Noteworthy, ultrasound used for LS has demonstrated clear differences from healthy skin and improvement after initiation of treatment.[9]

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Reply to «Acquired Port-Wine Stain: Not a Simple Stain»☆

Réplica a: «Mancha de vino de Oporto adquirida: ¡no es una simple mancha!»

Dear Editor:

We read and considered the letter by Abdelmaksoud and Vestita with interest and greatly appreciated their comments. It is true, as they point out, that morphea is one of the possible diagnoses that must be included in the differential diagnosis for an acquired capillary malformation. In the early stages, morphea may present with erythema and mild sclerosis but not atrophy and, in such cases, may mimic an acquired capillary malformation.[1] There are, however, many other conditions that can simulate an acquired capillary malformation at different stages of its evolution. For instance, such malformations must also be differentiated from diseases such as lupus.[2] The differential diagnosis can also include other vascular anomalies,[3] including arteriovenous and venous malformations, and abortive hemangiomas. Likewise, syndromes associated with vascular anomalies (in our cases capillary malformation-arteriovenous malformation syndrome and Sturge-Weber syndrome) must be ruled out.

Notwithstanding the above, acquired capillary malformation is an independent entity characterized by a specific course and prognosis. It is one thing to say that other conditions can mimic the clinical appearance of capillary malformations and another to say that such lesions are capillary malformations. In the 3 cases we presented, the lesions have remained stable over the course of clinical and ultrasound follow-up for between 3 and 5 years and no changes in appearance or texture have been observed during this period. Furthermore, as commented in our letter, in the first case, given the atypical clinical picture, we performed a diagnostic biopsy to rule out other possible diagnoses and the result was consistent with that of capillary malformation.[4] Our intention was to comment on the definitive diagnosis of the lesions rather than what they might appear to be.

Once we had established the diagnosis of capillary malformation (acquired in these cases), we considered—in line with the prevailing opinion in the literature—that the prognosis was the same as for a congenital capillary malformation. When we asserted that ''acquired capillary malformation may be considered simply to be a late-onset capillary malformation with a variable latency period'' we were not referring to the conditions that should be included in the differential diagnosis but rather to acquired capillary malformations that had been diagnosed as such and not to lesions mimicking the appearance of capillary malformations. In light of that, we stand by our assertion.

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