Recurrent Targetoid Haemosiderotic Haemangioma

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ABSTRACT

Targetoid haemosiderotic haemangioma is a benign, solitary vascular tumor that usually occurs at young or middle-aged women. It may be either on extremities, or on the trunk. A 32-year old woman presented with a 5 mm papul with a violaceous center surrounded by an annular pale part and an ecchymotic ring located outermost. The lesion was present for 1 month, but the patient reported that it has recurred 5 times in 2 years at the same location. The lesion was excised totally, and it did not relapse during one year’s follow up. A diagnosis of recurrent targetoid hemosiderotic hemangioma was made both clinically and histopathologically.

Keywords: targetoid haemosiderotic haemangioma, Recurrent

1. INTRODUCTION

Targetoid haemosiderotic haemangioma (THH) is a benign, solitary vascular tumor that usually occurs at young or middle aged women. It may be either on extremities, or on the trunk [1, 2, 3]. The lesion has a characteristic ‘targetoid’ appearance with a violaceous papule surrounded by an ecchymotic or brown ring which may expand or disappear leaving the central papule intact [1, 4]. This paper presents a relatively rare entity: Recurrent targetoid hemosiderotic hemangioma, with its typical features.

2. PATIENT AND OBSERVATION

A 32-year old woman presented with a lesion over her left forearm that was existing for one month. The lesion was a 5 mm papule with a violaceous center surrounded by an annular pale part and a nonblanching ecchymotic annular line located outermost (Figure 1). The patient reported that the same lesion has recurred 5 times in 2 years at the same location. The lesion was excised totally, and histopathologic evaluation revealed a number of thin-walled, dilated and irregular vascular spaces in the superficial reticular dermis. They were lined by endothelial cells. Intraluminal papillary projections and fibrin thrombi were seen in some blood vessels. The vascular channels in the deeper dermis were less conspicuous, irregular, and angulated and dissect between collagen bundles. A diagnosis of targetoid hemosiderotic hemangioma was made both clinically and histopathologically. The lesion did not relapse during one year’s follow up.
3. DISCUSSION

Targetoid hemosiderotic hemangioma (THH) was first described as a distinct entity in 1988 by Santa Cruz and Aronberg [1, 2, 3]. THH is a benign, acquired vascular neoplasm with a typical clinical appearance: a solitary brown to violaceous papulonodule surrounded by an ecchymotic halo [4]. The halo gradually extends peripherally and, in some cases, spontaneously resolves. The halo is not a constant finding, hobnail haemangioma is the term to describe non-targetoid form of THH [5]. They are usually asymptomatic and exhibit a benign clinical course. A lesion lasts weeks to years after presentation. The mean age of patients with THH is 30 years. The overall size of a lesion varies between 6-20 mm, with a central papule of 2-3 mm [6].

THH probably represents a transient inflammatory phase in the natural evolution of a capillary haemangioma [6]. Other proposed causes include primary amyloid accumulation in a preexisting capillary hemangioma, the influence of estrogen and progesterone acting as vasoactive hormones, or chronic inflammation secondary to a persistent antigen [2, 4].

The histologic characteristics of THH are marked by a proliferation of ectatic, thin-walled vessels lined by a hobnail endothelium in the papillary dermis. There are slitlike vessels dissecting through collagen bundles in the deeper dermis. Variable concentrations of inflammatory cells (primarily lymphocytes), extravasated red blood cells, edema, and numerous perivascular hemosiderin-laden macrophages may occur. The histologic differential diagnosis of THH includes angiolymphoid hyperplasia with eosinophilia, lymphangioma, angiokeratoma, retiform hemangioendothelioma, angiosarcoma, and Kaposi sarcoma [7].

The expected classical clinical course for THH is disappearing of the ecchymotic ring and sometimes recurring in a cyclic manner. Not only the ecchymotic ring, the whole lesion itself has recurrent on the same location 5 times in a 2 years’ duration in our patient. Ghibaudo et al reported a patient whose lesion had completely and spontaneously regressed [9]. Regression is a common outcome for infantile haemangiomas, which is attributed to apoptosis. Recurrent THH cases are relatively rare. One of them is a 9-year-old boy reported by Cheng Tan et al whose lesion has recurred one year later on the same location [11]. Another case, a 26-year-old man with recurrent
THH was reported by Gendernalik SB and Gendernalik JD [12]. This case has a similarity with our case that the patient had experienced the same lesion every 4-5 months for about 4-5 years. Our patient’s lesion had also run the similar time intervals to recur until it had been excised totally.

4. CONCLUSION

The widely accepted predisposing factor is trauma, like irritative clothes and insect bites. Episodic changes involving the halo also reflects recurring trauma or vessel fragility [13]. Hormone alterations may also cause cyclic waxing and waning of a lesion [4]. Trauma was not the case for our patient, hormonal fluxes may be the triggering factor for recurrence. The remarkable point of this case is recurrence after complete regression. There is no current preventive therapy for THH, excision of the lesion, as in this case, ends relapsing.

REFERENCES