VERRUCOUS HAEMANGIOMA

H Hanumanthappa

A case of verrucous haemangioma in a 25-year-old male is reported for its rarity and not to be confused with any other verrucous naevi or infective conditions.

Key Words : Verrucous haemangioma, Excision

Introduction

Verrucous haemangioma usually presents at birth, may appear later, even in adult life. They tend to start as well-defined, dark-red macular areas resembling port wine stains, sometimes developing into soft bluish-red vascular swellings. After some years, lesions take on their characteristic bluish-black hue and an increasingly verrucous surface. Recurrent bleeding and infection often cause the patient to seek medical advice for the first time at this stage.[1]

Case Report

A 25-year-old male, by occupation an agriculturist, presented with history of hyperpigmented, erythematous and verrucous lesions of 15 years duration. The lesions appeared over dorsal aspect of left foot and progressed to extend up to middle of the calf region. There was history of occasional itching and bleeding. No history of trauma or loss of weight and appetite nor fever was found.

Cutaneous examination revealed multiple verrucous lesions arising on an erythematous base and few of them showing crusting and sero-purulent discharge, located over medial and dorsal aspect of right foot, ankle and inner aspect of leg (Fig.1). Hairs, nails, mucous membranes were normal. Systemic examination was normal.

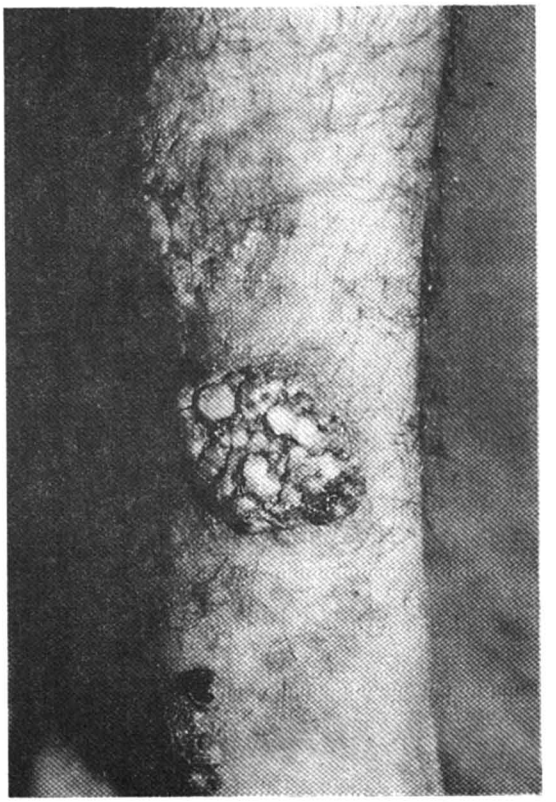

Fig. 1. Crusted, verrucous lesions on an erythematous area.

The following differential diagnosis were considered, tuberculosis verrucosa cutis, sporotrichosis, prurigo nodularis with secondary infection and verrucous haemangioma.

Routine investigations, X-rays of chest and left leg and foot were normal. Skin bispsy which showed hyperkeratosis, irregular acanthosis and papillomatosis with abundant,

From the Department of Dermatology and STD, Mysore Medical College and Hospital, Mysore-570001, India.

Address correspondence to : Dr H Hanumanthappa

large vascular channels in the dermis was suggestive of verrucous haemangioma (Fig.2). Patient was put on antibiotic therapy to control secondary infection and was referred to plastic surgeon for excision.

Fig. 2. Hyperkeratosis, papillomatosis, irregular acanthosis with multiple vascular channels in dermis.

Discussion

Although verrucous haemangioma has distinctive clinical behaviour, the histology suggests that it is a variety of angiomatous naevus, with prominent secondary hyperkeratosis.[2] It takes the form of a single lesion or a group of lesions most characteristically occurring on the legs. A variant has been described in which multiple lesions occurred in a more disseminated distribution without evidence of systemic lesions.[1] Similar findings were seen in the present case.

Larger lesions do need grafting. Our patient was referred to a plastic surgeon, but he refused to undergo surgery. Recurrence is likely if the excision is inadequate in area or depth.[3]

References

1. Cruces MJ, De la Torre C. Multiple eruptive verrucous haemangiomas. Dermatologica 1985; 171: 106-11.
2. Imperial R, Helwig EB. Verrucous haemangioma: a clinicopathologic study of 21 cases. Arch Dermatol 1967; 96: 247-53.
3. Atherton DJ. Naevi and other developmental defects. In: Champion RH, Burton JL, Ebling FJG, eds. Textbook of dermatology. Oxford : Blackwell, 1992: 482-6.