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.2 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 angiomata, vascular malformations, macular telangiectatic 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.

Contributors
SRM (first author): acquisition and analysis of data, planning, conducting, conception and design of the article, as well as revision and final approval. ARG: acquisition of data, revision and final approval. JCC: acquisition of data, revision and final approval. OT: acquisition of data and final approval.

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REFERENCES

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

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