## Dermato-venereological Quiz

## SCK Ho 何正綱

This 39-year-old lady presented with a three-year history of persistent nodules on the scalp. There was all along no bleeding or erosion over the nodules. The lesions were asymptomatic and there was no lymphadenopathy. Her past health was good and there was no significant family history. Physical examination revealed multiple erythematous nodules on the scalp, each measuring three to seven centimetres in diameter (Figure 1). Similar lesions were also found around the ear. Histologically there was a lobular proliferation of blood vessels in the mid and superficial dermis. The blood vessels were lined by epithelioid, endothelial cells and there was an infiltrate consisting of lymphocytes and eosinophils. There were no lymphoid follicles. Investigations also showed peripheral blood eosinophilia.



Figure 1.

## Questions

- 1. What are the most likely clinical diagnosis and differential diagnoses?
- 2. What is the natural history of this condition?
- 3. What are the recommended treatments?

Social Hygiene Service, Department of Health, Hong Kong

SCK Ho, FHKCP, FHKAM (Medicine)

Correspondence to: Dr. SCK Ho

Yaumatei Dermatology Clinic, 12/F, Yaumatei Specialist Clinic, 143 Battery Street, Kowloon, Hong Kong

(Answers on page 115)

## Answers to Dermato-venereological Quiz on page 103

- 1. The most likely clinical diagnosis is angiolymphoid hyperplasia with eosinophilia (ALHE) which is confirmed by the histology. The differential diagnoses include pyogenic granuloma, angiosarcoma, and bacillary angiomatosis.
- 2. ALHE is a benign condition which most often affects middle-aged females. It presents with smooth erythematous nodules with a predilection for the scalp and ears. Individual lesions may be associated with a deep or subcutaneous component. They are usually asymptomatic although occasionally they may be painful if associated with an underlying arterio-venous malformation.
- 3. Treatment may be conservative as there may be spontaneous remission. Complete surgical excision is the treatment of choice for persistent lesions. However, lesions may recur if excision is incomplete. Topical and intralesional steroid, electrosurgery, cryotherapy, radiotherapy and laser therapy have also been used to treat ALHE. Other treatment options include pentoxifylline, systemic retinoids and indomethacin farnesil.



# Web sites of Dermatology & Venereology in Hong Kong

The homepage of the Hong Kong Society of Dermatology & Venereology <a href="http://www.medicine.org.hk/hksdv/">http://www.medicine.org.hk/hksdv/</a>

### Hong Kong Dermatology & Venereology Bulletin

(Official Publication of the Hong Kong Society of Dermatology & Venereology) http://www.medicine.org.hk/hksdv/bulletin.htm

### CME Online (Dermatology)

(CME Programme accredited by the Hong Kong College of Family Physicians) <a href="http://www.medicine.org.hk/cme/">http://www.medicine.org.hk/cme/</a>

The Homepage of the Asian Dermatological Association <a href="http://www.medicine.org.hk/ada/">http://www.medicine.org.hk/ada/</a>

