A Case of Eruptive Pseudoangiomatosis: Clinical, Histopathological, and Dermoscopic Findings

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A 10-year-old boy presented with a history of fever for 3 days and numerous asymptomatic erythematous lesions on cheeks [Figure 1a] and extremities [Figure 1b] for 2 days. Examination revealed the presence of multiple blanchable erythematous hemangiomata like papules ranging from 2 to 4 mm, with a pale halo. Routine investigations were within normal limits. Skin biopsy showed dilated blood vessels lined by plump endothelial cells with mild perivascular lymphocytic infiltration [Figure 2] and no extravasation of erythrocytes or vasculitis confirming the diagnosis of eruptive pseudoangiomatosis. Polarized dermoscopy from forearm showed multiple red pin-point dots correlating histopathologically with dilated capillaries in superficial dermis, surrounded by reddish structureless areas representing perivascular inflammation without any purpuric dots or globules, ruling out red blood cells' extravasation [Figure 3].

Eruptive pseudoangiomtosis (EP) was first described by Cherry *et al*. in 1969 in 4 children, with acute echovirus infection, who had developed erythematous blanchable papules on the face and extremities resembling angiomas and surrounded by a pale halo.[1] Later several other etiological agents like Epstein-Barr virus, adenovirus, CMV, arthropod bites, and immunocompromised states were also identified consistently in patients. A paraviral etiology has also been suggested.[2] It's been named so due to the absence of vasculitis or vascular proliferation despite hemangiomata like clinical appearance.[3] It predominantly affects children, and generally a prodrome of constitutional symptoms heralds cutaneous eruptions favoring exposed sites.[4] The two most characteristic features of EP are the presence of a perilesional pale halo and blanchable lesions which refill from center on release. The lesions resolve spontaneously within 2–18 days without any residual scarring. The differential diagnoses considered for our patient were papular urticaria, insect bite reaction, and leukocytoclastic vasculitis, all ruled out by diascopy and biopsy. The dermoscopic differential diagnosis of EP includes hemangioma (shows typical lacunar pattern), urticaria (shows red lines representing ectatic subpapillary vessels[5]), and urticarial vasculitis (has purpuric dots

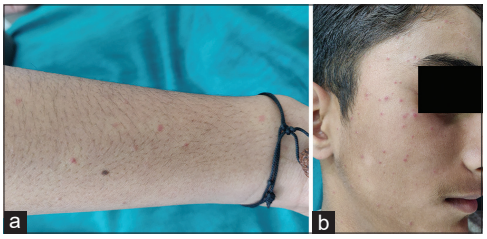

Figure 1: (a) Red papules with pale halo, up to 4 mm, disseminated on the face. (b) Lesions disseminated on the extremities

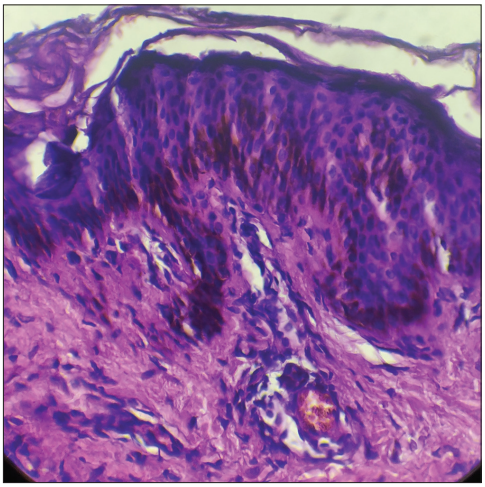

Figure 2: Dilated vessels in mid and upper dermis with plump endothelial cells, a mild perivascular lymphocytic infiltration and absence of findings of either vasculitis or vasculopathy (H and E; 400×)

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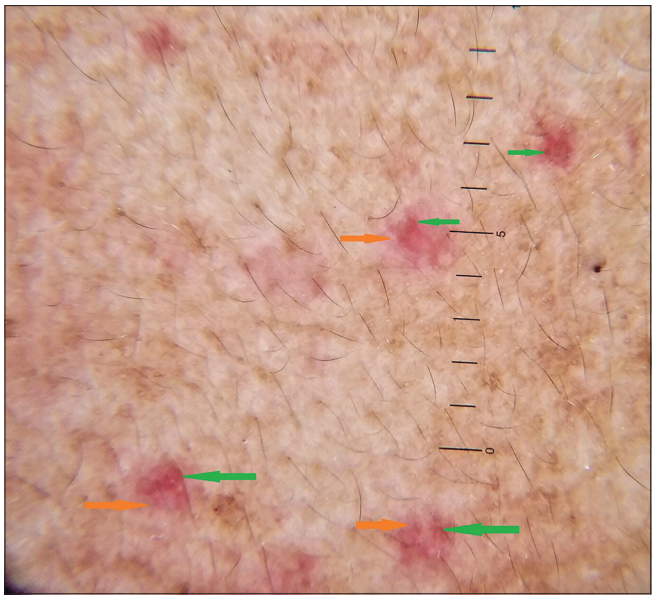

Figure 3: Polarized dermoscopy of the lesions on extremities showing multiple red dots suggesting dilated capillaries at the center (green arrow);reddish structureless areas in surrounding (orange arrow); (Dermlite DL3 Dermoscope at 10× magnification)

depicting extravasation of red blood cells[6]). His lesions resolved on their own in the next 2 weeks.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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