

Dermato-venereological Quiz

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A 73-year-old man presented with a five year history of a cystic lesion on the right calf (Figure 1). Apart from occasional itching, it was asymptomatic. On examination there was a 0.8 cm mobile, cystic nodule on the right calf. An excisional skin biopsy was performed and the histology was shown in Figures 2 and 3.

Questions

- 1) What are the differential diagnoses?
- 2) What are the histopathological features?
- 3) What is the diagnosis?
- 4) What are the other variants of this condition?
- 5) What are the available treatment modalities?



Figure 1. Smooth flesh-colored cystic nodule on the right calf.

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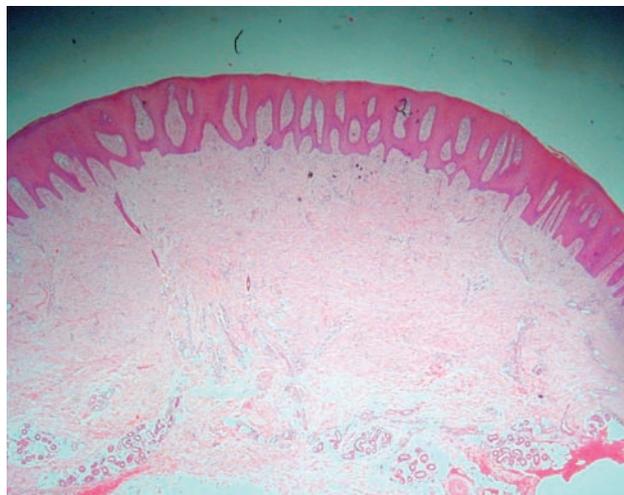


Figure 2. Tumour in the dermis consists of interlacing fascicles of spindle cells. Its border is ill-defined (H&E, low power view).

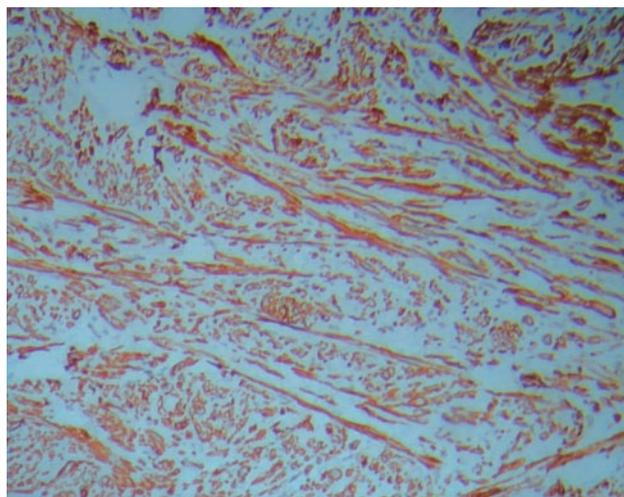


Figure 3. Immunochemical stain showing positive staining of tumour cells for smooth muscle actin.

Answers to Dermato-venereological Quiz on pages xx-xx

- 1) The differential diagnoses include lipoma, neurofibroma, eccrine spiradenoma, angioliipoma, pilar leiomyoma and sebaceous cyst.
- 2) There is an ill-defined dermal tumour which is made up of interlacing broad fascicles of spindle cells. They have abundant eosinophilic cytoplasm and cigar-shaped nuclei. No mitoses or necrosis are seen.
- 3) The diagnosis is pilar leiomyoma. Pilar leiomyomas are benign tumours that are derived from arrector pili muscle. Lesions may be solitary or multiple. Multiple lesions usually consist of dermal nodules less than 15 mm in size which may coalesce into plaques. Linear, dermatomal or grouped patterns may also occur. Patient may experience pain over the lesion on touching or on exposure to cold. They occur most commonly on the extensor surface of the limbs, neck, trunk and face.
- 4) Leiomyomas can also arise from the smooth muscle cells of blood vessel walls (angioleiomyoma) or labial, dartoic or mammillary muscles (genital leiomyoma). Genital leiomyomas are often solitary and asymptomatic while angioleiomyomas often present as painful solitary subcutaneous nodules.
- 5) The treatment of choice is excision although recurrence is common. Other treatment modalities reported include carbon dioxide laser. Cryotherapy and electrocautery are not effective. Nifedipine, nitroglycerin, phenoxybenzamine and gabapentin have been used for pain relief.