



IMAGES IN PAEDIATRICS

Topical rapamycin treatment for superficial microcystic lymphatic malformations

Tratamiento tópico con rapamicina en malformaciones linfáticas microquísticas superficiales

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We present the case of a girl aged 3 years referred to our clinic due to the presence of an asymptomatic skin lesion in the posterior cervical area; the parents had been aware of it since birth but reported recently noticing changes in its appearance.

The physical examination revealed a poorly defined plaque approximately 3 cm long composed of numerous pink vesicles clustering in the posterior region of the neck with the characteristic appearance of a superficial microcystic lymphatic malformation¹ (Fig. 1).

During the follow-up, the parents reported occasional episodes of itching and bleeding from the lesion, leading to formation of crusts a hyperkeratotic appearance in the affected skin.

Treatment options were discussed out of concern about the changes in the lesion. After considering other alternatives, the decision was made to initiate treatment with topical rapamycin cream at a 1% concentration once a day, as it is considered a less invasive and safer option.^{2,3}

Over one and a half years of follow-up, the course of the lesion was evaluated periodically, with evidence of clinical improvement and eventual regression of the lesion (Fig. 2), at which point we decided to stop the treatment. During the follow-up, the patient remained asymptomatic for a year and a half, when 6 new papules were detected in the evaluation, prompting the decision to reintroduce rapamycin at 1% (Fig. 3).

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Figure 1 Beginning of treatment.



Figure 2 Six months after finishing treatment.



Figure 3 A year and a half after finishing treatment.

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