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Case Report

Multiple Eccrine Angiomatous Hamartoma in a Young Boy: A Case Report

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Abstract

Observations: Eccrine angiomatous hamartoma, a rare hamartomatous neoplasm, typically present as a solitary nodule of the extremities and may be associated with paroxysmal pain and hyperhidrosis. Histopathologically it is a benign malformation characterized by proliferations of eccrine glands and capillaries in the dermis. We are reporting here a case of multiple eccrine angiomatous hamartoma in a young boy because of the rarity of the condition.

Introduction

Eccrine angiomatous hamartoma, also known as sudoriparous angioma, are exceedingly rare benign malformation characterized histologically by increased numbers of eccrine elements, as well as numerous vascular channels in the dermis [1]. In most of the cases, it arises as a solitary lesion; however, many variants of the disease exist [2]. We are reporting here a case of multiple eccrine angiomatous hamartoma on the back of a young male because of the rarity of the condition.

Case Report

A 14-year-old male child presented with some slowly growing swellings on his back since his early infancy. The lesions had increased in number and grown proportionately with his growth spurt. He was also embarrassed noticing excessive sweating over the elevated lesions, more so, in the summer months. He also used to suffer from paroxysmal pain on the lesions. Examination revealed multiple slightly erythematous firm plaques of varying sizes and shapes on his back (**Figure 1**). The surfaces of the lesions were moist and verrucous in appearance (**Figure 2**). Interestingly there was profuse sweating from the lesions on rubbing. No pulsations or bruits were audible on the lesions. Examination of the hair, nails and mucous membranes were noncontributory. Systemic examination was unremarkable. A punch biopsy from the lesion showed hyperkeratosis, acanthosis and increased numbers of eccrine elements, as well as numerous capillary channels (**Figure 3**). The clinical and histopathological findings were consistent with the diagnosis of eccrine angiomatous hamartoma. The patient was referred to plastic surgery department for surgical management, but the boy's parents declined any surgical option in the management of the boy's condition.

Discussion

Bier (1895) first reported the sudoriparous angioma as association of angioma and su-

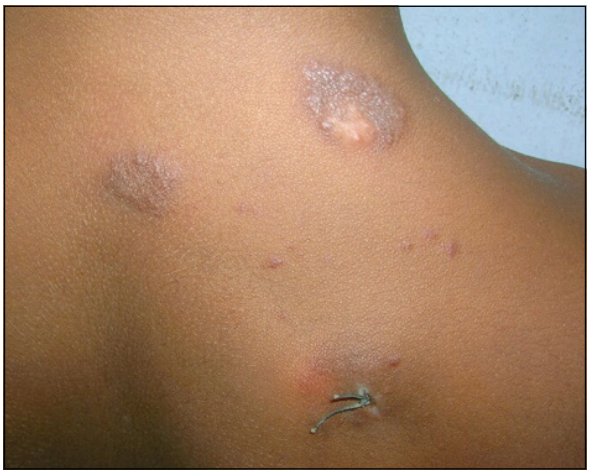

Figure 1. Multiple slightly erythematous firm plaques of varying sizes and shapes on patients' back

pralesional sweating with pain [3]. *Vilanova* et al, referred to this lesion as 'sweating angiomatous hamartoma' in 1963. Then in 1968, *Hyman* described a similar lesion as "eccrine angiomatous hamartoma" [4]. Patients with eccrine angiomatous hamartoma (EAH), a rare hamartomatous neoplasm, typically present as a solitary, sometimes enlarging-nodule of the extremities. It commonly appears at or shortly after birth or arises during childhood. Often there is associated pain or localized hyperhidrosis on the lesion. The hyperhidrosis is presumably an expression of its hyperplastic eccrine component [4].

Histopathologically it is a benign malformation characterized by proliferations of eccrine glands and capillaries in the dermis. Hyperplasia of other dermal constituents, such as fat, nerve fibers, pilar structures and dermal mucin [5], has also been reported in literature. EAH must be differentiated from other similar conditions including an eccrine nevus, macular telangiectatic mastocytosis, tufted angioma, glomus tumor, nevus flammeus, and smooth muscle hamartoma [4]. These entities can usually be differentiated by histopathological examination. While definitive diagnosis is based upon histology, imagining techniques in the form of magnetic resonance imaging and ultrasonography are of great use to estimate the degree of soft tissue and vascular involvement.

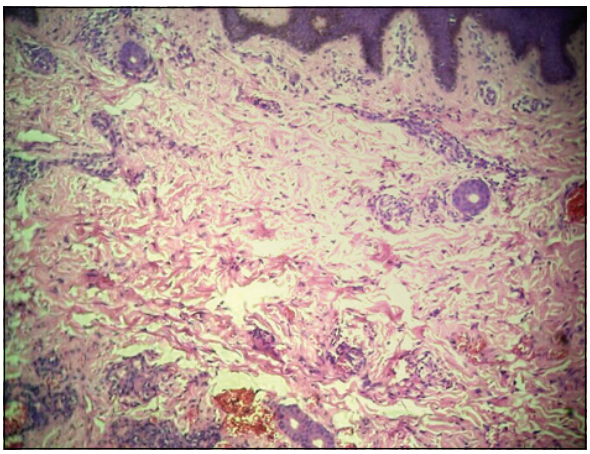

Figure 3. Histopathology: Hyperkeratosis, acanthosis and increased numbers of eccrine elements, as well as numerous capillary channels

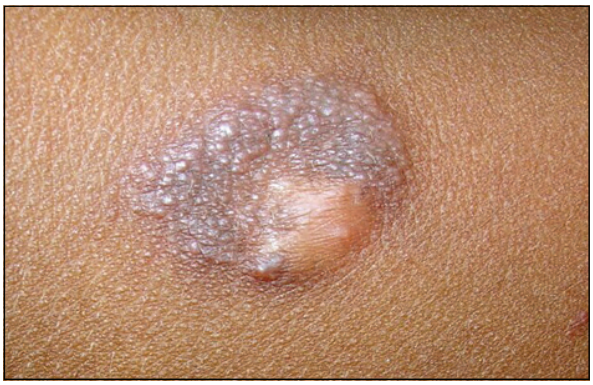

Figure 2. The surfaces of the lesions were moist and verrucous in appearance

Arteriovenous malformations may very rarely underlie EAH [2], however, we could not find out any such association in our patient. The natural course of eccrine angiomatous hamartomas is typically slow growth and benign nature. Simple excision is usually curative and is reserved for painful or cosmetically disfiguring lesions [4] but, excision of large and multifocal EAH is a much more challenging job as in our case.

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