

ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA

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A case of ALHE presenting as multiple, linearly arranged polypoidal nodules in left infrascapular region in a 48 years old male in presented.

Key Words : ALHE, Kimura's disease

Introduction

ALHE is an apparently benign locally proliferating lesion composed of vascular channels with surrounding infiltrate of lymphocytes and eosinophils. It is characterised by single or multiple skin coloured or plum coloured nodules or plaques especially in head and neck region. The condition was first described by Kimura et al in 1948 under the term "Eosinophilic lymphoid granuloma or Eosinophilic lymph folliculosis".¹ Since then the condition has been described under various names such as Kimura's disease,² Pseudo or atypical pyogenic granuloma,³ Histiocytoid haemangioma.⁴ The unusual site of presentation, distribution and rarity in Indian literature prompted the present report.

Case Report

A 48 years old male presented with multiple polypoidal nodules in left infrascapular region of 1½ years duration (Fig. 1). Examination revealed multiple purple red, intradermal polypoidal nodules of varying sizes distributed in a linear fashion in left infrascapular region. There was no local rise of temperature. They were firm to soft in consistency, nontender, non compressible, movable. Some lesions were showing crusting.

There was no associated regional lymphadenopathy. Multiple cherry angiomas

were present all over the back. Systemic examination revealed no abnormality, urine,

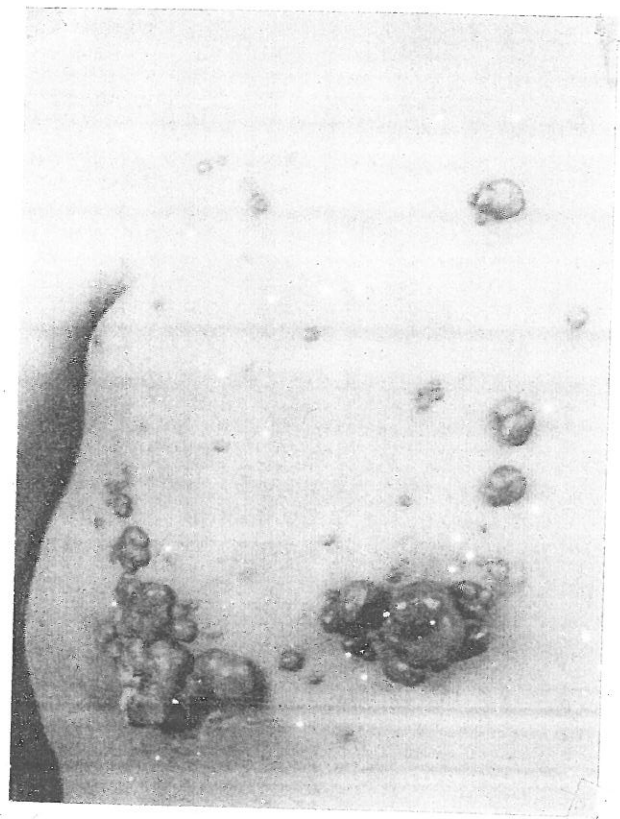


Fig. 1. Clinical photograph showing polypoidal nodules in left infrascapular region

blood examination, chest X-ray, ultrasonography of abdomen and pelvis were normal except for eosinophilia of 14%.

Histopathology showed thinning of epidermis with flattened rete ridges. Dermis showed multiple capillaries of varying sizes lined by swollen, pleomorphic endothelial cells protruding into the lumen giving

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"Tombstone" or "Hobnailed" appearance. There was characteristic clustering of "Daughter vessels" around a medium sized "Parent vessel" (Fig. 2). A mixed cellular infiltrate of lymphocytes and eosinophils; predominantly eosinophils were present surrounding the vessels (Fig. 3).

The larger lesions were excised surgically.

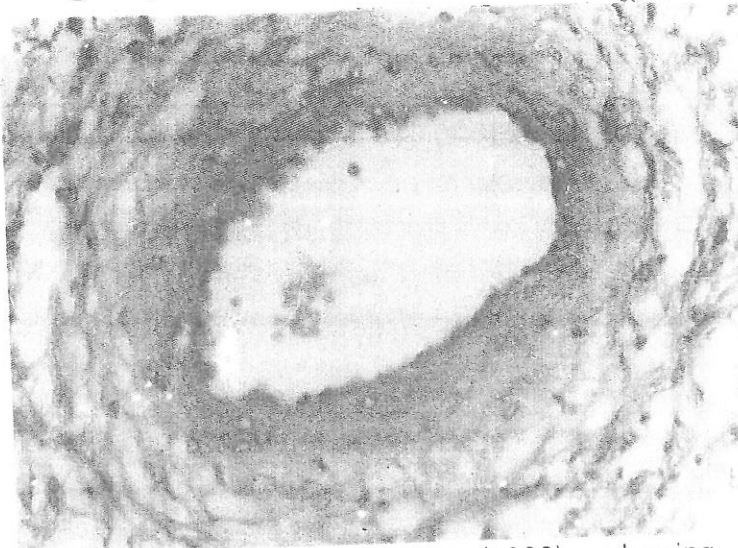


Fig. 2. Micro photograph (x200) showing "parent vessels" with Tombstone appearing endothelium surrounded by "daughter vessels".

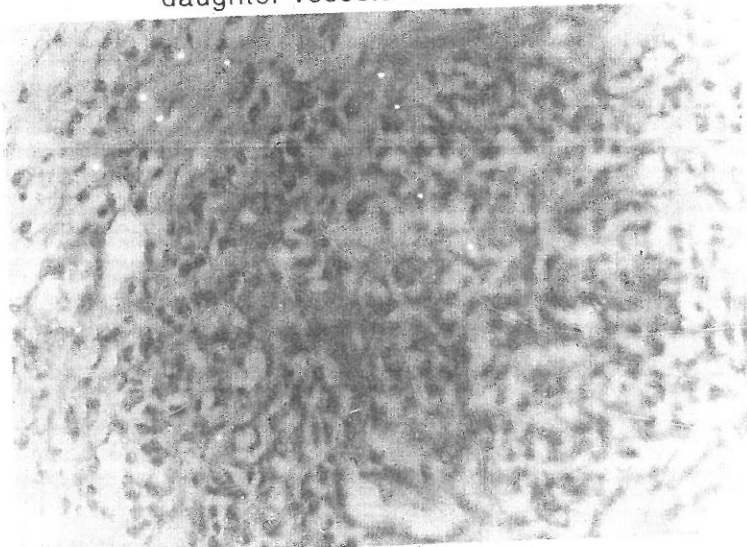


Fig. 3. Micro photograph (x200) showing lymphocyte and eosinophilic infiltrate

Comments

ALHE is uncommon disease of unknown etiology presenting as single or multiple subcutaneous or intradermal nodules primarily on face, scalp and around the ears. Lesions on the trunk and extremities are also described. At times multiple lesions can form "Grape-like" plaques. Lesions are recognised in several other anatomical sites like heart, large vessels, soft tissues including bone. Affected individuals are commonly young adults. The etiology is unknown, but antigenic stimulation following insect bite has been postulated.⁵ In our case the lesions are situated in uncommon site in linear fashion and are associated with multiple cherry angiomas which are unusually large without any systemic involvement.

References

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