Dermoscopy of eccrine angiomatous hamartoma: The popcorn pattern

Sandra Cecilia García-García, MD, Marcela Saeb-Lima, MD, Alejandra Villarreal-Martínez, MD, Osvaldo Tomás Vázquez-Martínez, MD, Yuri Igor López-Carrera, MD, Jorge Ocampo-Candiani, MD, and Minerva Gómez-Flores, MD
Monterrey, Mexico

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CLINICAL PRESENTATION

A 21-year-old woman presented with a congenital red-yellow, velvety plaque on the right side of the neck (Fig 1). She complained of mild pruritus and excessive sweating on that area.

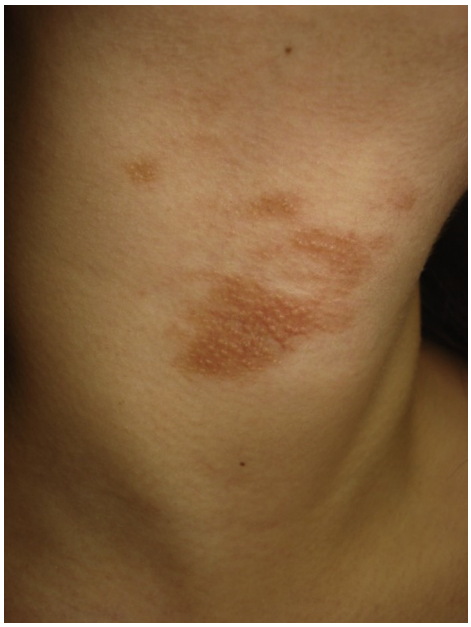

Fig 1. Clinical examination found a red-yellowish, velvety plaque with verrucous surface on the right side of the neck.

DERMOSCOPIC APPEARANCE

Dermoscopic examination found multiple yellow, confluent nodules in a popcorn shape, over a background of erythema and linear and arborizing blood vessels (Fig 2).

From the Dermatology Department, Hospital Universitario "Dr. José Eleuterio González," Universidad Autónoma de Nuevo León.

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Correspondence to: Minerva Gómez-Flores, MD, Hospital Universitario "Dr. José Eleuterio González," Universidad Autónoma de Nuevo León, Av. Francisco I. Madero Pte s/n y Av. Gonzalitos s/n, Col. Mitras Centro, Monterrey, Nuevo León, México 64460. E-mail: minervagomezmx@yahoo.com.mx.

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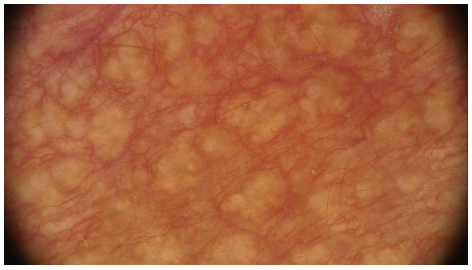

Fig 2. Dermoscopy shows a popcorn pattern of linear yellowish nodules over a background of erythema and linear and arborizing blood vessels.

HISTOLOGIC DIAGNOSIS

Histopathology found the hamartomatous presence of eccrine gland lobules, accompanied by dilated vascular lumina (Fig 3). A diagnosis of eccrine angiomatous hamartoma (EAH) was made, and treatment with 595-nm pulsed-dye laser was started.

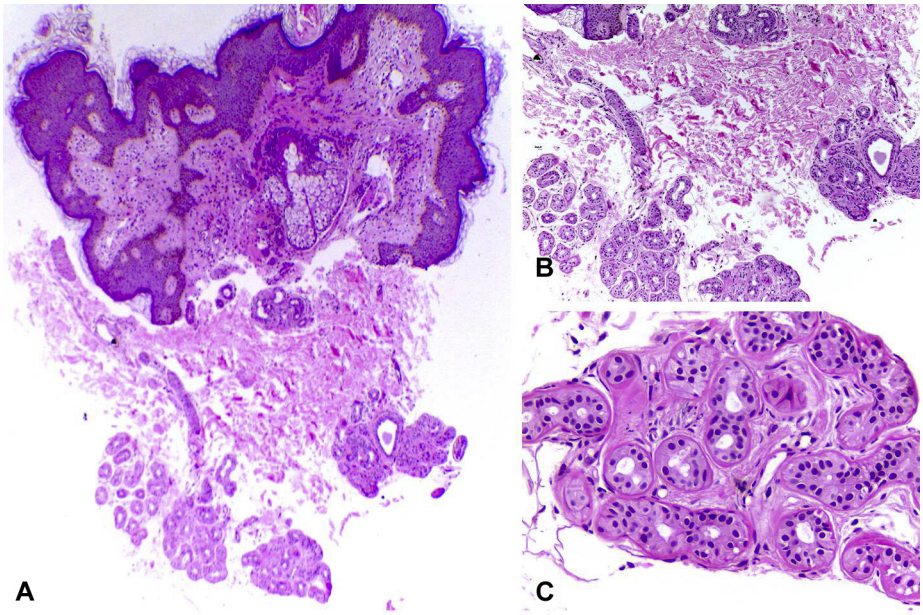

Fig 3. The sections show in a low-power view the hamartomatous presence of 5 to 6 lobules of eccrine glands that are accompanied by some dilated vascular lumina. (Original magnifications: **A**, ×4; **B**, ×10; **C**, ×20.)

KEY MESSAGE

EAH is a rare benign malformation characterized by the proliferation of eccrine sweat glands and dilated capillaries. It has no gender predilection and presents at birth or early childhood as a red, violaceous, brown, yellow, or skin-colored nodule or plaque. Associated signs and symptoms include mild pain, hypertrichosis, and sweating.[1]

Etiology is unclear, although a defective interaction between the epithelium and mesenchyme resulting in abnormal proliferation of adnexal and vascular structures has been suggested.[1,2]

Histopathology results show a well-demarcated lesion in the middle or reticular dermis, with proliferation of normal or enlarged eccrine sweat glands and vascular structures.[1]

Treatment options include surgical excision, botulinum toxin for hyperhidrosis, pulsed-dye and neodymium-doped yttrium aluminium garnet lasers.[2]

EAH is a heterogeneous entity; however, most of the published cases report similar clinical and histopathologic findings.[1] To the best of our knowledge, this case represents the first dermoscopic description of EAH, and we consider that this pattern may be useful for its diagnosis. However, this is an isolated case, and more cases should be reported to assess the specificity of this pattern.

REFERENCES

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