

DISSEMINATED TUFTED ANGIOMA

Mohd Mohtashim¹, Syed Suhail Amin², Mohammad Adil³, Noora Sayeed¹, Annu Priya⁴, Tasleem Arif²

¹ Senior Resident, Department of Dermatology, Jawaharlal Nehru Medical College (JNMC), Aligarh Muslim University (AMU), Aligarh, India.

² Chairman, Department of Dermatology, Jawaharlal Nehru Medical College (JNMC), Aligarh Muslim University (AMU), Aligarh, India.

³ Assistant Professor, Department of Dermatology, Jawaharlal Nehru Medical College (JNMC), Aligarh Muslim University (AMU), Aligarh, India.

⁴ Junior Resident, Department of Dermatology, Jawaharlal Nehru Medical College (JNMC), Aligarh Muslim University (AMU), Aligarh, India.

Corresponding Author:

Syed Suhail Amin

Professor & Chairman, Department of Dermatology,

Jawaharlal Nehru Medical College (JNMC), Aligarh Muslim University (AMU), Aligarh, India.

Email: drsuhailamin@yahoo.co.in

Abstract

Tufted Angioma is a benign vascular anomaly. Histopathologically it is characterized by multiple “tufts” of capillaries infiltrating the dermis in a “cannon ball” distribution.

Key words: Disseminated Tufted Angioma, vascular anomaly

Introduction

Tufted Angioma is a rare benign cutaneous vascular proliferation of endothelium¹. Histopathologically it is characterized by multiple “tufts” of capillaries infiltrating the dermis in a “cannon ball” distribution².

Case Report

A 10 year old male presented with multiple violaceous plaques present all over the body for the past 2 years. Initially the lesions were erythematous macules which gradually increased in size and number to involve whole body in around 6 months. On examination the plaques were violaceous in colour with tufts of hair over them[Fig.1,2]. The lesions on palpation were compressible and tender. Routine investigations like complete blood count, liver function, renal function and chest X-ray were normal. Histopathology showed lobular proliferations of blood vessels in the dermis[Fig.3,4]. Based on clinical and histopathological examination, a diagnosis of tufted angioma was made.



Figure 1,2: violaceous plaques with tufts of hair over them

Discussion

Tufted angioma is a benign vascular anomaly that usually involves the skin and subcutaneous tissues. It was first described by Nagakawa in 19493. The exact etiology is not known but it may represent a reactive vascular tumour secondary to hormonal stimuli⁴. This condition usually affects children less than 1 year

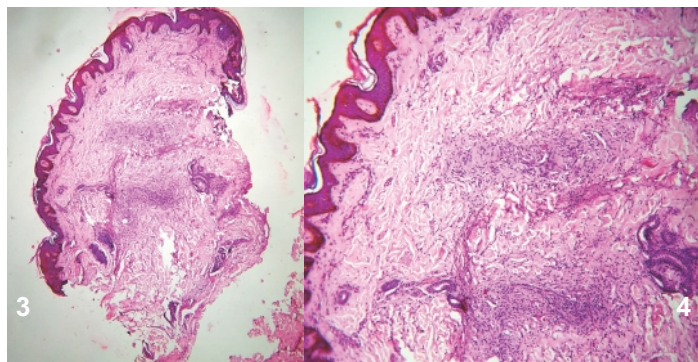


Figure 3,4: lobular proliferations of blood vessels in the dermis[H&E;Fig3(4X),Fig4(10X)]

of age but has also been reported in pregnancy and immunosuppression. Histologically there is lobular proliferation of blood vessels which are organized in “rounded tufts” scattered in dermis. The tufts may occur in dermis or subcutaneous tissue. Males and females are affected equally by this disease. The lesion usually affects the neck, chest, shoulder and limbs⁵. Mostly it presents as a solitary violaceous plaque or nodule sometimes associated with hypertrichosis or hyperhidrosis. An important clinical feature is that they are tender. Malignant transformation has not been reported. One of the most severe complication of tufted angioma is consumption coagulopathy or kasabach- Meritt syndrome⁶. The differential diagnosis includes infantile hemangioma, kaposiform haemangioendothelioma, venous malformations and glomovenous malformation. Spontaneous regression of lesion is usually not seen but can occur if the onset is before 6 months of age. There are multiple treatment modalities for tufted angioma. Topical and systemic steroids have been successful in few cases. One of the method used in treatment is complete surgical excision. Other treatment options are pulsed dye laser, cryosurgery, systemic interferon α therapy, soft X-ray.

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