

2. Singh Gomez C, Calonje E, Fletcher CDM. Epithelioid benign fibrous histiocytoma of skin: clinico-pathological analysis of 20 cases of poorly known variant. *Histopathology*. 1994; 24:123-9.
3. Glusac EJ, McNiff JM. Epithelioid cell histiocytoma: a simulant of vascular and melanocytic neoplasms. *Am J Dermatopathol*. 1999;21:1-7.
4. Blum A, Jaworski S, Metzler G, Bauer J. Lessons on dermoscopy: Dermoscopic pattern of hemosiderotic dermatofibroma. *Dermatol Surg*. 2004;30:1354-5.
5. Álvarez JG, Pérez A, Romero A, Gómez de la Fuente E, Rodríguez Peralto JL, Iglesias L. Histiocitoma fibroso aneurismático (angiomatoide). *Actas Dermosifiliogr*. 1999;90:128-31.
6. Heras JA, Fernández FJ, Martínez P, Jiménez F, Muñoz MD, Barba L. Nevo de Spitz desmoplásico. *Actas Dermosifiliogr*. 2001;92:305-7.
7. Botella-Estrada R, Rodríguez M, Sanmartín O, Aliaga A. Histiocitoma de células epitelioides. Una nueva variedad de dermatofibroma. *Actas Dermosifiliogr*. 1993;84:99-102.

## Eruptive Pseudoangiomatosis

A Romero,<sup>a</sup> L Martín,<sup>b</sup> A Hernández-Núñez,<sup>a</sup> D Arias,<sup>a</sup> E Castaño,<sup>a</sup> and J Borbujo<sup>a</sup>

<sup>a</sup>Servicio de Dermatología and <sup>b</sup>Servicio de Anatomía Patológica, Hospital de Fuenlabrada, Madrid, Spain

### To the Editor:

Eruptive pseudoangiomatosis is characterized by small, shiny red papules of angioma-like appearance surrounded by a characteristic pale halo. The condition usually resolves spontaneously within a few days.

A 43-year-old man consulted for the onset of small asymptomatic, erythematous lesions on the forearms 7 days earlier. His history included hypertension, hypercholesterolemia,

morbid obesity, alcoholism, smoking, and obstructive lung disease that, due to acute recurrence caused by a respiratory infection of undetermined cause, required admission to the intensive care unit up to 2 weeks before he was seen by our unit.

The physical examination showed almost 20 bright red, nonconfluent, maculopapular lesions on both forearms, measuring diameter 2-3 mm and surrounded by a clear halo that whitened on diascopy (Figure 1).

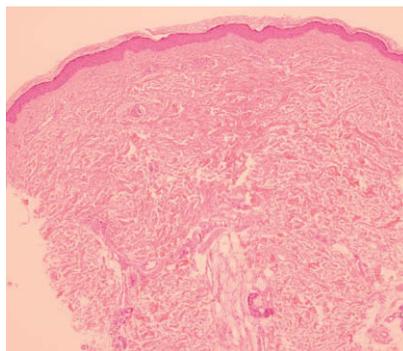
The biopsy revealed mild dermal edema and slight perivascular lymphocytic infiltrate in the superficial and middle dermis; the vessels of the superficial dermis

were dilated, congestive, with no erythrocytic extravasation, capillary proliferation, or vasculitis (Figure 2). Additional examinations, including complete blood count and basic biochemistry, as well as serology for cytomegalovirus, Epstein-Barr virus, parvovirus, human immunodeficiency virus, and hepatitis C virus were normal or negative. The lesions disappeared spontaneously after 10 days.

Eruptive pseudoangiomatosis is a rare process that was first described by Cherry in 1969,<sup>1</sup> although the term itself was coined by Prose in 1993.<sup>2</sup> Its etiology is unknown. A viral cause has been suspected because of the presence in children of prodrome symptoms that include fever, diarrhea, or respiratory symptoms,<sup>3,4</sup> because the symptoms have been associated with echovirus infection in 4 cases,<sup>1</sup> and because several familial cases<sup>4,5</sup> and other epidemics in closed communities have been published.<sup>6</sup> Other evidence indicating viral infection is a report of apoptosis and viral-like particle groups in the lymphocytes of perivascular infiltrate in an ultrastructural study.<sup>7</sup> Cases associated with acute lymphocytic leukemia<sup>8</sup> and others that have presented after renal transplantation have also been described,<sup>9</sup> with no evidence of viral infection. Other



**Figure 1.** Red, maculopapular, well-delimited lesions surrounded by a pale halo on the forearm.



**Figure 2.** Histological image of one of the lesions, showing capillary dilatation and endothelial edema, accompanied by perivascular lymphocytic infiltrate, with no extravasation or vasculitis. (Hematoxylin-eosin,  $\times 10$ )

authors have considered insect bites to be the cause.<sup>10</sup> Erythema punctatum Higuchi is characterized by self-limiting, nonpruriginous erythematous lesions surrounded by a clear halo, with a similar histology to eruptive pseudoangiomatosis; this condition may be the same entity under consideration here, given that Ban et al<sup>11</sup> detected an epidemic among 26 patients in Japan who had eruptive pseudoangiomatosis-like lesions after mosquitoes appeared in their hospital.

Our patient was admitted to the intensive care unit due to acute recurrence of infection in obstructive lung disease. The cause could not be proven because the cultures were negative; a viral infection could also not be proven. The cutaneous lesions appeared a week after hospital discharge.

Although not confirmed, we feel that an infectious agent is most likely in this case, given the patient's background and

history in the weeks prior to onset of the lesions.

## References

1. Cherry JD, Bobinsky JE, Horvath FL, Comerci GD. Acute hemangioma-like lesions associated with ECHO viral infections. *Pediatrics*. 1969;44:498-502.
2. Prose NS, Tope W, Miller SE, Kamino H. Eruptive pseudoangiomatosis: a unique childhood exanthem? *J Am Acad Dermatol*. 1993;29:857-9.
3. Angelo C, Provini A, Ferranti G, Palermo G, Paradisi M. Eruptive pseudoangiomatosis. *Pediatr Dermatol*. 2002;19:243-5.
4. Calza AM, Saurat JH. Eruptive pseudoangiomatosis: a unique childhood exanthem? *J Am Acad Dermatol*. 1994;31:517-8.
5. Stoebner PE, Templier I, Ligeron C, Meynadier J, Meunier L. Familial eruptive pseudoangiomatosis. *Dermatol*. 2002;205:306-7.
6. Venturi C, Zendri E, Medici MC, Gasperini M, Arcangeletti MC, Chezzi C, et al. Eruptive pseudoangiomatosis in adults: A community outbreak. *Arch Dermatol*. 2004;140:757-8.
7. Neri I, Patrizi A, Guerrini V, Badiali L. A new case of eruptive pseudoangiomatosis: ultrastructural study. *Eur Acad Dermatol Venereol*. 2004;18: 387-9.
8. Neri I, Patrizi A, Guerrini V, Ricci G, Cevenini R. Eruptive pseudoangiomatosis. *Br J Dermatol*. 2000;143:435-8.
9. Mazereeuw-Hautier J, Cambon L, Bonafé JL. Pseudo-angiomatose éruptive chez un adulte transplanté rénal. *Ann Dermatol Venereol*. 2001;128:55.
10. Restano L, Cavalli R, Colonna C, Cambiagli S, Alessi E, Caputo R. Eruptive pseudoangiomatosis caused by an insect bite. *J Am Acad Dermatol*. 2005;52:174-5.
11. Ban M, Ichiki Y, Kitajima Y. An outbreak of eruptive pseudoangiomatosis-like lesions due to mosquito bites: Erythema punctatum Higuchi. *Dermatology*. 2004;208:356-9.