Actas Dermosifiliogr. 2012;103(9):825–826

ACTAS Dermo-Sifiliográficas

Full English text available at www.elsevier.es/ad

CASE FOR DIAGNOSIS

Violaceous Papules on the Dorsum of the Hand☆

Pápulas violáceas en el dorso de la mano

Medical History

We report the case of a 70-year-old woman with no relevant past history who presented 2 lesions on the dorsum of the right hand that had appeared 6 months earlier. The lesions were asymptomatic and had developed gradually.

Physical Examination

Physical examination revealed 2 violaceous papules located close together on the dorsum of the right hand and that measured 1 cm and 0.5 cm in diameter (Fig. 1). The lesions had a smooth surface and firm consistency and were not tender to palpation.

Histopathology

A punch biopsy was taken from 1 of the lesions. Histology showed a normal epidermis, but in the middle and deep dermis there was a disorganized proliferation of mature eccrine glands and ducts with interspersed mature adipocytes (Fig. 2). In addition, there were numerous vascular structures with walls of varying thickness that were positive for CD31 on immunohistochemistry (Fig. 3).

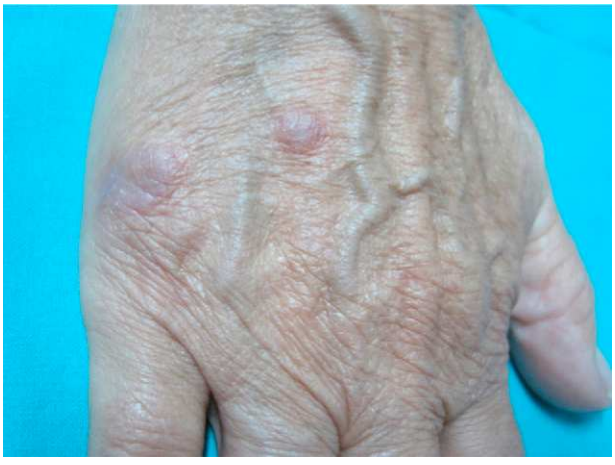

Figure 1

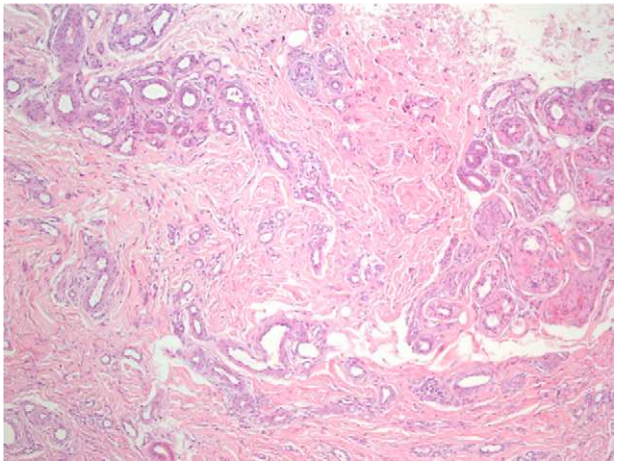

Figure 2 Hematoxylin-eosin, original magnification ×10.

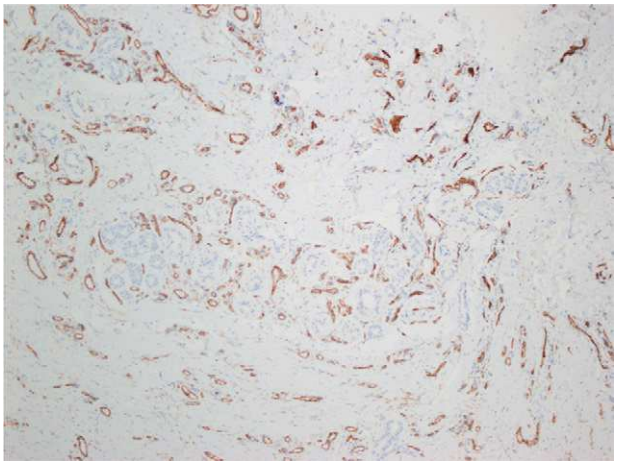

Figure 3 CD31 immunohistochemical staining, original magnification ×10.

What Is Your Diagnosis?

☆ Please cite this article as: García-García B, et al. Pápulas violáceas en el dorso de la mano. Actas Dermosifiliogr. 2012;103:825-6.

Diagnosis

Eccrine angiomatous hamartoma

Clinical Course and Treatment

As the lesions showed persistent growth, they were excised.

Comment

Eccrine angiomatous hamartoma (EAH) is a rare benign skin tumor combining eccrine and vascular elements. The first case was described by Lotzbeck in 1859, but the term EAH was later proposed by Hyman in 1968.[1]

EAH typically appears in early childhood, often in congenital form, and during later stages of childhood or even puberty. While infrequent, there have been reports of onset in adults, as in our patient.[2,3]

Clinically the lesions are usually single, though multiple lesions are observed, and they typically arise on the limbs (80%), although they have been described on other areas of the body. Morphologically, the lesions may consist of papules, nodules, or plaques that can be erythematous, violaceous, bluish, yellowish, or even skin colored. Although EAH is normally asymptomatic, the 2 most common symptoms are pain (42%) and hyperhidrosis (34%).[4]

Histopathology of EAH reveals a proliferation of mature eccrine glands in the middle and deep dermis in close association with dilated or collapsed angiomatous channels with thin, clearly differentiated walls. Some histopathologic variants also include pilar structures, apocrine glands, lipomatous foci, lymph vessels, and, rarely, bone.[5]

The clinical differential diagnosis must include vascular malformations, smooth muscle hamartoma, juvenile xanthogranuloma, glomus tumor, tufted angioma, blue rubber bleb nevus syndrome, and macular telangiectatic mastocytosis.[4] The most relevant disorders in the histologic differential diagnosis are sudoriparous angioma, which involves dilation rather than proliferation of the eccrine glands, and eccrine nevus, in which angiomatous proliferation is absent.[6]

As EAH is benign and occasionally presents spontaneous involution, it does not require aggressive measures. However, in patients with painful lesions or cosmetic concerns, surgical excision is the only definitive treatment.

References

1. Hyman AB, Harris H, Brownstein MH. Eccrine angiomatous hamartoma. N Y State J Med. 1968;68:2803–6.
2. Jeong E, Park HJ, Oh ST, Lee JY, Cho BK. Late-onset eccrine angiomatous hamartoma on the forehead. Int J Dermatol. 2006;45:598–9.
3. Batalla A, Rosón E, Flórez A, Troncoso A, de la Torre C. Hamartoma angiomatoso ecrino: presentación de dos casos. Actas Dermosifiliogr. 2011;102:289–92.
4. Pelle MT, Pride HB, Tyler WB. Eccrine angiomatous hamartoma. J Am Acad Dermatol. 2002;47:429–35.
5. Sulica RL, Kao GF, Sulica VI, Penneys NS. Eccrine angiomatous hamartoma (nevus): immunohistochemical findings and review of the literature. J Cutan Pathol. 1994;21:71–5.
6. Martinelli PT, Tschen JA. Eccrine angiomatous hamartoma: a case report and review of the literature. Cutis. 2003;71:449–55.

B. García-García,[a,*] L. Palacios-García,[a] B. Vivanco-Allende[b]

[a] *Servicio de Dermatología, Hospital Universitario Central de Asturias, Oviedo, Spain*
[b] *Servicio de Anatomía Patológica, Hospital Universitario Central de Asturias, Oviedo, Spain*

[*] Corresponding author.
E-mail address: begarciagarcia@gmail.com
(B. García-García).