A 22-year-old male presented with multiple asymptomatic dull red to brown colored flat lesions over bilateral upper limbs. The lesions started appearing 2 years back on left forearm and were progressive in nature. Patient denied any systemic symptoms or aggravating factors. Patient was a non-alcoholic and non-smoker and denied any previous treatment. There was no history of similar complaints in other family members. On cutaneous examination, multiple erythematous to light brown colored macules were seen over bilateral upper limbs [Figure 1a]. The lesions were non-blanchable, and Darier’s sign was negative. Rest of the muco-cutaneous and systemic examination was non-contributory. Dermoscopy was performed with a Universal Serial Bus (USB) dermatoscope [Dino Lite AM413ZT Digital Microscope; New Taipei City, Taiwan; Polarising]. Dermoscopy of the most recent lesion (right arm) showed linear branching vessels forming a reticular network. The branching vessels seem to encircle the eccrine gland openings (white dots) and did not cross the white dots [Figure 2a]. Dermoscopy of the older lesions also showed linear branching vessels with a background of brownish discoloration [Figure 2b]. Histology from the most recent lesion (right arm) showed the presence of mononuclear infiltrate around the blood vessels in the papillary dermis [Figure 1b]. Toluidine stain confirmed the presence of mast cells [Figure 1c]. Complete blood count was normal.

Cutaneous mastocytosis can present as four clinical variants: urticaria pigmentosa, isolated mastocytoma, cutaneous diffuse or erythrodermic mastocytosis, and telangiectasia macularis eruptiva perstans (TMEP). Unlike other forms, TMEP usually presents in adults. The diagnosis is made on clinical and histopathological grounds. We kept two differentials in our case: urticaria pigmentosa and angioma serpiginosum. Two dermoscopic patterns have been described for cutaneous mastocytosis: pigmented network and reticular vascular pattern. The pigmented network is seen in maculopapular mastocytosis and urticaria pigmentosa, and the reticular vascular pattern is seen in TMEP. We demonstrated the typical reticular vascular pattern of linear and branching vessels in our patient. This

![Figure 1: (a) Erythematous to light brown macule over upper limb. (b) Histology showing mononuclear infiltrate surrounding the dilated superficial plexus capillaries. (H and E: ×100). (c) Aggregate of mast cells in the papillary dermis [Toluidine stain; ×400](Image)](image)

![Figure 2: (a) Dermoscopy of the most recent lesion showing branching vessels forms a reticular pattern (black arrow). White dots (blue arrow) are seen to be encircled by the branching vessels. [Dino Lite AM413ZT; ×200; Polarising]. (b) Dermoscopy of a older lesion showing branching vessels with background brown pigmentation. Eccrine openings are visible as white dots (black arrow). [Dino Lite AM413ZT; ×50; Polarising](Image)](image)
pattern corresponds histologically to the dilated superficial capillaries surrounded by mast cells in the papillary dermis. In addition, at higher magnification (200×), it was seen that the branching vessels seem to encircle the eccrine glands (visible as white dots). This feature has never been described previously, to the best of our knowledge and was probably acknowledged in our case because of the higher magnification [200×] of the USB dermatoscope. We could not find the exact clinical or histological significance of this finding, and further studies may corroborate and explore this dermoscopic feature. The presence of characteristic well demarcated oval red lagoons on dermoscopy helps to differentiate angioma serpiginosum from TMEP.\(^4\)

Because TMEP can be associated with systemic symptoms as well, it is of utmost importance that an early diagnosis is made. Dermoscopy with its typical features can serve as an auxiliary tool for the non-invasive and office based diagnosis of TMEP.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.

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