Giant spider angiomas

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GIANT SPIDER ANGIOMAS

A 42-year-old male presented with a history of jaundice for 1 month and altered sensorium for 7 days. The patient had presented with decompensation due to alcoholic hepatitis. Liver functions were deranged with bilirubin of 11.5 mg/dl (normal value: <0.7 mg/dl), alanine transaminase: 78 (<40 IU/l), aspartate transaminase: 102 (<40 IU/l), alkaline phosphatase: 184 (<156 IU/l) and serum albumin: 2.3 g/dl (>3.5 g/dl). Serum ammonia levels were also elevated. He had some elevated pulsatile lesions on his face (Fig. 1A and B) and other smaller ones at his back. Abdominal ultrasound revealed a nodular outline of the liver with few collaterals at the splenic hilum. A diagnosis of alcohol-related liver disease decompensating due to alcoholic hepatitis was made.

Spider angiomas are peculiar cutaneous lesions which usually are associated with liver disease. They are a result of abnormally dilated arteriole with multiple radiating vessels, which seem to emerge from it [1]. They are named so because the radiating vessels mimic the appearance of a spider. Other names include spider nevus, vascular spider, nevus araneus, arterial spider tache stellaire, or just as spiders. These lesions, which may occur in relation to pregnancy or hyper-oestrogenemia, are believed to be a result of elevation in vascular endothelial growth factor and fibroblast growth factor or an altered estrogen/testosterone ratio and are most commonly seen in the territory of the superior venacava. Elevated substance P levels have also been reported in patients with spider angiomas. These cytokines may mediate increased angiogenesis [1]. Presence and the number of spider angiomas increase with worsening liver disease and may decrease with improvement of liver function [2]. Spider angiomas do not usually warrant a specific therapy and disappear with improvement in hepatic function. The lesions, as large as we report, are uncommon and the clinical implication of large size is not established [3].

REFERENCES


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