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**Sneddon's syndrome: Livedo racemosa and cerebrovascular disease****Sarath N Bodapati, Lauren Kunde, Gregory Butler and Daniel James**  
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**Introduction:** Sneddon's syndrome (SS) is a rare non-inflammatory thrombotic vasculopathy characterized by the combination of cerebrovascular disease with livedo racemosa (LRC). The cerebrovascular manifestations of SS are most often due to ischemia, including transient ischemic attacks and cerebrovascular accidents (CVA).

**Case:** A 39-year-old women presented for routine follow-up of a net-like cyanotic discolouration over her posterior thighs and lower back. The rash had been present for 15+ years, and had previously been diagnosed as idiopathic livedo reticularis (LR). On further questioning, it was revealed that the patient had a CVA at the age of 17, assumed to be secondary to amphetamine use. As such, repeat biopsies were performed, and a diagnosis of LRC was confirmed. This lead to an eventual diagnosis of idiopathic SS.

**Discussion:** The distinction between LRC and LR is relatively new concept. LR is a benign, primary disorder that affects young to middle-aged females while LRC is a secondary disorder. LRC is similar to LR in appearance, but it differs in its location (more generalized and widespread), its shape (irregular, broken, circular segments), and persistence despite warmth.

**Conclusion:** Pathophysiology of SS is not completely understood. SS likely stems from a number of acquired or congenital hemostatic abnormalities, which preferentially involves cerebral and cutaneous vascular beds. Any patient suspected of SS should undergo various blood tests (e.g. thrombotic screen), skin biopsy, and thorough cardiovascular evaluation (e.g. MRI head).

**Biography**

Sarath N Bodapati graduated from James Cook University with MBBS (Hons) in 2014. He currently works at Royal Brisbane and Women's Hospital as a Resident Medical Officer. As an aspiring Dermatologist, he is interested in Medical Dermatology, and is actively involved in research.

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