SUDORIPAROUS ANGIOMA

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A 13-year-old girl had a painful bluish black nodule resembling a blue rubber bleb nevus in front of her ankle since birth. Stroking the lesion caused pain and sweating over the lesion. Histopathology revealed dilated and cystic eccrine sweat gland structures on the sides of thin-walled dilated blood vessels in the dermis.

Key words : Angioma sudoriparous, Hypertrichosis, Hyperhidrosis.

Beier[1] in 1895 first reported the case of a soft, pigmented angioma associated with pain and supra-lesional hyperhidrosis. In 1964, Vilanova et al[2] reported a similar case in a 13-year-old girl. They named this condition as hamartoma angiomateux sudoripare secretante. In 1967, Domonkos and Suarez[3] reported a case of sudoriparous angioma in a 4-year-old girl. Clinically, the lesion resembled blue rubber bleb nevus and histopathology revealed dilated, thin-walled blood vessels with neighbouring dilated and cystic eccrine sweat gland structures in the dermis. We are reporting a case of sudoriparous angioma in a girl, present since birth.

Case Report

A 13-year-old girl reported for a painful and tender, bluish black swelling on the front of her right ankle since birth. There was no history of bleeding from the gastro-intestinal tract and none in her family had similar disease. The lesion consisted of a cluster of four, dome-shaped, soft swellings which varied from 16 to 22 mm in diameter. The surface was rough and bluish black in colour. A few tufts of terminal hairs also were seen limited to the site of the lesion. Gentle stroking or pinching of the lesion caused pain and profuse sweating on the surface of the lesion (Fig. 1). Pain lasted only for a few seconds but sweating continued for 2 to 3 minutes each time. Skin around the lesion and on other parts of the body appeared normal and there was no hyperhidrosis. High environmental temperature and emotional stress did not evoke hyperhidrosis on the lesion. Tranquillizers, sedatives and anticholinergics did not prevent local pain and sweating. General physical and systemic examination did not reveal any abnormality. Routine laboratory tests on blood, urine and stools were normal. Blood VDRL was negative. Test for occult blood in stools was

Fig. 1. Sudoriparous angioma. Note dribbling of sweat formed when the lesion was gently stroked.

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negative. Starch iodine test confirmed local hyperhidrosis. X-ray of the foot did not show any abnormality of the underlying bones. Barium meal and enema studies showed no lesions in the gastro-intestinal tract. Histopathology of a part of the lesion revealed hyperkeratosis and acanthosis of the epidermis, along with thin-walled blood vessels varying from capillary to cavernous in size in the lower dermis. Dilated and cystic eccrine sweat gland structures were seen on the side of these blood vessels. Many mature hair follicles were also seen. There was neither any nevus cell, nor any abnormal smooth muscles in the dermis.

Comment

Though angiomas of different kind are commonly seen in the dermatological practice, sudoriparous angiomas are only rarely reported in the literature.[1-4] Supralesional hypertrichosis noted in our case was quite unusual. Clinically, this angioma may be mistaken for blue rubber bleb nevus due to its cyanotic bluish black colour and soft consistency, but the histopathology usually helps in their differentiation. Further, the blue rubber bleb nevus is usually associated with angiomas of the gastro-intestinal tract while the present case had no associated gastro-intestinal lesion. Sudoriparous angioma must be considered as a distinct entity, different from ordinary haemangioma simplex and cavernous haemangioma because of the pain and increased sweating.[3] It should also be differentiated from nevoid focal hyperhidrosis.[5] Biopsy of the hyperhidrotic area in such cases merely reveals prominence of the sweat glands and hyperhidrosis can be evoked by emotional stress and high environmental temperature, but in our case, these factors could not induce hyperhidrosis.

References

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