ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA

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A 35-year-old woman presented with asymptomatic dermal nodules over the scalp of 10 year's duration. Histopathological study revealed proliferation of thick walled blood vessels lined by plump endothelium and lymphocyte and eosinophilic infiltrate with blood eosinophilia.

Key words: ALHE, Nodules, Scalp

Introduction

Angiolymphoid hyperplasia with eosinophilia (ALHE) is a rare, benign disease with distinctive histopathological features.[1] It is characterised by single or multiple skin coloured or plum-coloured nodules or plaques especially in head and neck region, composed of vascular channels with surrounding infiltrate of lymphocytes and eosinophils.[2] The disease was first described by Kimura et al in 1948.[3] Many similar cases have been reported under a variety of names such as ALHE, inflammatory angiomatous nodule, pseudopyogenic granuloma, atypical pyogenic granuloma, papular angioplasia, subcutaneous angioblastic lymphoid hyperplasia with eosinophilia and lymphofolliculosis, intravenous atypical vascular proliferation, histiocytoid haemangioma, and epitheloid haemangioma.[4] We report a case of ALHE, in a 35-year-old woman.

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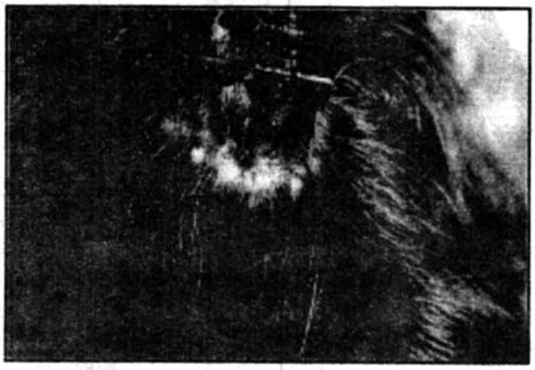

Fig1. Multiple, discrete, skin-coloured smooth nodules over the occiput portion of the scalp.

Case Report

A 35-year-old woman presented with multiple discrete nodules over the scalp, of 10 years duration (Fig.1)

Examination revealed multiple discrete, skin-coloured, smooth surfaced nodules varying in size from 0.5 to 1 cm located on the occiput portion of the scalp. They were firm to soft in consistency, slightly tender, noncompressible, and movable.

There was no associated regional lymphadenopathy. Systemic examination revealed no abnormality. Blood and urinalyis,

chest x- ray, ultrasonography of abdomen, and pelvis and ECG were normal except for eosinophilia 10% and absolute eosinophil count of 639 cells/cu.mm. Histopathology reveled normal epidermis. Dermis showed proliferation of thick walled blood vessels lined by plump endothelium (Fig.2). There was lymphocytic and eosinophilic infiltrate.

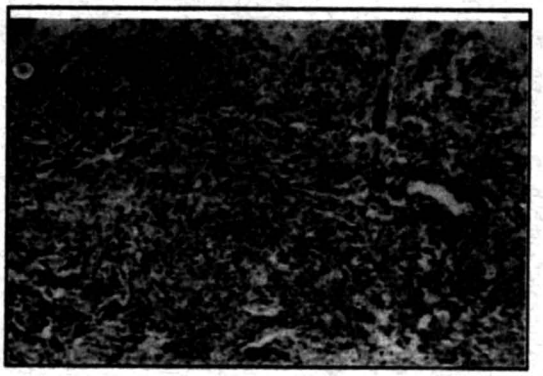

Fig 2. Dermis showing proliferation of thick walled blood vessels lined by plump endothelium surrounded by lymphocytic and oesinophilic infiltrate (H&Ex80).

Discussion

ALHE presents usually as papular or nodular lesions over the head and neck.[3] Multiple lesions on the extremities also have been described.[1] At times multiple lesions can form grape-like plaques.[2] The histologic features of dermal lesions in our case, showed proliferation of thick walled blood vessels lined by plump endothelium. There was lymphocytic and eosinophilic infiltrate which matches the description by other authors.[1-3,5] Etiology is unknown, but antigenic stimulation following insect bites has been postulated.[5] The natural history of lesion is such that if a confident diagnois made on a small lesion, it is reasonable to observe the lesion for 3-6 months and await spontaneous regression. Both surgery and radiotherapy are effective.[5] Intra lesional steroid also is effective.

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