Eccrine angiomatous hamartoma in an adult

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DESCRIPTION

A 71 year-old male patient presented with an erythematous nodular lesion, with 1 cm of diameter, on the lateral aspect of the left heel, evolving for 2 years. He also had surrounding oedema, fever and pain of acute onset without signs of abscess formation, consistent with an uncomplicated cellulitis episode. After being treated with cefazolin 2000 mg/8 hours and clindamycin 600 mg/6 hours, for 14 days, the inflammatory signs subsided and only a small ulcerated area was left overlying the lesion of the left heel, without drainage (*figure 1*). We performed two incisional biopsies on the left foot, initially a punch biopsy that was inconclusive, and 1 month later, a wedge biopsy that revealed an ill-defined lesion composed of multilobular areas with myxoid stroma and capillary-sized blood vessels in the deep dermis, accompanied by an increased number of otherwise normal eccrine glands (*figure 2*). These findings are consistent with eccrine angiomatous hamartoma (EAH). Although a complete excision was not performed, the lesion was not clinically identifiable after the second biopsy. The patient was asymptomatic and did not show local recurrence or other skin lesions after 4 years of follow-up.

EAH is a rare, benign cutaneous tumour, of unknown aetiology.¹ It begins more frequently at birth or during childhood, rarely appearing in adulthood.¹ Clinically, the colour of EAH may be flesh coloured, blue-brown or reddish and may occur as a nodule, plaque, or less commonly, a macule, usually solitary, although cases with multiple lesions have been described.² In most cases, EAH arises as a single lesion on the extremity, as in this patient.^{1,2} It can present associated with hyperhidrosis, hypertrichosis and pain.^{1,2} The differential diagnosis of EAH includes eccrine nevus, tufted angioma, vascular malformations, macular telangiectatic

Figure 2 Detail of eccrine glands and capillary-sized blood vessels surrounded by myxoid stroma (H&E×100).

mastocytosis, nevus flammeus, glomus tumour and smooth muscle hamartoma.² Histologically is characterised by a dermal proliferation of blood vessels and well-differentiated eccrine secretor and ductal elements.¹ Excision is usually curative although reserved for painful or cosmetically disfiguring lesions.^{1,2}

Learning points

- The clinical features of eccrine angiomatous hamartoma (EAH) allow some index of suspicion but, due to its polymorphic presentation, diagnosis relies on histological examination.
- Histologically is characterised by a dermal proliferation of blood vessels and well-differentiated eccrine secretor and ductal elements.
- The natural history of EAH is benign and typically slowgrowing, hence aggressive treatment is generally unwarranted.

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Figure 1 Small ulcerated area on the left heel without drainage.

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