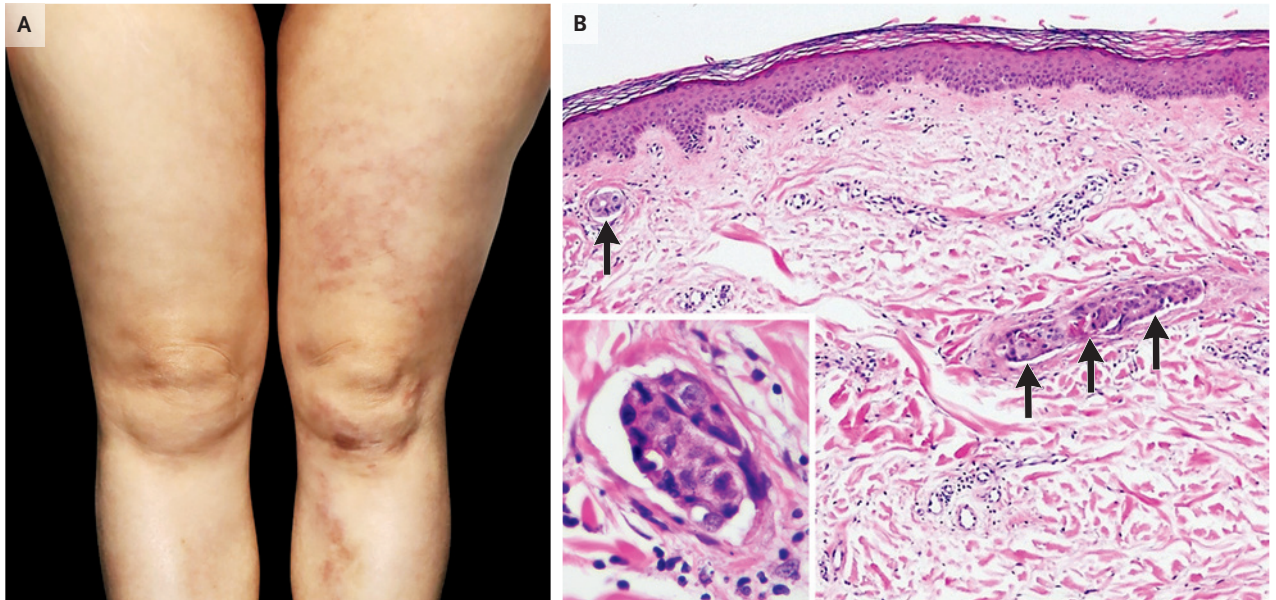


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Livedo Racemosa



A 66-YEAR-OLD WOMAN WITH A HISTORY OF METASTATIC BREAST CANCER presented to the dermatology clinic with a 1-month history of an asymptomatic, lacy rash on her left thigh. The rash did not vary with changes in environmental temperature. Her breast cancer treatment had been interrupted 3 months before presentation by the coronavirus disease 2019 pandemic. Physical examination was notable for an irregular, broken, netlike pattern of mottling on the left thigh that extended to the knee and lower leg (Panel A). Testing for autoimmune conditions, thrombophilia, and coagulation disorders was negative. A skin-biopsy sample obtained from the left thigh showed atypical large cells within the vasculature of the reticular dermis that were positive for cytokeratin 7 and GATA-binding protein 3 on immunohistochemical staining (Panel B, arrows; the inset shows vascular occlusion caused by the aggregation of these atypical large cells). A diagnosis of livedo racemosa due to tumor embolism was made. Livedo racemosa is a fragmented reticular pattern of skin discoloration caused by a pathologic disruption of cutaneous blood flow. This pattern is distinct from the more even, continuous reticular pattern of livedo reticularis, which may be seen in pathologic or physiologic (such as cold exposure) states. Chemotherapy was resumed, but the patient died from respiratory failure 7 months after presentation.

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