

## Generalized Essential Telangiectasia: a Report of 3 Cases Treated Using an Intense Pulsed-Light System

### Telangiectasia Esencial Generalizada: Descripción de Tres Casos Tratados con un Sistema de Luz Intensa Pulsada

*To the Editor:*

Generalized essential telangiectasia (GET) is a rare disease characterized by telangiectases that appear initially on the lower limbs and progressively spread to the rest of the body. Although the condition can be very disabling for the patient from a cosmetic and psychological point of view, it is not associated with other diseases or complications.<sup>1,2</sup> The therapeutic options are limited, and the results reported in the literature are very variable. In recent years, laser therapy has become the treatment of choice in telangiectasia, but there are few cases in the literature that describe the response in GET. We present 3 cases of GET with a good response to treatment with an intense pulsed-light (IPL) system, a therapeutic option that has not previously been described in the literature.

Case 1 was a man of 43 years of age, with no past history of interest, who presented telangiectases that had first appeared 32 years earlier on the lower limbs and had progressively spread to the trunk and forearms. Physical examination revealed a violaceous change of color in the lower limbs due to the presence of large areas of telangiectatic vessels (Figure 1). There was patchy, reticulate erythema on the anterior abdominal wall due to the presence of confluent areas of telangiectasia, and on the forearms there were numerous telangiectases that had not become confluent. Complete blood count and routine biochemistry were normal. Skin biopsy revealed mild hyperkeratosis with thickening of the basement membrane and dilated vessels in the superficial dermis.

Case 2 was a 57-year-old man with a history of allergy to penicillin and systemic hypertension on treatment with calcium channel blockers. He came to the outpatient clinic with telangiectases that had started on the lower limbs and, over the course of a few years, had spread to the buttocks and arms. Physical examination revealed reticulate erythematous plaques formed of telangiectatic vessels on the thighs, buttocks, and arms, with no evidence of purpura, necrosis, or involvement of the mucosas. Skin biopsy revealed dilated vessels in the papillary dermis, with no other findings of interest.

Case 3 was a woman of 63 years of age who was diagnosed with systemic lupus erythematosus and Sjögren syndrome in 2001 and whose disease was well controlled with medical treatment. In 2003, she was seen for widespread, confluent telangiectases affecting the dorsal and lateral region of the feet and, less intensely, the legs, arms, trunk, and internal aspect of the thighs.

All treatments were performed using an IPL system that emits polychromatic light in a broad spectrum of wavelengths from 515 to 1200 nm (Photoderm-Vasculight,



**Figure 1** Lower limbs in patient 1 showing widespread confluent telangiectases.

Lumenis, Yokneam, Israel). The patients were treated on an outpatient basis without anesthesia.

A 550 nm filter was used first, and this yielded excellent results in 2 patients, with dramatic responses after each treatment session. The other patient was treated using a 570 nm filter after the second session, and a slower response was obtained. Because of the size of the area affected by the lesions, several treatment sessions were necessary in each patient to achieve complete clearance.

In 2 patients (cases 1 and 3) the improvement was excellent after each session and resulted in complete clearance of the lesions (Figure 2). In the other patient, the response was slower, but a good cosmetic result was also achieved. After a year of follow-up, there has been no recurrence of the lesions. Transitory postinflammatory hyperpigmentation was observed in 2 patients. No other adverse effects, such as alterations of skin texture or scarring, were observed.

GET is a difficult disorder to treat due to the widespread nature of the lesions. In the literature there are isolated reports of responses to cycles of tetracyclines, aciclovir, topical corticosteroids, and ketoconazole. Other options include sclerosing therapy and compression stockings. In recent years, laser therapy has become the treatment of choice. In the literature, there are a few cases of GET treated with pulsed dye laser and with the



**Figure 2** Marked improvement in patient 1 after 8 treatment sessions.

neodymium:yttrium aluminum garnet laser, achieving good results.<sup>3-6</sup> The treatment of GET with IPL has been described previously by Purcell and Condon.<sup>7</sup> However, those authors performed the treatment considering GET as a similar disorder to benign hereditary telangiectasia, which, in our opinion, is a different condition.

The excellent response obtained in our patients was probably due to the superficial localization of the telangiectases in GET. This is different from type 1 hereditary

hemorrhagic telangiectasia, in which the telangiectases are deeper and treatment is therefore more problematic.

In conclusion, IPL laser is an effective and safe system for the treatment of GET, and the results are comparable to those obtained with other vascular lasers.

### Conflicts of Interest

The authors declare no conflicts of interest.

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