



POIKILODERMA OF CIVATTE

Poikiloderma of Civatte (PC) is a common skin condition, affecting fair skinned, middle-aged, or older people. It is more often diagnosed in menopausal women, but, occasionally, also in men. PC is characterized by a combination of linear telangiectasia, mottled hyperpigmentation, and superficial atrophy in a reticular pattern.

The etiology is unclear, but a predilection for sun exposed areas supports a major role for cumulative exposure to ultraviolet radiation, while the age and sex distribution of the patients suggests that hormonal factors in combination with the normal ageing process may play a role. Photodynamic substances in perfumes and cosmetics may induce a photo allergic reaction. Possibly, the fragrances cause contact dermatitis (delayed hypersensitivity). The issue becomes confusing, when familial case are found and when there are patients who do not have the known exposures, suggesting a genetic predisposition.

PC is manifested by pink to brownish reticular patches that symmetrically involve sun-exposed areas of the neck, including the V of the neck; the upper part of the chest; and the peripheral parts of the face (less commonly), with the invariably sparing of the anatomically shaded areas. Sometimes, there may be accompanying itching, burning, and flushing.

Three clinical types have been described:

- Erythemato-telangiectatic - predominately
- Pigmented
- Mixed type

PC runs a chronic, benign and irreversible course, occasionally producing significant cosmetic disfigurement.

Sun protection is crucial, both with the use of sun-protective clothing and applications of sunscreens with high SPF's. Avoidance of perfumes and cosmetics may be beneficial. In the erythemato-telangiectatic type, creams containing flavonoids may diminish the redness, while chemical peels and depigmenting agents are useful in the pigmented type. The most effective treatment involves the pulsed dye laser (PDL), although it is costly and not devoid of side effects. Other lasers, such as the argon and the KTP laser, have been tried with satisfactory results. Intense pulsed light (IPL) sources may be as equally effective as the PDL with minimal side effects.

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