

Case Report

Angiolymphoid hyperplasia with eosinophilia in a Chinese lady

中年華人女患者患血管淋巴樣增生伴嗜酸細胞增多症

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A 39-year-old Chinese lady presented with multiple itchy red papules with bleeding on minimal trauma over her scalp for more than 10 years. The diagnosis of angiolymphoid hyperplasia with eosinophilia was made by clinico-pathological correlation. She was then treated with combined intralesional steroid and surgical excision.

39歲華人女患者頭皮上出現多發性紅色癢性丘疹逾十年，遇輕微損傷則出血。經臨床及病理綜合診斷為血管淋巴樣增生伴嗜酸細胞增多症。患者接受病灶內注射皮質激素及手術切除治療。

Keywords: Angiolymphoid hyperplasia with eosinophilia, Chinese

關鍵詞：血管淋巴樣增生伴嗜酸細胞增多症，華人

Introduction

Angiolymphoid hyperplasia with eosinophilia (ALHE) is an uncommon proliferative disorder of blood vessels. ALHE usually presents as group of

erythematous papules or nodules over the head and neck region especially over the preauricular region. Histologically, ALHE appears as clusters of small blood vessels lined with enlarged endothelial cells and surrounding eosinophilic and lymphocytic infiltration. We reported below a 39-year-old Chinese lady with ALHE who was treated satisfactorily with combined intralesional steroid and surgical excision.

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Case report

A 39-year-old Chinese lady presented with multiple itchy red papules over her scalp for more than 10 years. These papules bleed easily on scratching. Her past health was unremarkable.

On examination, there were multiple red papules and nodules with overlying excoriation over her scalp (Figure 1). There was no tenderness over these lesions. No enlarged lymph node was found. Other physical examination was unremarkable. The differential diagnoses included angiolymphoid hyperplasia with eosinophilia, Kimura's disease, haemangioma and other skin appendageal tumours.

Excisional biopsy was performed and histopathological examination showed proliferation of thin-walled vessels admixed with reactive lymphoid cells forming germinal centres and eosinophils (Figure 2). The lining endothelial cells were epithelioid with vacuolated cytoplasm (Figure 3). The clinical and histological findings confirmed the diagnosis of ALHE. The patient was then treated satisfactorily with intralesional steroid and staged excision.

Discussion

ALHE is an uncommon proliferative disorder of blood vessels. It was first described by Wells and Whimster in 1969¹ and was considered as a late stage of Kimura's disease. However, recent thought suggested that ALHE and Kimura's disease are

distinct entities. ALHE was more common in Asians especially Japan. It has a mean age of onset was around 30 and a female predilection.² The exact aetiology of this disorder is unknown. ALHE usually presents as groups of red or brown papules or nodules over the head and neck especially around the ears but mucosal ALHE had been reported.³ The lesions may have pain or pruritus. They tend to bleed easily on minimal trauma.² On the other



Figure 1. Multiple red papules over occipital region of scalp.

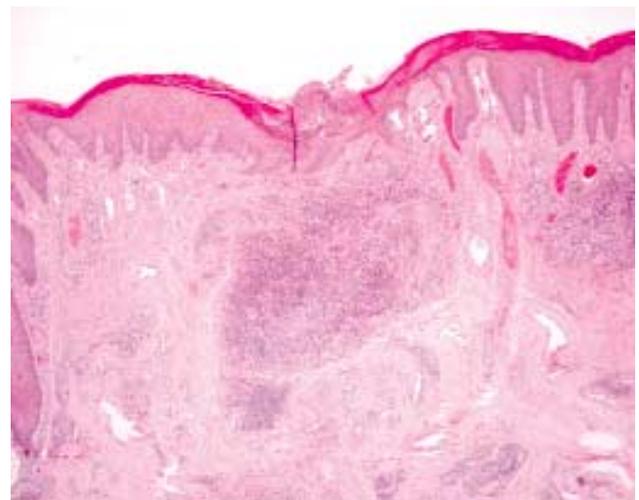


Figure 2. Proliferation of thin-walled vessels admixed with reactive lymphoid cells forming germinal centres and eosinophils (H&E).

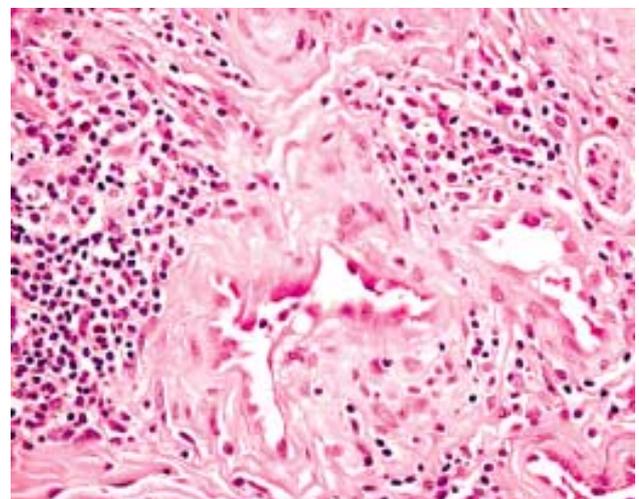


Figure 3. The lining endothelial cells were epithelioid with vacuolated cytoplasm (H&E).

hand, Kimura's disease usually affects young male and presents as subcutaneous swelling with enlarged regional lymph nodes. Histologically, ALHE appears as clusters of small blood vessels lined by plump endothelial cells with uniform ovoid nuclei and intracytoplasmic vacuoles giving rise to a cobberstone appearance. Perivascular and interstitial lymphocytic and eosinophilic infiltration are usually found. Peripheral eosinophilia is found in 20% ALHE patients. In contrast to these changes, Kimura's disease appears as subcutaneous inflammatory infiltrate with lymphoid follicles formation, eosinophilic microabscess and focal angiomatous changes only. Treatment of ALHE depends on the patients' symptoms. Small lesions may be left alone. Surgical excision can be performed for large lesions but recurrence rate is high due to underlying arteriovenous shunt. Other treatment options include intralesional steroid, cryotherapy, laser therapy,⁴⁻⁶ isotretinoin,⁷ pentoxifylline, indomethacin farnesil,⁸ interferon alpha,⁹ radiotherapy.¹⁰ ALHE tends to remit over months or years but relapse is possible.

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