Reply to the Letter: Misdiagnosis of Klippel-Trenaunay Syndrome

Key words: Klippel-Trenaunay syndrome, Parkes-Weber syndrome, vascular anomalies

The Authors Reply

Thank you very much for your important comment regarding the use of the syndrome name for this kind of vascular manifestation. We would like to reply to your comments.

1) and 2): Although we did not describe the procedures in the present case report, we performed magnetic resonance venography. There were vascular anomalies in the patient’s left leg (Figure). We therefore thought that the thrombi originated there. We are not sure whether the anomalies (and thrombi) or overgrowth were the cause of her “edematous and swollen” leg.

3) and 4): We did not perform a biopsy; therefore, we cannot precisely answer whether the eruption was a malformation or tumor. We should have clarified the expression of the eruption and classified the port-wine stain as a malformation. It has been reported that port-wine stains exist in healthy patients on the side or face.

5): We had not read your reference 4 when we wrote the present case report. We had confused Klippel-Trenaunay syndrome with Parkes-Weber syndrome. No arteriovenous fistulas were observed on the patient’s body; therefore, Klippel-Trenaunay syndrome is the correct term.

6): We consider that the patient’s thromboembolism was closely related to her vascular anomalies. We agree that in cases in which there are no thrombi in the IVC, endovascular treatment (or surgery) is a good treatment.

The authors state that they have no Conflict of Interest (COI).

Toshimasa Yamada, Takayoshi Ohba and Yoshihiko Seino

Figure. Venous malformation in Magnetic Resonance Venography. Left great saphenous vein is disappeared. Highly developed bypass veins such as enlarged superficial vein that is connected to internal iliac vein and saphenous vein are observed.