

TREATMENT OF CUTANEOUS TELANGIECTASIA

*Essay Submitted for the Partial Fulfillment of the
Master Degree in Dermatology and Venereology*

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بسم الله الرحمن الرحيم

قالوا سبحانك لا علم لنا إلا ما علمتنا.

إنك أنت العليم الحكيم

صدق الله العظيم

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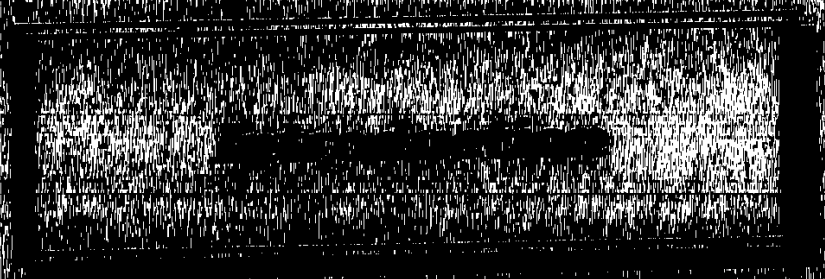
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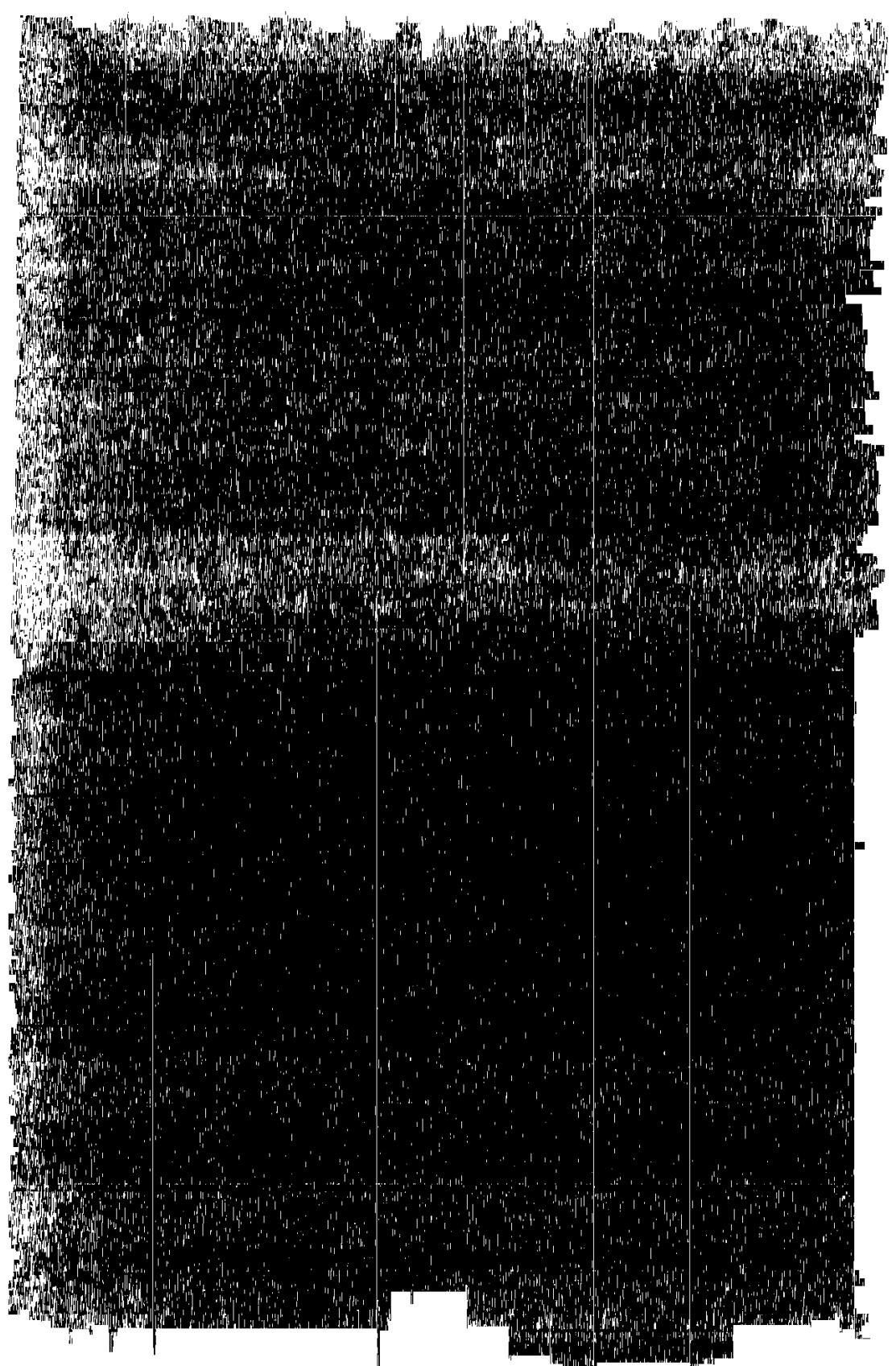
List of Abbreviations

Amps	=	Amperes
J	=	Joules
W	=	Watt

List of Contents

	Page
Introduction	1
Review of Literature	10
• <i>Electrosurgery in treatment of telangiectasia</i>	<i>10</i>
• <i>Microsclerotherapy in treatment of telangiectasia</i>	<i>15</i>
• <i>Laser in treatment of telangiectasia</i>	<i>34</i>
• <i>Other modalities of therapy</i>	<i>51</i>
➤ <i>Medical therapy</i>	<i>51</i>
➤ <i>Dermabrasion</i>	<i>52</i>
➤ <i>Camouflage</i>	<i>61</i>
Summary	64
References	71
Arabic Summary	





INTRODUCTION

Telangiectasia was first defined in 1807 by *Von Graf* to describe a superficial cutaneous vessels visible to the human eye (*Merlen, 1970*).

In 1979, *Champion* defined telangiectasia as a permanently dilated small vessels. While in 1981, *Braverman* stated that it consisted of dilated venules, capillaries or arterioles in the skin. Also, *Oslen in (1985)* defined it as a permanent dilatation of venules.

These vessels measure 0.1 to 1.0 mm in diameter and represent either an expanded venule, capillary or arteriole (*Goldman et al., 1993*).

Telangiectatic vessels that are arteriolar in origin are small in diameter, bright red, and do not protrude above the skin surface. Those that arise from venules are wider, blue, and often protrude above the skin surface. Telangiectasias arising at the capillary loop are often initially fine, red lesions, but become larger and purple or blue with time because of venous backflow from increasing hydrostatic pressure (*Goldman and Bennett, 1987*).

Redisch and Pelzer in (1949) classified telangiectasias into four types based on clinical appearance as (Fig. 1):

- | | |
|---------------------|--------------------------|
| [a] Simple (linear) | [b] Arborized |
| [c] Spider (star) | [d] Papular (punctiform) |

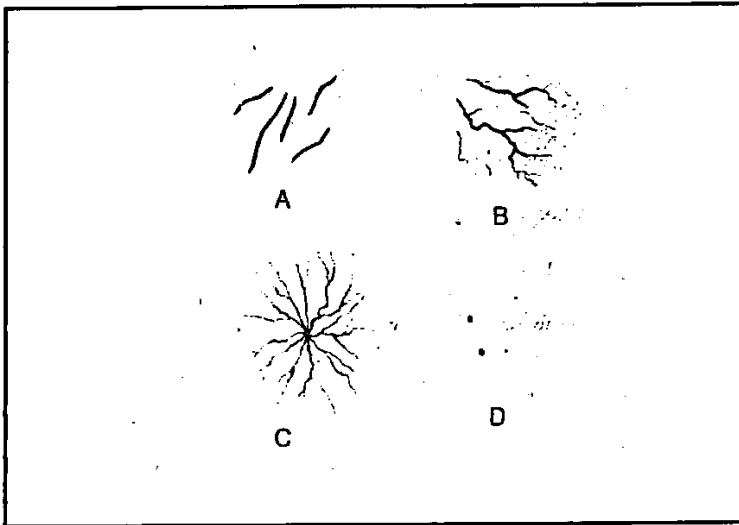


Fig. (1): Four types of telangiectasias
(Redisch and Pelzer, 1949).

Red linear and arborizing telangiectasia is very common on the face, especially the nose, mid cheeks, chin, and sometimes on the legs.

Blue linear and arborizing telangiectasia is most commonly seen on the legs and those are usually commonly seen for treatment. Also, they may be present on the face (Goldman et al., 1993).

Spider telangiectases are acquired vascular marks consisting of a central arteriole from which superficial vessels radiate. The central vessel pulsates and blanches with pressure (Mulliken, 1988). They occur commonly on the nose and cheeks, but may be seen on the hands, fingers, trunk, and forearms (Pasyk, 1987).