

Indian Journal of Postgraduate Dermatology



Innovations and Ideas

Dermoscopic Manoeuvre to Diagnose Spider Angiomas

Bhabani S. T. P. Singh¹, Nibedita Dixit¹, Liza Mohapatra¹, Manoj Kumar Nayak¹

Department of Dermatology, Venereology and Leprology, IMS & SUM Hospital, Bhubaneswar, Odisha, India.

*Corresponding author:

Dr. Manoj Kumar Nayak, Assistant Professor, Department of Dermatology, Venereology and Leprology, IMS & SUM Hospital, Bhubaneswar, Odisha, India.

trriger2010@gmail.com

Received: 18 November 2022 Accepted: 26 December 2022 Published: 07 February 2023

10.25259/IJPGD_26_2022

Quick Response Code:



Spider angiomas (SAs) are low-flow vascular malformations characterized by anomalous dilatation of end capillaries. These are usually observed in patients with high blood levels of estrogen, more commonly in alcoholic liver cirrhosis.[1,2] The presence of SA is believed to be a representative lesion of arteriovenous connections bypassing the capillary recirculation in skin. [1] In hepatic cirrhosis, there is an increase in blood pressure along the territories of superior vena cava circulation that could be partly responsible for the development of SA.[1] Thus, SA could represent retrograde escape routes from the venous circulation to the arterial circulation.[1]

Clinically, these are characterized by a central raised erythematous papule with small caliber vessels emanating from it radially like a spider's web.[1] Pressure on the central papule leads to paleness or complete obliteration of radiating channels with quick refilling of vessels on release of compression which is clinically diagnostic of SA. [2] This is usually done with the help of a pin which is cumbersome and always has a risk of pin prick associated with it.



Video 1: Video showing use of dermoscope (Dermlite 200 Hybrid, ×10) to compress the central vessel with obliteration of radiating vessels and release of compression leads to filling of the radiating vessels.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2023 Published by Scientific Scholar on behalf of Indian Journal of Postgraduate Dermatology

Clinical diagnosis may not always be accurate as the lesions are small. The manoeuvre of compression may not be appreciable clinically to the naked eye. Diascopy can be used to diagnose SA by similar manoeuvre but it does not give a magnified robust view like dermoscopy. Dermoscopy has been used to detect vascular lesions as it helps in easier visualization of subsurface structures like vascular lacunae.[3] We propose the use of dermoscope to elicit the sign of compression and refilling to diagnose SA [Video 1]. This can be used in both large as well as small lesions as dermoscope allows a magnified view of the manoeuvre thus confirming the diagnosis of SA.

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Alegre-Sánchez A, Bernárdez C, Fonda-Pascual P, Moreno-Arrones OM, López-Gutiérrez JC, Jaén-Olasolo P, et al. Videodermoscopy and doppler-ultrasound in spider naevi: Towards a new classification? J Eur Acad Dermatol Venereol 2018;32:156-9.
- Zaouak A, Bouhajja L, Jrad M. Dermoscopic features of spider angioma in a healthy child. Our Dermatol Online 2020;11:101-2.
- Chuh A, Zawar V, Sciallis G. Does dermatoscopy facilitate the detection and diagnosis of vascular skin lesions? A casecontrol study. J R Coll Physicians Edinb 2018;48:210-6.

How to cite this article: Singh BS, Dixit N, Mohapatra L, Nayak MK. Dermoscopic manoeuvre to diagnose spider angiomas. Indian J Postgrad Dermatol 2023;1:61-2.