## Clinical Images

## An Unusual Cause of Facial Rash

Arjun Gupta, MD<sup>1</sup> and Harris Naina, MD<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas, TX, USA; <sup>2</sup>Hematology-Oncology, University of Texas Southwestern Medical Center, Dallas, TX, USA,

KEYWORDS: Clinical images; Ambulatory care; Primary care. J Gen Intern Med 30(8):1228
DOI: 10.1007/s11606-015-3250-5
© Society of General Internal Medicine 2015

## **CASE**

A 53-year-old male presented with a chronic facial rash. He reported having several painless nodules on his face since infancy, which had remained relatively stable in size. Family history was non-contributory. Physical examination revealed multiple soft, bluish, compressible swellings of various sizes around the mouth and on the oral mucosa (Fig. 1). He denied hematemesis, melena, or hemoptysis. Laboratory analysis and colonoscopy were unremarkable. A clinical diagnosis of blue rubber bleb nevus syndrome (BRBNS) was made, and no intervention was undertaken.



Fig. 1 Multiple soft, bluish swellings, ranging in size from 0.5–2 cm, seen periorally and on the tongue

Published online February 27, 2015

BRBNS is a rare vascular disorder resulting in venous malformations in the skin and viscera. The pathogenesis remains unclear. Cutaneous lesions are usually present since childhood, are asymptomatic, and do not usually require treatment. Histological findings include venous dilatations, but a biopsy is not needed for diagnosis. The differential diagnosis includes Osler-Weber-Rendu syndrome, Klippel-Trenaunay syndrome, Peutz Jeghers syndrome, venous lakes, and Kaposi sarcoma. Gastrointestinal involvement is common, and evaluation with a stool guaiac test or colonoscopy should be considered as chronic gastrointestinal blood loss can result in iron deficiency anemia. Therapeutic options include surgical or endoscopic intervention, although several anti-angiogenic drugs have been used successfully in reports.

Acknowledgements: Funding Sources: None.

**Conflict of Interest:** There are no conflicts of interest to disclose.

Corresponding Author: Arjun Gupta, MD; Department of Internal Medicine University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75390-9047, USA (e-mail: guptaarjun90@gmail.com).

## **REFERENCES**

- Jin XL, Wang ZH, Xiao XB, Huang LS, Zhao XY. Blue rubber bleb nevus syndrome: A case report and literature review. World J Gastroenterol: WJG. 2014;20:17254–9.
- Marin-Manzano E, Utrilla Lopez A, Puras Magallay E, Cuesta Gimeno C, Marin-Aznar JL. Cervical cystic lymphangioma in a patient with blue rubber bleb nevus syndrome: clinical case report and review of the literature. Ann Vasc Surg. 2010;24:1136 e1-5.
- Jain A, Kar P, Chander R, et al. Blue rubber bleb nevus syndrome: a cause of gastrointestinal hemorrhage. Indian J Gastroenterol: official journal of the Indian Society of Gastroenterology. 1998;17:153–4.