

SHORT COMMUNICATIONS

VERRUCOUS HEMANGIOMA

A 26-year-old male developed an asymptomatic verrucous plaque on the left leg. It started during infancy as a bluish-red flat lesion. By the time of puberty, it gradually increased in size and the surface became hyperkeratotic and verrucous. There was no history of bleeding from the lesion. Examination revealed a well-defined, dry, verrucous and hyperkeratotic circular plaque, 2 cm in diameter on the left leg (Fig. 1). The central part of the plaque had

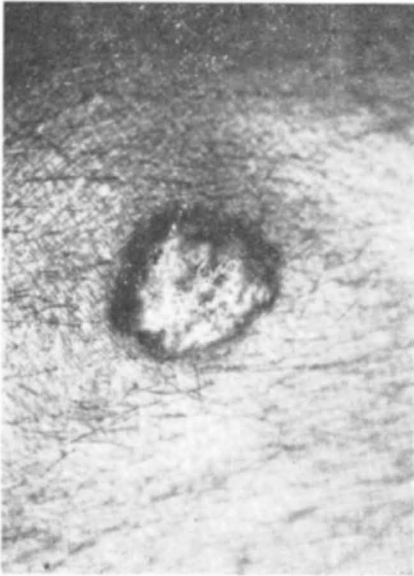


Fig. 1. Verrucous hemangioma on the leg.

slight crusting and oozing. Histopathological study of the biopsy specimen revealed hyperkeratosis, irregular acanthosis and papillomatosis. The underlying dermis and subcutis had many small vascular spaces lined by thin walls and containing blood. A diagnosis of verrucous hemangioma was made and the lesion was excised completely under local anaesthesia. There was no recurrence of the lesion when followed-up for one year.

Verrucous hemangioma is a structural variant of capillary hemangioma in which reactive epidermal acanthosis, papillomatosis and hyperkeratosis develop secondarily. It was Imperial and Helwig who suggested the term verrucous hemangioma for this condition. They clearly differentiated it from the more common angiokeratoma.¹ The diagnosis of verrucous hemangioma in our patient was considered only after getting the biopsy report.

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Reference

1. Imperial R and Helwig EB : Verrucous hemangioma, *Arch Dermatol*, 1967; 247-253.