

Address for correspondence

Dr. PV Bhagwat,
Associate Professor, Dept of Skin & STD,
Karnataka Institute of Medical Sciences,
Hubli, Karnataka.
E-Mail :sharadapbhagwat@yahoo.com
Ph# 09880084769, 09986155070

Angiolymphoid hyperplasia with eosinophilia

Sir, a 19-year-old male presented with multiple nodules over post auricular region on right side since last 3 years. Lesions were asymptomatic. On examination nodules were of variable size and were skin coloured (**Figure 1**). They were non-tender. No such lesions were present anywhere on body. Systemic examination was normal including the reticuloendothelial system.

Laboratory findings like complete blood count, ESR were normal and no eosinophilia was detected. Histopathological examination of skin biopsy specimen showed hyperkeratosis, acanthosis with plethora of blood vessels some in cord like distribution and others dilated with plump endothelial cells in abundant collagenous stroma of dermis (**Figure 2**). Dilated blood vessels were lined by plump (epithelioid) endothelial cells with eosinophilic cytoplasm or vacuolated cytoplasm, some of which had invaded the lumen of the blood vessels (**Figure 3**). Some giant cells were also present.

Discussion

Angiolymphoid hyperplasia with eosinophilia, first described by Wells and Whimster in 1969, is a rare benign vascular tumor.¹ Both sexes are equally affected. Aetiology though not identified is thought to be a reactive process. Trauma, hormonal changes and infections (HTLV or HHV-8 have been suggested to play a role in the



Figure 1 Multiple skin coloured nodule over post auricular area.

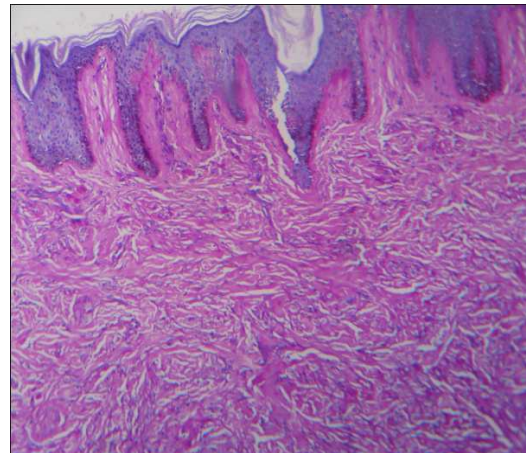


Figure 2 Plethora of blood vessels in dermis with plump endothelial cells in abundant collagenous stroma (H&Ex10).

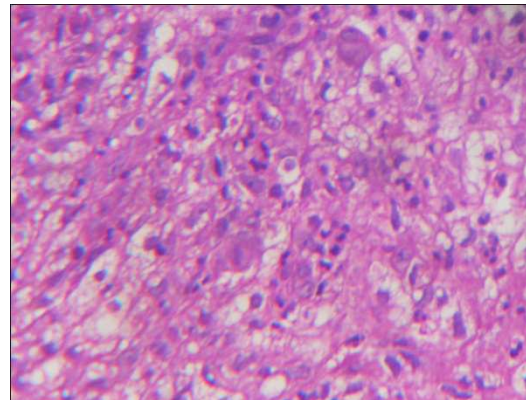


Figure 3 Portion of dermis showing endothelial cells with eosinophilic cytoplasm or vacuolated cytoplasm, some of which have invaded the lumen of the blood vessels. (H&Ex100)

pathogenesis.² Patients usually present cluster of small translucent nodules on the head and neck.

Other sites of the body like oral mucosa, extremities may be affected. Involvement of the deeper tissue, internal organs and bones can also occur. Contrary to the name, blood eosinophilia is not always present.³

Histopathological examination shows numerous proliferating blood vessels which are lined by endothelial cells. Lymphocytic and eosinophilic infiltrate may surround the vessels. Cytological atypia may rarely be seen.

Main differential diagnosis of angiolymphoid hyperplasia with eosinophilia is Kimura's disease. Kimura's disease is differentiated by occurrence in younger age group, presence of deeper-seated lesions, association of lymphadenopathy and absence of epithelioid cells in histopathology.⁴ Exceptionally, both diseases may co-exist.⁵

Lesions usually regress spontaneously. Surgery and radiotherapy are also effective. Treatment with Nd:YAG laser and imiquimod also shows promising result.⁶

References

1. Wells GC, Whimster IW. Subcutaneous angiolymphoid hyperplasia with eosinophilia. *Br J Dermatol.*1969;**81**:1-14.
2. Hollo P, Marschalko M, Sikos G *et al.* Angiolymphoid hyperplasia with eosinophilia in pregnancy. *J Eur Acad Dermatol Venereol.* 2005;**19**:645-6.
3. Zarrin-Khameh N, Spoden JE, Tran RM. Angiolymphoid hyperplasia with eosinophilia associated with pregnancy: A case report and review of the literature. *Arch Pathol Lab Med.* 2005;**129**:1168-71.
4. Calonje E, MacKie RM. Soft-tissue tumors and tumor-like conditions. In: Breathnach S, Cox N, Griffiths C, editors. *Rook's Textbook of Dermatology.* 7th ed. Oxford: Blackwell Science; 2004. p. 20.
5. Chong WS, Thomas A, Goh CL. Kimura's disease and angiolymphoid hyperplasia with eosinophilia: two entities in the same patient: case report and review of the literature. *Int J Dermatol.* 2006;**45**:139-45.
6. Kadurina MI, Dimitrov BG, Bojinova ST *et al.* Angiolymphoid hyperplasia with eosinophilia: successful treatment with Nd:YAG laser. *J Cosmet Laser Ther.* 2007;**9**: 107-11.

Sanchaita Bala, Sumit Sen, Anusree Gangopadhyay, Chinmay Halder

Department of Dermatology Venereology & Leprosy, IPGIMER & SSKM Hospital, Kolkata, India.

Address for correspondence

Dr. Sanchaita Bala
Rajpur Govt. Colony, P.O. South Jagaddal
South 24 Parganas, Kolkata, Pin 700151
West Bengal, India
Email: doc.sanchaita@gmail.com
Ph: 09832727101