

Facial Eccrine Angiomatous Hamartoma in a Fifty-two-Year-Old Lady: Case Report

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Abstract:

Eccrine angiomatous hamartoma (EAH) is a rare benign condition, Patients typically present with a solitary, sometimes enlarging nodule of the extremities usually appearing at birth or arising during childhood. Eccrine angiomatous hamartoma is usually sporadic, but one familial case of the multifocal variant has been reported. It is recognized histologically by increased numbers of eccrine elements, as well as numerous vascular channels and proliferation of other dermal elements, such as adipose tissue, hair and epidermis. When symptomatic, EAH may be associated with hyperhidrosis or pain. We report a case of 52 years old lady with EAH on the face. We also share our experience with botulinum toxins in the treatment of this condition.

Keywords: eccrine; hamartoma; hyperhidrosis; facial

Introduction

Eccrine angiomatous hamartoma is a rare benign malformation that is usually congenital or prepubertal and there is no preference related to patient's sex. It presents as a solitary flesh colored lesion, either asymptomatic or may cause mild pain and hyperhidrosis on extremities. Enlargement typically occurs commensurate with growth of the patient's limb. Histologically it is characterized by increased number of sweat glands (eccrine) and numerous capillaries. The condition is usually benign and required no intervention unless the patient is bothered with the shape and hyperhidrosis. At this point surgical intervention is established. Many cases in the literature were successfully treated with botulinum toxins.

A 52 years old lady previously healthy presented to our clinic with a lesion on the chin. She reported that the lesion started as erythematous plaques seven years ago when she was 45 years old.

The lesion slowly enlarged and became tender to touch. The color changed from erythematous to purple with overlying telangiectasia and increased perspiration associated with the lesion. As the lesion was enlarging it interferes with speech. On physical examination a fleshy colored multilobulated infiltrated plaque on the chin was noticed with overlying telangiectasia. The plaque was about 4x4 cm figure [1][2][3]. Her general and systemic examination were normal.

Case Report:



Figure 1



Figure 2



Figure 3

Hyperhidrosis could be confirmed with the iodine starch test. Figure [4]



Figure 4

5 mm punch biopsy was done from the lesion and the histopathology examination revealed nodular clusters of dilated vessels intimately associated with an increased number of mature eccrine glands while the epidermis is unremarkable as shown in figure [5] [6] [7]

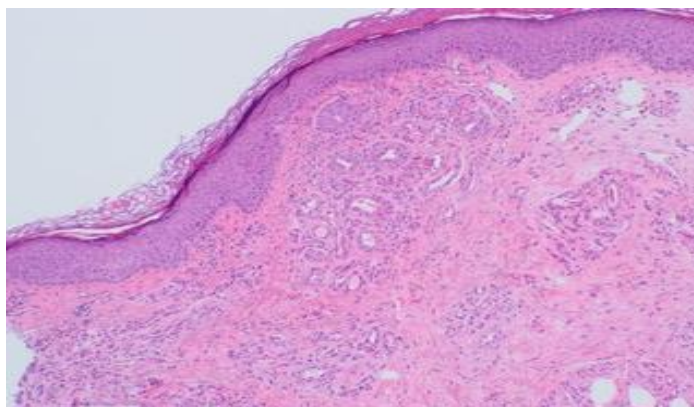


Figure 5

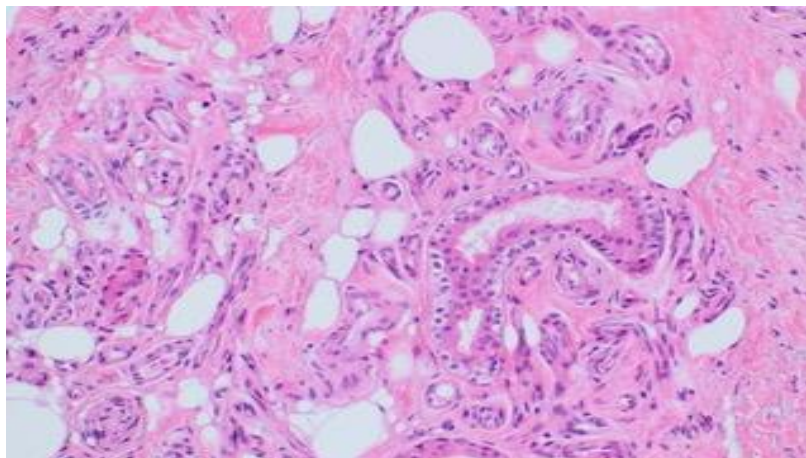


Figure 6

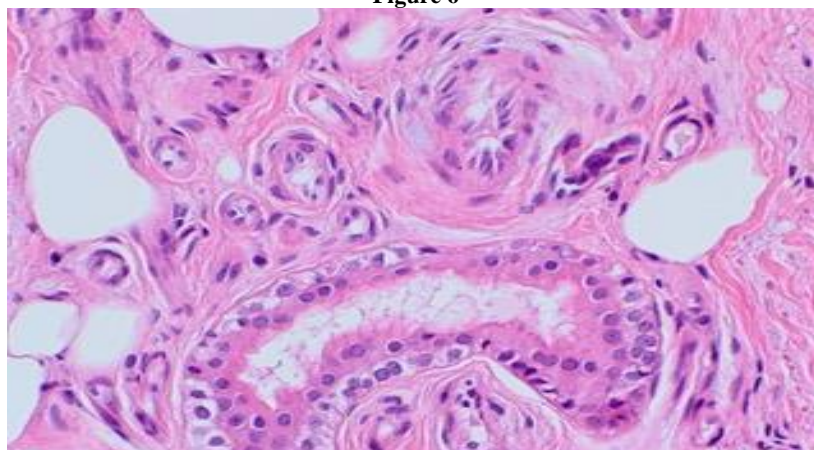


Figure 7

The constellation of clinical and pathological features consistent with the diagnosis of eccrine angiomatous hamartoma EAH.

The lesion was injected with 30 U botulinum toxin diluted in 2.5 ml normal saline in superficial dermis with moderate improvement in pain and hyperhidrosis.

Discussion:

EAH is a rare benign condition that is usually congenital or arise during prepubertal years [1]. It has also been reported to occur in older age group. [2] Our case is a 52 years old lady presenting with EAH. The unusual location of EAH in our case and the paucity of its mention in the literature prompted us to report this case. The infiltrated plaque presented on the face particularly the chin.

EAH was first described by Lotzbeck in 1859 as an angiomatous- appearing lesion on the cheek of a child [3]. True incidence is yet unknown. It is a rare benign tumor characterized by proliferation of eccrine and vascular components. It usually presents as a solitary lesion but multiple lesions have been reported. [4] Generally, they enlarge very gradually; more rapid growth and pain have been described during pregnancy and adolescence and this suggests hormonal influence [5]. Other authors have suggested that lesional pain may be caused by the fluid retention associated with menstruation and pregnancy. [5] Eighty percent of the cases are reported over the extremities, [2] with a predilection for palms and soles. The exact pathogenesis is not known but various theories like abnormal induction of heterotypic dependency with resultant malformation of adnexal as well as mesenchymal elements have been proposed. [6]

The hamartoma usually a symptomatic but some patients experience pain due to infiltration of the small nerves. The vascularity in the lesions may raise the temperature [7] and induce hyperhidrosis as in our case. Since hyperhidrosis is a relatively common finding associated with this condition,

various other terms have been used to describe this entity, including sudoriparous angioma [8] and functioning sudoriparous angiomatous hamartoma [9]. Lesional hypertrichosis and the association of EAH with Cowden's syndrome, [10] neurofibromatosis [11] have all been reported.

Radiographic modalities such as magnetic resonance imaging and ultrasound may help to confirm clinical suspicion of an angioma but accurate diagnosis of EAH remain with histology. [7]

The histopathologic hallmarks of EAH include the presence of an increased number of eccrine glands in the mid- and lower dermis along with ectatic or collapsed vessels that are seen in close approximation to the hyperplastic eccrine units. The overlying epidermis may be normal or may show acanthosis or papillomatosis. [1][12]

Physician should consider other differential diagnosis when dealing with EAH such as eccrine nevus, blue rubber bleb nevus syndrome, tufted angioma, glomus tumor, and smooth muscle cell hamartoma, nevus flammeus and angioma serpiginosum. [13] [14] [15] Although aggressive treatment is generally unwarranted, simple excision is usually curative. Recently botulinum toxin [16] and intralesional sclerosants [17] have been successfully used in the treatment of this condition.

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We dedicate this article to our dear patient who cooperated with us to the maximum and allowed us to publish the case, thanking her for her kind cooperation and wishing her recovery

Conflict of interest

there is no conflict of interest

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Nil

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patients understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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