

Port-wine stain with nine decades of evolution

Mancha vinho-do-Porto com nove décadas de evolução

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A 90-year-old male is shown with an extensive congenital port-wine stain (PWS) involving the right V1-V3 and left V3 dermatomes (Fig. 1), associated with nodular areas and macrocheilia, leading to difficulty with eating and frequent bleeding. No neurological or ophthalmological abnormalities were identified. Over several decades, he underwent irregular vascular and ablative laser treatments, with minimal improvement. He also underwent five corrective surgical procedures for lower lip hypertrophy, resulting in marked improvement and clear functional benefit, although moderate macrocheilia persisted.

Bilateral facial PWS are uncommon and warrant evaluation for Sturge-Weber syndrome, although it occurs in only a minority of cases¹ and was absent in this individual. Nearly two-thirds of patients develop hypertrophy or nodularity by mid-adulthood, reflecting ongoing vascular remodeling in long-standing lesions.² Older lesions harbor numerous dilated deep vessels and may develop arteriovenous channels,² such as the one contributing to macrocheilia in this case.

Typically discussed in childhood or early adulthood, pulsed dye laser therapy has been the gold standard for more than three decades; however, it is most effective for flat, pink-to-red PWS.² In contrast, late hypertrophic changes require a multimodal approach, often combining deeper-penetrating lasers (e.g., 755-nm



Figure 1. Clinical images. **A:** frontal view of the extensive port-wine stain involving the right V1-V3 and left V3 dermatomes, with marked macrocheilia. **B:** lateral view, revealing nodular lesions and extension to the scalp and cervical region.

alexandrite), ablative CO₂ laser treatments, and surgical debulking, with variable success.²

By illustrating the far end of this condition's natural history, this case shows the lifelong burden of PWS and the limits of current treatments for advanced disease. It also serves as a reminder of the value of early referral and sustained care in limiting progressive changes over time.

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