VERRUCOUS HAEMANGIOMA : REPORT OF A CASE TREATED BY SKIN GRAFTING

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Summary

A case of biopsy proven verrucous haemangioma present from birth, on the leg of a 39 year old female is reported. The lesions were presented as nodules in a linear distribution. The nodules used to ulcerate in summer with seropurulent discharge. The lesions were excised and a split-thickness graft was applied. There was no recurrence of the lesions 2½ years later.

KEY WORDS : Verrucous haemangioma Greyish-brown nodules Excision and skin grafting.

Angiomatous naevi are common developmental disorders which do not show any hereditary tendency and usually resolve spontaneously. Verrucous haemangioma is a rare variant, which spreads gradually and shows no tendency to spontaneous resolution [1,2]. We are reporting a case of verrucous haemangioma which was surgically excised and did not recur on follow up 2½ years later.

Case Report

A 39 year old housewife came on 11—4—1979 with the complaint of having nodular lesions on the right leg since birth. At birth there was one hyperpigmented papule on the lower part of the leg and since then new lesions continued to form over a period of 2 or 3 years. The lesions used to itch occasionally and would ulcerate and discharge seropurulent material, usually during the rainy season. Patient used to get relief with systemic administration of antibiotics. She did not have any systemic complaints apart from painful limitation of movement of the right shoulder. There was no family history of a similar disorder. On examination there were about 5 greyish-brown hyperkeratotic nodules 2 - 5 cm in diameter which were present in a linear configuration on the medial aspect of the right leg (Fig. 1). There were hypopigmented and atrophic scars around the upper lesions. In the lower part the nodules were vegetative and ulcerated and there was purulent discharge. These lesions were surrounded by an indurated hyperpigmented area around which there was a faint erythematous halo. Both legs were of equal girth and there was no regional lymphadenopathy or any systemic abnormality.

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Fig. 1
Hyperkeratotic nodules are present on the leg.

A biopsy from two nodules showed hyperkeratosis, acanthosis and presence of capillary proliferation and cavernous spaces in the dermis with slight extension into the subcutis. There was a moderately dense infiltrate of mononuclear cells, histiocytes and plasma cells in the dermis (Fig. 2). A diagnosis of verrucous haemangioma was made, and after controlling the infection with antibiotics, the lesions were surgically excised and a split thickness graft was applied. At follow up 2½ years later there was no recurrence of the nodules and no complaints apart from occasional itching on the lower part of the grafted area where a few skin coloured papules were present.

Discussion

Verrucous haemangioma is a structural variant of cavernous haemangioma in which there are secondary epidermal changes [1,2]. It resembles angiokeratoma circumscriptum from which it can be reliably differentiated only on histopathology. Verrucous haemangioma is a true vascular malformation whereas angiokeratoma circumscriptum is a telangiectatic condition[2]. Verrucous haemangioma has a tendency to recur after excision due to factors such as extension into the subcutis and altered haemodynamics opening up pre-existing non canalized malformed vessels[2]. Our case is of interest in that there was no recurrence of the lesions upto 2½ years after surgery.

Fig. 2
There is hyperkeratosis and abundance of dilated blood vessels in the dermis. Few "Cavernous" spaces are also seen (H & E x 100)

References

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