area is present in order to avoid unnecessary aggressive treatments.

References


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Sinusoidal Hemangioma: Immunohistochemical Analysis with Glucose Transporter 1 (GLUT1) and Williams Tumor Protein 1 (WT1)

To the Editor:

The appearance of Kaposi sarcoma associated with acquired immunodeficiency syndrome in the 1980s led to increased interest in vascular lesions. This in turn has brought about a radical change in the conception and classification of such lesions, with the appearance of as many as 17 new entities, among them sinusoidal hemangioma.  

We describe the case of a 59-year-old man who consulted due to a nodule that had appeared 4 years earlier and that had gradually increased in size over the previous 6 months.

Figure 1 Clinical appearance of the lesion: a round well-defined bluish nodule.

Figure 2 Tumor formed of vessels arranged in different patterns: a) independent vessels separated by a collagenous stroma; b) tightly packed individual vascular spaces arranged in such a way that hardly any stroma could be seen between them; c) large vascular spaces in which islands composed of a collagen core covered by endothelial cells appeared to float (hematoxylin-eosin, original magnification ×40; inset, hematoxylin-eosin, original magnification ×200).
Immunohistochemistry analysis showing positivity for CD31 (original magnification $\times 100$, upper left) and WT1 (original magnification $\times 100$, lower right) and negativity for GLUT1 (original magnification $\times 100$), with erythrocytes in red; endothelial cells were negative for podoplanin (original magnification $\times 100$, lower left).

Figure 3

The lesions had been present from birth or childhood. Although the authors considered the lesions to be sinusoidal hemangiomas, they concluded that they were most probably the result of a vascular malformation. In our opinion, despite the histopathological similarities, the articles of Calonje et al and Enjolras et al describe different entities.

GLUT1 is a marker present in the epithelium of blood-tissue barriers, such as the placenta or in the central nervous system. As juvenile hemangiomas are positive for GLUT1 at all stages, the fact that our patient was negative for this marker clearly differentiates sinusoidal hemangioma from juvenile hemangioma. The expression of WT1 has also been reported to be useful in distinguishing vascular malformations, which are negative for WT1, from vascular neoplasms, which are positive. Positive WT1 expression and negative podoplanin expression would rule out a vascular malformation on the one hand and a lymphatic origin on the other.

In conclusion, we present a new case of sinusoidal hemangioma, a very rare vascular tumor. Immunohistochemical analyses with GLUT1 and WT1, never before carried out in this type of tumor, demonstrate that it is an independent entity with distinct clinical and histological features that is unrelated to juvenile hemangiomas (cavernous hemangioma).

References

Allergic Contact Dermatitis Due to Dimethyl Fumarate in Boots

Dermatitis alérgica de contacto por dimetilfumarato en botas

To the Editor:

Over the past 3 years there have been a number of case reports of allergic contact dermatitis due to dimethyl fumarate, particularly in relation to the use of sofas and footwear imported from China. In those cases, it appears that dimethyl fumarate was used as an antifungal agent and was contained in small anti-humidity bags inside the footwear or inside the sofas.

We present the case of a 41-year-old woman with no relevant personal history of allergies or disease, who presented intense pruritus 48 hours after starting to wear new footwear (boots) and who then rapidly developed erythematous edematous lesions with a tendency to vesiculation on the distal part of both feet. The lesions were present on the backs of the toes, the instep, and the lateral surfaces of the feet. The patient also presented similar, though somewhat less edematous, lesions on the inside aspect of the ankles and the backs and lower parts of both legs (Figure 1). After treatment with Peitel ointment and Ebastel tablets and ceasing to use the boots, symptoms disappeared in approximately 2 weeks.

Skin prick testing was performed using a standard series (29 allergens) of the Spanish Skin Research and Allergy Group (GEIDAC) and the standard series for footwear (Chemotechnique Diagnostics, Malmo, Sweden) (28 allergens) with negative results. Skin prick testing was then carried out using dimethyl fumarate, 0.01% in petrolatum jelly (Marti Tor, Barcelona, Spain), with a clearly positive result (+++) at 48 and 96 hours (Figure 2). Finally, controls were carried out using dimethyl fumarate, 0.01% in petrolatum jelly, in 15 healthy patients, with negative results.

Reports were published in 2007 and 2008 of some cases in northern Europe caused by the use of sofas imported from China, demonstrating the relationship with dimethyl fumarate; cases have also recently been published in relation to footwear.

Dimethyl fumarate is an ester of fumaric acid that has been used as oral treatment for psoriasis. It is an irritant and can also cause non-immunologic contact urticaria. It is classified as a moderate contact sensitizer in animal models. Recent topical tests of esters of fumaric acid have led it to be considered as a potential cause of irritation and sensitization.

In this case, we concluded that the lesions were consistent with an allergic, non-irritant etiology, as only...