

Atypically located spider angioma

Atipik lokalizasyonlu spider anjiom

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To the Editor,

A spider angioma or spider naevus is a type of telangiectasis found slightly beneath the skin surface, often containing a central arteriole and many small vessels which radiate outwards like a spider's web. Applying pressure to the center of the lesion leads to fading of the lesion. Spider angioma is a common presentation of liver cirrhosis, especially alcoholic cirrhosis. Spider angiomas are found only in the distribution of the superior vena cava, and are thus commonly found on the face, neck, upper chest and upper arm. Spider angioma is rarely observed on hand (1, 2). Here, we report a a very rare case with spider angioma on back of hand.

A 54-year-old male patient admitted to our clinic with icterus and ascites. The patient had a diagnosis of alcoholic liver cirrhosis one month before. On physical examination, he had icterus and ascites. He had spider angiomas on his back, neck and on the back of his right hand,

just proximal to second metacarpophalangeal joint (Figure 1). The patient's Child Turcotte Pugh score (CTP) and model for end stage liver disease (MELD) scores were 12 and 22, respectively. Abdomen ultrasound showed cirrhosis with massive ascites. Endoscopy revealed grade 1 esophageal varices and portal hypertensive gastropathy. The patient gave written consent regarding this article.

Spider angioma appears frequently in alcoholic cirrhotic or noncirrhotic alcoholic liver diseases with deuteriation of liver functions. Although, the exact cause of SA is not known, there have been many theories of possible etiologic factors such as disturbance of sex hormones (increased level of luteinizing hormone, decreased level of testosterone and a higher estradiol/testosterone ratio), angiogenesis, vasodilation, alcohol abuse, hyperdynamic circulation state, and liver dysfunction (3, 4). The number and size of SA are correlated with the degree of liver disease (1, 3, 4).

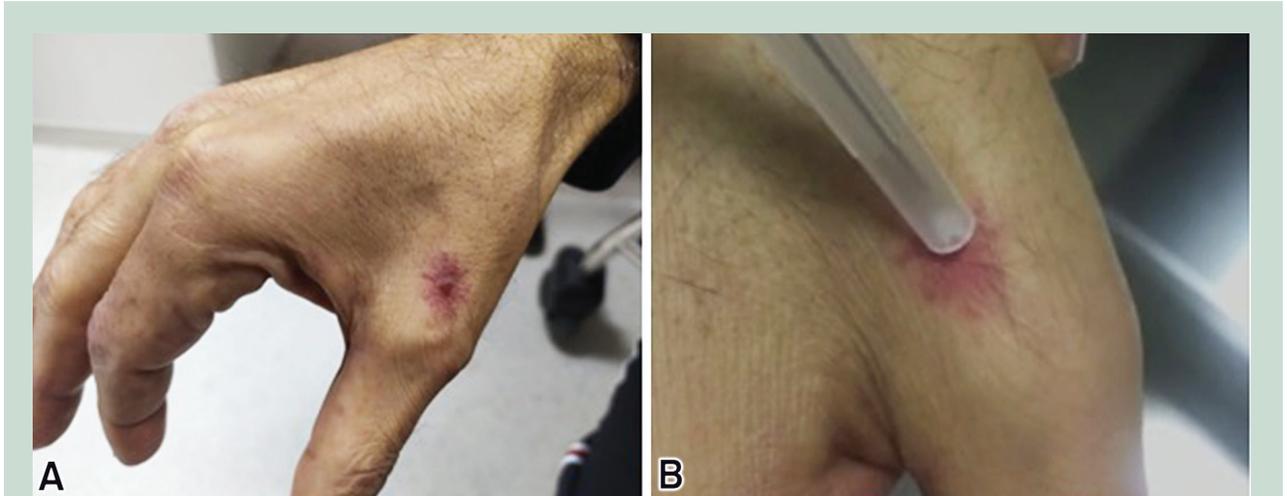


Figure 1. A. Spider angioma on back of right hand, proximal to first metacarpophalangeal joint, center is dark red with dome shape, surrounded with telangiectatic small vessels and erythema. **B.** Pressing on the center of the lesion, lesion is fading temporarily.

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Our patient was a heavy drinker and had alcoholic liver cirrhosis with high CTP and MELD score. Although, our patient had multiple telangiectasias, it is a very rare finding of SA, observed on back of hand.

All of the authors declare no conflict of interest regarding this article. All of the authors have no financial interest regarding this article. The study was conducted in accordance with the Declaration of Helsinki Ethical Principles.

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