A Case Report of Cutis Laxa in One of Identical Twins

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Abstract. A 29-year-old man with cutis laxa presented requesting surgery to improve his appearance. The patient had an unaffected identical twin brother which allowed us to compare how he had changed over the years in relation to his sibling and this also provided us with a gold standard for any surgery performed. The patient underwent staged surgery including upper lid blepharoplasties and two facelifts.

Key words: Cutis laxa—Blepharoplasties—Facelift

Cutis laxa is characterized clinically by lax pendulous skin and histologically by loss of elastic tissue in the dermis. It belongs to a group of rare hyperelasticity disorders including Ehlers-Danlos Syndrome, Pseudoxanthoma Elasticum, Marfan’s Syndrome, and Meretoga’s Syndrome [6]. Cutis laxa differs from other connective tissue disorders in ways that are important for the surgeon to recognize as patients with cutis laxa have no vascular fragility and heal well. Clinically, there is generalized loose skin, which can hang in dependant areas; facial features have been described as “bloodhound.” A distinguishing feature on examination is that the skin does not spring back into position and is inelastic [6]. This case report describes a rare condition in a patient who brought with him a “gold standard” for his surgical outcome in the form of his identical twin brother.

Case Report

A 29-year-old man presented with the facial appearance of a 50–60 year old. This premature aging had occurred gradually from his mid-twenties. The patient had an unaffected identical twin brother (Figs. 1 and 2). There was no family history of any connective tissue disorder.

His appearance was causing him social distress. When he was out with his brother they were constantly mistaken for father and son, not brothers, and he was finding it difficult to attract females. Apparently, on several occasions he had contemplated suicide as a result of his looks.

Besides a persistent rash for which he was taking an antihistamine, his previous medical and surgical history were unremarkable. He was an ex-smoker who consumed an average amount of alcohol and worked as a welder/fabricator. There was no history of excessive sun exposure and he claimed to tan fairly easily. He had been on holiday abroad at least once and had used a sunbed occasionally. He did not recall taking oral steroids or using steroid creams at any time in his life. His paternal grandfather died suddenly of a probable cardiac event and his mother suffers from hypothyroidism.

Physical exam revealed facial skin that exhibited a marked loss of elasticity, especially around the forehead, eyelids, and cheeks, and his jowls were saggy. There were more subtle papular changes in the antecubital fossae and a few striae in the anterior axillary folds. He said they had been present before he lost 12 kg intentionally a couple of years ago. The skin around his axillae and over the backs of his hands were more extensible than one would have expected for a man of his age, although the forearm skin appeared normal. There was no bruising or scarring over the joints but the thickening over his knees was probably reactive as he had to kneel a lot at work. Joint mobility was normal. His eyes appeared normal.

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with no angioid streaks visible. Examination of his cardiorespiratory systems revealed no abnormality and his blood investigations were not unusual. Skin biopsies were taken from his left antecubital fossa and the left preauricular area. This confirmed the diagnosis of cutis laxa (Fig. 3).

The patient first underwent upper lid blepharoplasties with excision of about 3 mm of excess skin which allowed us to assess his healing and the cosmetic results of a smaller operation before embarking on a larger procedure. He was happy with the post-operative result so a facelift was carried out three