A giant spider nevus in a patient of hepatitis C-related liver cirrhosis: A rare presentation

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Abstract

Spider nevi are benign vascular lesions mostly seen in patients with decompensated liver cirrhosis. Mostly, these are seen in the superior vena cava distribution and are small with pinhead size central vessel. Giant spider nevus is rarely seen and hence this report.

Key words: Cirrhosis, hepatitis C, spider nevus
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Introduction

Spider nevi (also known as spider angioma or vascular spider) is a common benign vascular anomaly that may appear as solitary or multiple lesions. Spider nevi are represented by telangiectases that consist of a large arteriole from which radiate numerous small vessels that resemble spider’s legs. They are found in the distribution of the superior vena cava, that is, on the face, neck, arms, and upper trunk. Spider nevi are usually <2 cm in diameter and rarely grow to assume large size more than 2 cm.[1,2] We hereby report a case of very large spider nevus in a patient with hepatitis C virus (HCV) related liver cirrhosis.

Case Report

A 48-year-old-female presented with a history of abdominal distension and jaundice of 3-month duration. Physical examination revealed pallor, icterus, pedal edema, hepatosplenomegaly and tense ascites. She had multiple classical spider nevi over the chest. Also, she had a large spider nevi situated on the forehead, measuring 8 cm in largest dimension with palpable dilated vessels and venous hum [Figure 1]. Deep compression on the central area of the lesion produced complete disappearance with blanching and when released refilling of vessels occurred. Laboratory tests revealed a hemoglobin level of 9.8 g/dl, a white-cell count of 4240/mm³, and a platelet count of 77,000/mm³. Renal function tests were normal. Anti-HCV antibody for HCV was positive with HCV RNA of 1.6 × 10⁶ IU/ml. An ultrasound abdomen was suggestive of liver cirrhosis with portal hypertension (portal vein diameter of 14 mm), ascites and splenomegaly. Thus, a diagnosis of cirrhosis liver with portal hypertension was made (CTP-9, Class B, and MELD – 11). She was not fit for antiviral therapy because of the already decompensated state. She was put on diuretics for the control of ascites but developed hepatic encephalopathy and renal dysfunction. Diuretics were stopped and in view of refractory tense ascites, she was taken up for a transjugular intrahepatic portosystemic shunt. However, during the procedure she had massive intrahepatic bleed and in spite of intensive resuscitative measures she died 48 hours later.

Discussion

Spider nevi can be seen in pregnancy, in patients with thyrotoxicosis, rheumatoid arthritis, oral contraceptive use and most commonly, liver cirrhosis.[3] These frequently appear in alcoholic cirrhotic or when liver function deteriorates in patients of the chronic liver disease.[4] The pathogenesis of spider nevi is still unclear. Increased plasma levels of estrogen, vascular dilation, and neovascularisation are possible etiologies. Li et al.[5] found elevated levels
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Spider nevi, however, usually do not require any treatment in cirrhotic patients due to a high risk of bleeding from these vascular lesions. These lesions may disappear with improvement in underlying hepatic disease[8] and after liver transplantation.[9]

References

1. Hane H, Yokota K, Kono M, Muro Y, Akiyama M. Extraordinarily large, giant spider angioma in an alcoholic cirrhotic patient. Int J Dermatol 2014;53:e119-21.
2. Okada N. Solitary giant spider angioma with an overlying pyogenic granuloma. J Am Acad Dermatol 1987;16:1053-4.
3. Vedamurthy M, Vedamurthy A. Spider nevi: A presenting feature of chronic liver disease. Indian J Dermatol Venereol Leprol 2008;74:397-8.
4. Li CP, Lee FY, Hwang SJ, Chang FY, Lin HC, Lu RH, et al. Spider angiomas in patients with liver cirrhosis: Role of alcoholism and impaired liver function. Scand J Gastroenterol 1999;34:520-3.
5. Li CP, Lee FY, Hwang SJ, Lu RH, Lee WP, Chao Y, et al. Spider angiomas in patients with liver cirrhosis: Role of vascular endothelial growth factor and basic fibroblast growth factor. World J Gastroenterol 2003;9:2832-5.
6. Li CP, Lee FY, Hwang SJ, Chang FY, Lin HC, Lu RH, et al. Role of substance P in the pathogenesis of spider angiomas in patients with nonalcoholic liver cirrhosis. Am J Gastroenterol 1999;94:502-7.
7. Caseiro MM, da Costa SO. Images in clinical medicine. Spider angioma. N Engl J Med 2012;366:e13.
8. Khasnis A, Gokula RM. Spider nevus. J Postgrad Med 2002;48:307-9.
9. Boldys H, Pageaux GP, Larrey D, Michel H. Evolution of cutaneous changes observed in cirrhosis patients before and after liver transplantation. Pol Arch Med Wewn 1993;89:151-8.

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