Klippel-Trenaunay syndrome: diagnosis in a neonate

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DESCRIPTION

A male newborn was evaluated due to a port-wine stain. Mother, 40 years old, father and brother were healthy. Gestation was uneventful. Amniocentesis revealed a normal male karvotype. A caesarean delivery was performed at 38 weeks. First physical examination showed a port-wine stain affecting the abdomen, back and left limb (figure 1) and hypertrophy of the affected limb. A biopsy was performed and histological findings revealed capillary malformations. Therefore, a Klippel-Trenaunav syndrome was diagnosed. Abdominal and lower limb doppler ultrasound and brain MRI excluded other vascular abnormalities. He was followed by a multidisciplinary team. At 9 months, there was a slight difference in the length of legs and the circumference of thighs (figure 2).

Klippel-Trenaunay syndrome is a rare disease, characterised by capillary and venous malformations and soft tissue or bone hypertrophy with overgrowth of the affected extremity.¹ Its aetiology remains unknown.² Klippel-Trenaunay syndrome affects both genders equally.¹ The cutaneous capillary malformation presenting as a port-wine stain and limb hypertrophy are usually noted at birth.² Some cases presenting with atrophy and reduced growth of the affected limb have been described. Venous malformations may be present at birth or appear during infancy.¹ The lower extremity is the



Figure 2 Appearance of the abdomen, trunk and limbs at 9 months of age.

most commonly affected. However, it can involve upper limbs and extends to the trunk.² Doppler ultrasound allows to identify abnormalities of the venous system and MRI helps to characterise vascular malformations.^{1 2} Complications may include limb-length discrepancy leading to impaired gait and pain, thromboembolism, bleeding, venous insufficiency and soft-tissue infection.¹³ Treatment is mainly supportive and includes management of complications.¹



Figure 1 A port-stain affecting the abdomen and left limb at first physical examination of the neonate.

Learning points

- Klippel-Trenaunay syndrome is a rare disease, presenting with a port-wine stain and limbs asymmetry.
- Physicians, namely neonatologists and paediatricians, should be aware of Klippel-Trenaunay syndrome in order to be able to make an accurate diagnosis and treat complications.

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REFERENCES

1 Frieden I, Chu D. Klippel-Trenaunay syndrome: Clinical manifestations, diagnosis, andmanagement. In: Post TW, ed. UpToDate. Waltham, MA: Wolters Kluwer, 2017. http://www.uptodate.com (accessed 18 Jan 2017).

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- 2 Hannawi S, Salmi I, Syndrome KT. Klippel Trenaunay syndrome, inverse Klippel Trenaunay syndrome: hypertrophy of lower limbs and atrophy of the upper limbs and facial muscles: case report and literature review. J Clin Exp Dermatol Res 2013;04:1.
- 3 Sharma D, Lamba S, Pandita A, et al. Klippel-trénaunay syndrome a very rare and interesting syndrome. Clin Med Insights Circ Respir Pulm Med 2015;9:1–4.

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