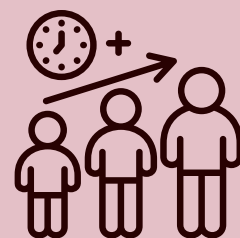


Imagem gerada por IA

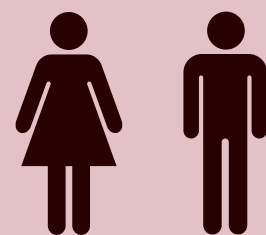
Epidemiologia:



Prevalência desconhecida



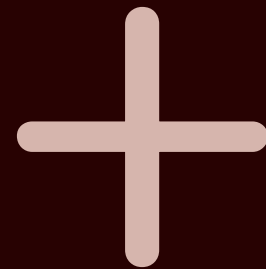
40-60 anos



Homens = Mulheres

Etiologia:

Pós-cirurgia



Pós-radioterapia

Gestação

Corticoterapia tópica



Principal causa

Infecção

Trauma

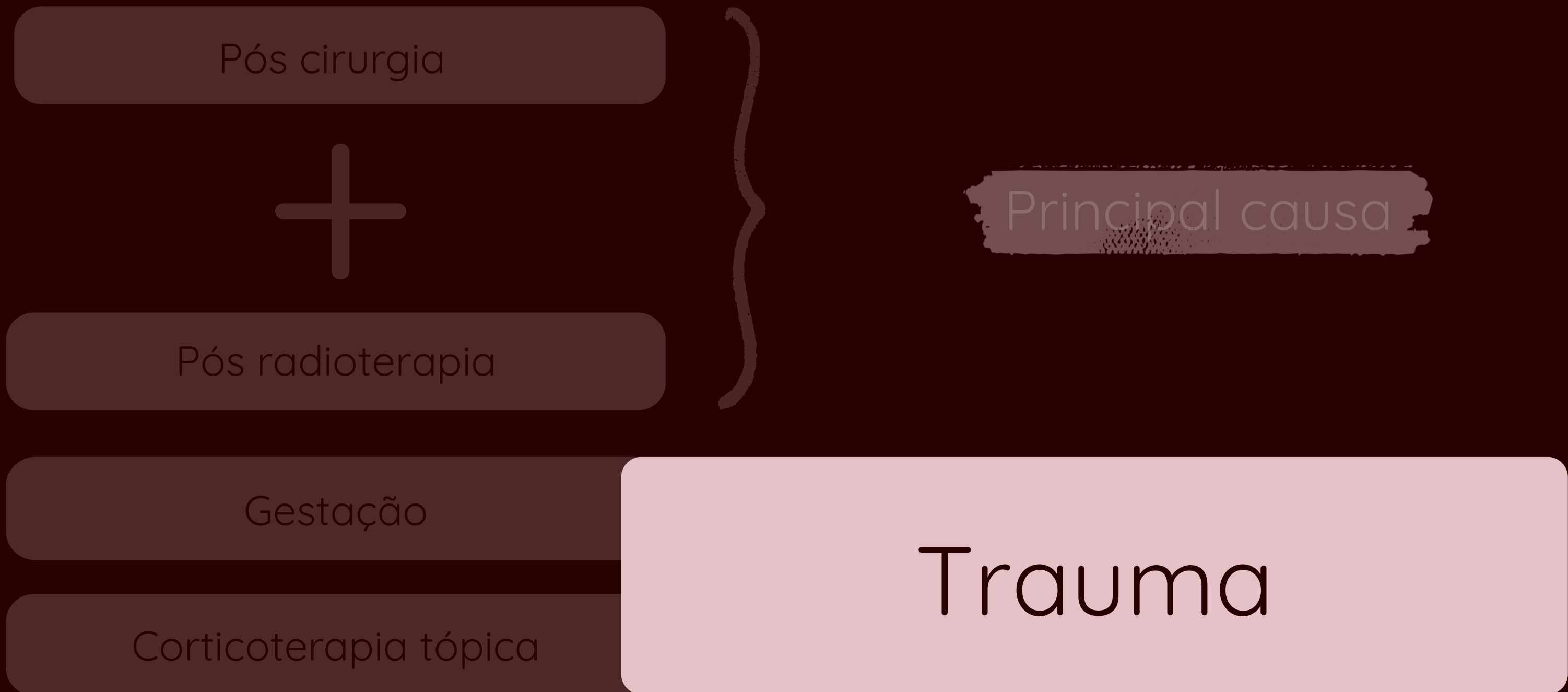
Chiyomaru K, Nishigori C. Acquired lymphangiectasia associated with treatment for preceding malignant neoplasm: A retrospective series of 73 Japanese patients. Arch Dermatol. 2009;145:841-2.

Mendiratta V, Harjai B, Sardana K. Tubercular lymphadenitis with lymphangiectases of the vulva. J Eur Acad Dermatol Venereol 2005; 19: 264-5.

Verme S. Pregnancy-induced lymphangiectasias of the vulva. Int J STD AIDS 2008; 19: 211-12.

Arnold HR Jr. Dermal and subcutaneous tumors. In: Andrews' Textbook of the Skin. Clinical Dermatology (James WD, Berger TG, Elston DM, eds), 10th edn. Saunders: Elsevier, 2006: 590-1.

Etiologia:



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Arnold HR Jr. Dermal and subcutaneous tumors. In: Andrews' Textbook of the Skin. Clinical Dermatology (James WD, Berger TG, Elston DM, eds), 10th edn. Saunders: Elsevier, 2006: 590-1.



“acquired lymphangioma” OR “acquired lymphangiectasia” OR “lymphangioma” AND
“trauma” OR “traumatic” OR “post-traumatic” OR “posttraumatic”

(“acquired lymphangioma” OR “acquired lymphangiectasia” OR “lymphangio



Search

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Sort by: Publication date



Display options

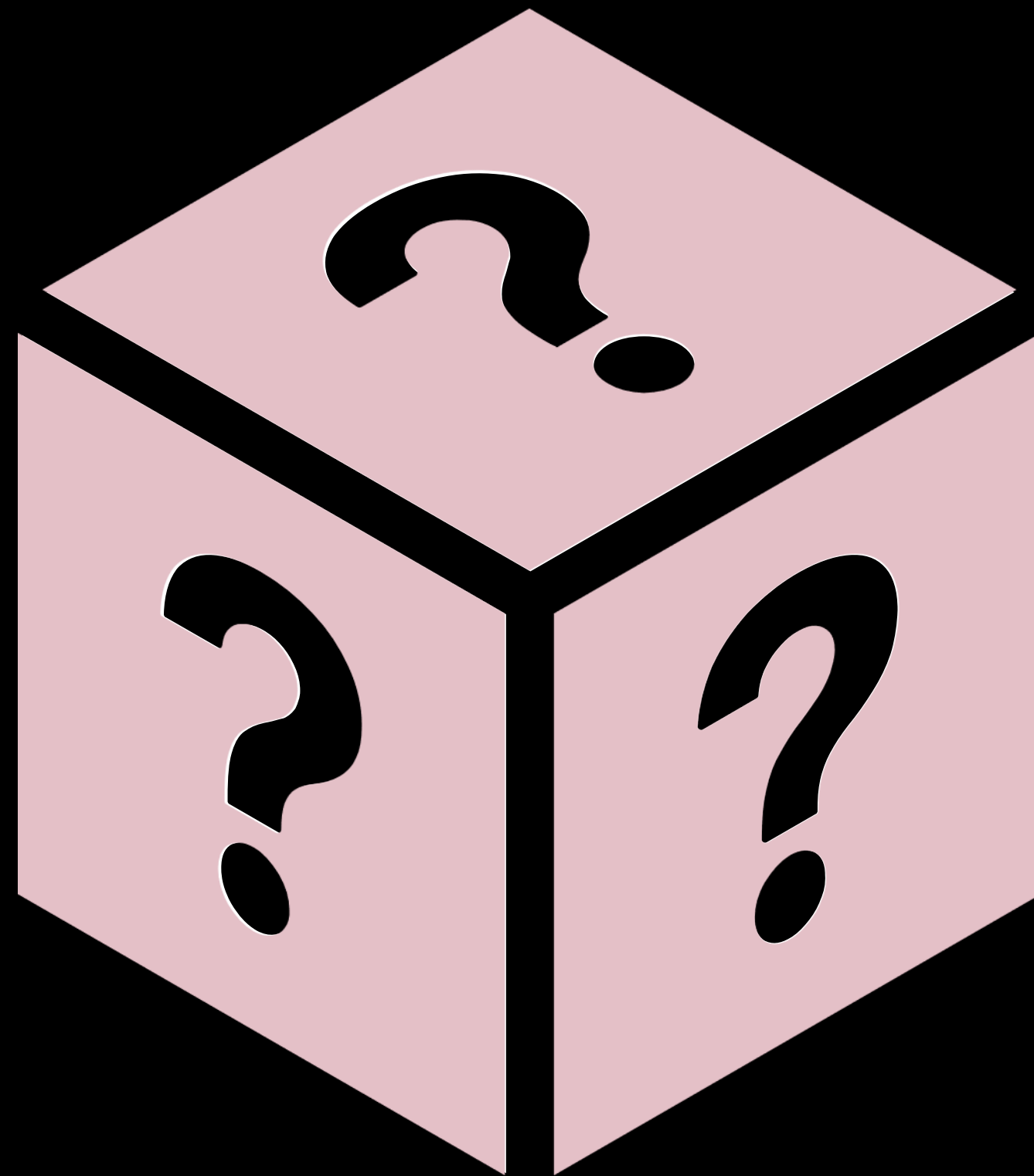


No results were found.



Your search was processed without automatic term mapping because it retrieved zero results.



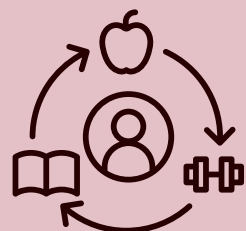




HPP: fratura do tornozelo direito há 14 anos do surgimento da lesão. Negava histórico pessoal de neoplasia ou radioterapia;



Comorbidades: negava;



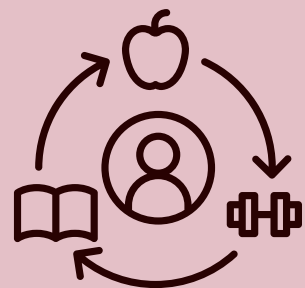
Hábitos de vida: prática regular de futebol (destro).



HPP: fratura do tornozelo direito há 14 anos do surgimento da lesão. Negava histórico pessoal de neoplasia ou radioterapia.



Comorbidades: negava;



Hábitos de vida: prática regular de **futebol** (destro).



Apresentação típica:



Pápulas

Vesículas

Eliminação de líquido

“Frog spawn”



Simeonovski V, Kostovski M, Gjoric I, Damevska S, Igor P. Acquired lymphangiectasia: a rare mimic of genital warts. Dermatol Online J. 2020

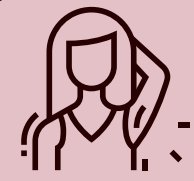
Moon SE, Youn JI, Lee YS. Acquired cutaneous lymphangiectasia. Br J Dermatol. 1993

Tosh JM, Jindal R, Mittal A, Panwar VK. Acquired scrotal lymphangiectasia, a long-term sequela of penile carcinoma: diagnosis an enigma. BMJ Case Rep. 2022

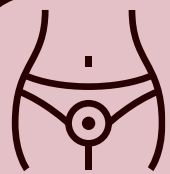
Áreas mais acometidas:



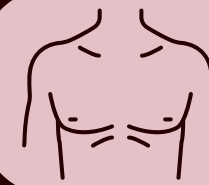
Braços



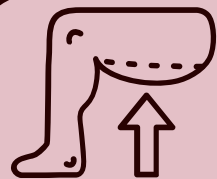
Axilas



Região inguinal

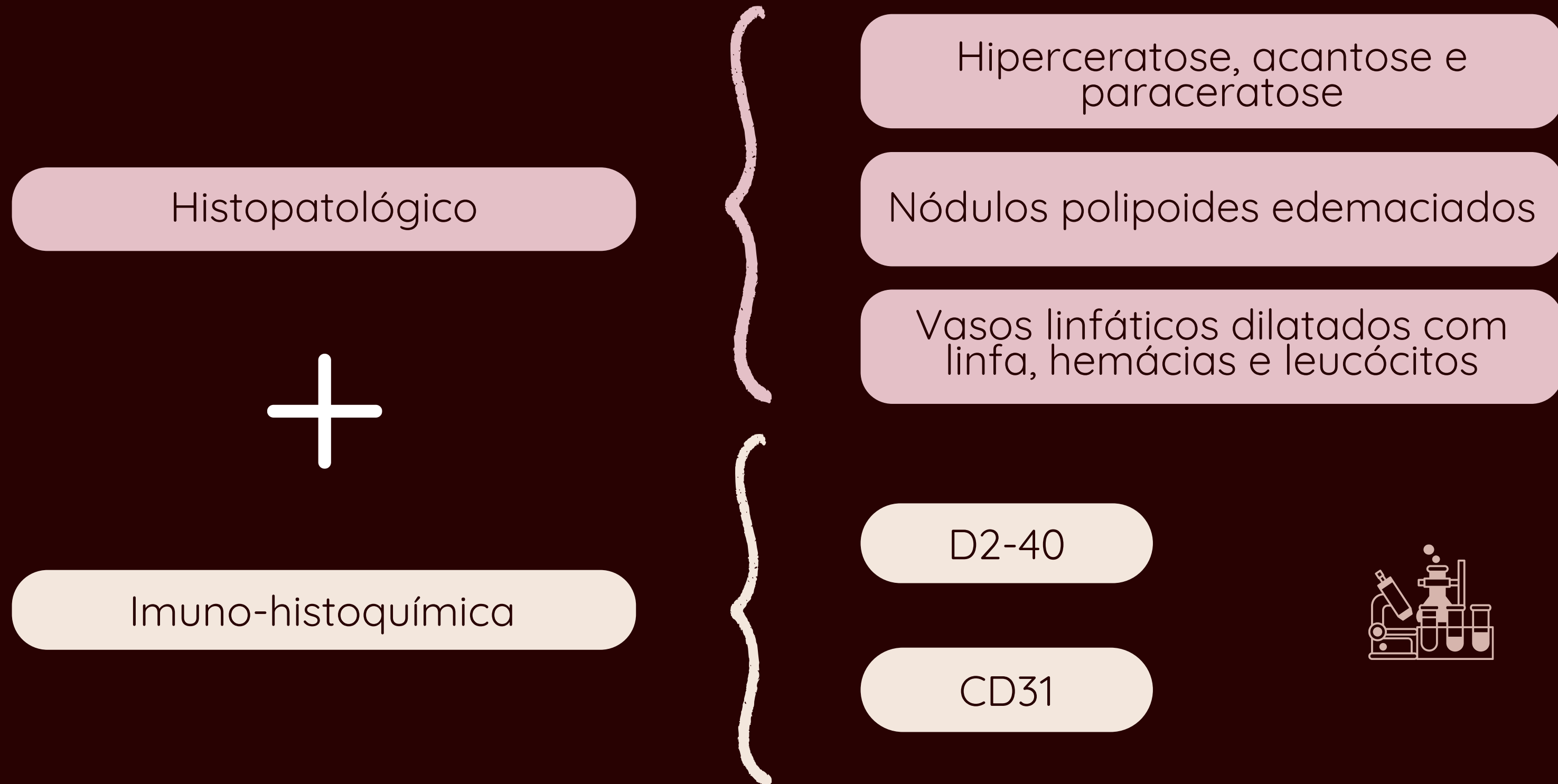


Parede torácica



Coxas

Diagnóstico:

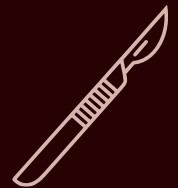


Yokomori H, Oda M, Kaneko F, Kawachi S, Tanabe M, Yoshimura K, et al. Lymphatic marker podoplanin/D2-40 in human advanced cirrhotic liver: re-evaluations of microlymphatic abnormalities. BMC Gastroenterology. 2010;10:131.

Lee DJ, Jung SE, Kim YC. What is your diagnosis? acquired lymphangiectasia. Cutis. 2015.

Lu L, Yan S, Chen M, Huang X, Su J. Diagnostic Values of Dermatoscopy and CD31 Expression in Cutaneous Lymphangioma Circumscriptum. Front Med. 2021;8:738815.

Tratamento:



Excisão cirúrgica



Escleroterapia



Crioterapia

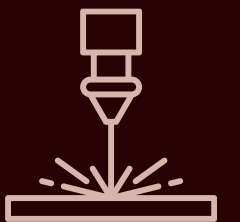
Radiofrequência



Eletrocoagulação



Laser de CO2



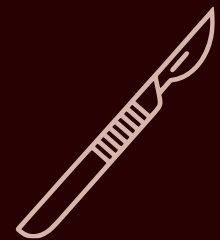
Vlastos AT, Malpica A, Follen M. Lymphangioma circumscriptum of the vulva: a review of the literature. Obstet Gynecol 2003; 101: 946-54.

Khadka DK, Pathak R, Agrawal S, Pokharel S. Acquired Lymphangiectasia of the Scrotum Successfully Treated with Radiofrequency Ablation: A Case Report with Dermoscopic Review. Case Rep Dermatol Med. 2023.

Mortimer PS. Disorders of lymphatic vessels. In: Rook's Textbook of Dermatology (Burns T, Breathnach T, Cox N, Griffiths C, eds), Vol. 3, 7th edn. Oxford: Blackwell Science Ltd, 2004: 51.25-51.26.

Arnold HR Jr. Dermal and subcutaneous tumors. In: Andrews' Textbook of the Skin. Clinical Dermatology (James WD, Berger TG, Elston DM, eds), 10th edn. Saunders: Elsevier, 2006: 590-1.

Tratamento:



Excisão cirúrgica



Escleroterapia



Crioterapia

Radiofrequência



Eletrocoagulação



Laser de CO2



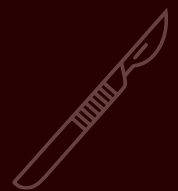
Vlastos AT, Malpica A, Follen M. Lymphangioma circumscriptum of the vulva: a review of the literature. Obstet Gynecol 2003; 101: 946-54.

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Tratamento:



Excisão cirúrgica



Escleroterapia



Crioterapia

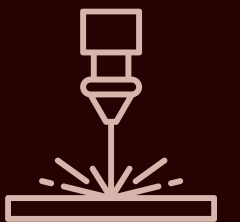
Radiofrequência



Eletrocoagulação



Laser de CO2



Vlastos AT, Malpica A, Follen M. Lymphangioma circumscriptum of the vulva: a review of the literature. Obstet Gynecol 2003; 101: 946-54.

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Arnold HR Jr. Dermal and subcutaneous tumors. In: Andrews' Textbook of the Skin. Clinical Dermatology (James WD, Berger TG, Elston DM, eds), 10th edn. Saunders: Elsevier, 2006: 590-1.

Motivos da Apresentação:

Relatar um caso com **morfologia exuberante e localização acral incomum**;

Discutir **associação causal com trauma de repetição** como **possível mecanismo fisiopatológico** para a linfangiectasia adquirida;

Considerar uma **lacuna na literatura quanto às apresentações acrais pós-traumáticas da doença**, reforçando a relevância científica do caso.

Agradecimento:

Profª Elisa Barcaui

Referências:

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- 2.Calonje E., Brenn T. Lever's Histopathology of the Skin . 11. Philadelphia, PA, USA: Wolters kluwer; 2015. Vascular tumors: tumor and Tumor like conditions of blood vessels and lymphatics; pp. 1251–1310.
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- 5.Whimster IW. The pathology of lymphangioma circumscriptum. Br J Dermatol 1976; 94: 473-86
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- 8.Silvestre-Torner N, Imbernón-Moya A, Martínez-García M, Burgos-Lázaro F. Acquired cutaneous lymphangiectasia: dermoscopic evidence from white-yellowish lacunae. Dermatol Pract Concept. 2021.
- 9.Khadka DK, Pathak R, Agrawal S, Pokharel S. Acquired Lymphangiectasia of the Scrotum Successfully Treated with Radiofrequency Ablation: A Case Report with Dermoscopic Review. Case Rep Dermatol Med. 2023.
- 10.Mortimer PS. Disorders of lymphatic vessels. In: Rook's Textbook of Dermatology (Burns T, Breathnach T, Cox N, Griffiths C, eds), Vol. 3, 7th edn. Oxford: Blackwell Science Ltd, 2004: 51.25–51.26.
- 11.Arnold HR Jr. Dermal and subcutaneous tumors. In: Andrews' Textbook of the Skin. Clinical Dermatology (James WD, Berger TG, Elston DM, eds), 10th edn. Saunders: Elsevier, 2006: 590–1.
12. Khoury S, Wayte J, James C, et al. Acquired lymphoedema and cutaneous lymphangiectasia of abdominal skin following bilateral breast reduction and abdominoplasty. Australas J Dermatol 2016.

13. Chang MB, Newman CC, Davis MD, et al. Acquired lymphangiectasia (lymphangioma circumscriptum) of the vulva: clinicopathologic study of 11 patients from a single institution and 67 from the literature. *Int J Dermatol* 2016.
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15. Lee DJ, Jung SE, Kim YC. What is your diagnosis? acquired lymphangiectasia. *Cutis*. 2015.
16. Lu L, Yan S, Chen M, Huang X, Su J. Diagnostic Values of Dermatoscopy and CD31 Expression in Cutaneous Lymphangioma Circumscriptum. *Frontiers in Medicine*. 2021;8:738815.
17. Chiyomaru K, Nishigori C. Acquired lymphangiectasia associated with treatment for preceding malignant neoplasm: A retrospective series of 73 Japanese patients. *Arch Dermatol*. 2009;145:841–2.
18. Mendiratta V, Harjai B, Sardana K. Tubercular lymphadenitis with lymphangiectases of the vulva. *J Eur Acad Dermatol Venereol* 2005; 19: 264–5
19. Verme S. Pregnancy-induced lymphangiectasias of the vulva. *Int J STD AIDS* 2008; 19: 211–12.
20. Bouzit N, Grezard P, Communal PH et al. Cutaneous lymphangiectasias acquired after surgical and radiotherapy treatment of breast cancer. Two cases. *J Gynecol Obstet Biol Reprod* 1999; 28: 384–7.
21. Blastos AT, Malpica A, Follen M. Lymphangioma circumscriptum of the vulva: a review of the literature. *Obstet Gynecol* 2003; 101: 946–54.
22. Simeonovski V, Kostovski M, Gjoric I, Damevska S, Igor P. Acquired lymphangiectasia: a rare mimic of genital warts. *Dermatol Online J*. 2020.
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Obrigada!