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Unusual and rare presentation of multiple lobular capillary hemangiomas

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Article History:	ABSTRACT
Received on: 08.01.2018 Revised on: 16.07.2018 Accepted on: 18.07.2018 Keywords:	 <p>We present the case of a 60-year-old woman who presented with multiple lobular capillary hemangiomas. Lobular capillary hemangioma is a vascular lesion composed of proliferating capillaries in a loose stroma. It is due to proliferating small blood vessels coming through a breach in the epidermis. This hypervascularized lesion grows rapidly, frequently presenting as a hemorrhagic, red to purple, sessile or pedunculated mass. The epidermis forms a collarette at the base of the lesion and covers part or whole of the lesion in a thin layer. The prevalence of lobular capillary hemangioma is commonly seen in individuals below the age of 30, but in our case, the patient is a sexagenarian. The clinical presentation of the nodule is whitish which is rare as compared to reddish hue routinely. The distribution of the lesions over the left shoulder, the right side of abdomen and the centre of the back were considered unique as compared to the limbs and neck where they are documented frequently.</p>
Lobular Capillary Hemangioma, Pyogenic Granuloma, Botryomycosis Hominis	

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INTRODUCTION

Pyogenic granulomas were first described in 1897 by two French surgeons, Antonin Poncet and Dor, who named these lesions botryomycosis hominids. The term "pyogenic granuloma" was first introduced by Hartzell MB in 1904 as "granuloma pyogenicum". The term "lobular capillary hemangioma" was introduced by Mills et al., in 1980 to characterize the histopathological appearance of these lesions (Mac KI, 1992; Mills SE *et al.*, 1980). They can develop at any age but are commonly seen in children and young adults, with a slight male predominance. There is no racial or familial predisposition.

CASE REPORT

A 60-year-old woman presented with multiple skin coloured raised lesions over the middle of her back, abdomen and left shoulder for the past 2 months, and the lesions gradually increased in size over this duration. On physical examination, a single skin coloured nodule of size 14mm was present over the left shoulder blade, a single skin coloured nodule of size 20 mm with a pedunculated base present over the middle of the back, a single skin coloured nodule of size 12mm present over the right side of the abdomen. All 3 lesions were partially compressible, non-tender and non-pulsatile. The patient was afebrile and systemic examination unremarkable. Blood investigations were within normal limits. She was advised excisional biopsy of the lesion.

Based on the clinical findings and test reports, the following were considered as the differential diagnosis:

- 1) Dermoid cyst
- 2) Lobular capillary hemangioma
- 3) Neurofibroma

Excision biopsy of the back and shoulder lesion was done. Biopsy report showed skin with polypoid lesion composed of lobules of proliferating capillaries amidst fibrosis. This confirmed the diagnosis of Lobular capillary hemangioma.



Figure 1: A single skin coloured nodule of size 12mm present over the right side of the abdomen

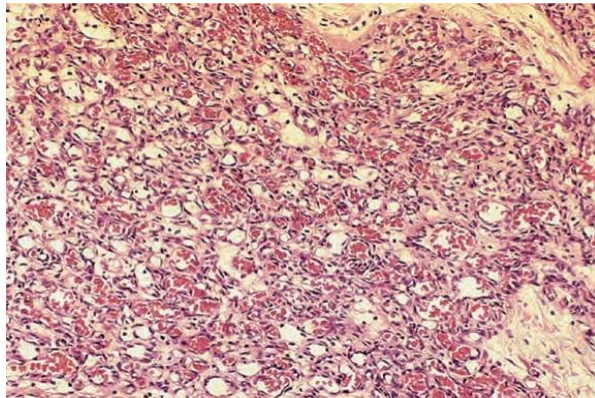


Figure 2: Lobules of proliferating capillaries amidst fibrosis

DISCUSSION

Lobular capillary hemangioma is a vascular nodule that develops rapidly, often at the site of a recent injury, and which is composed of a lobular proliferation of capillaries in an edematous stroma. The name pyogenic granuloma is misleading as it is not a true granuloma. In actuality, it is a capillary hemangioma of the lobular subtype, which is why such a lesion is prone to bleeding. Additionally, it is also not truly pyogenic (pus-producing), as the cause is hormonal or traumatic and has no association with infection or pus production. Lobular capillary hemangiomas are relatively common, they occur in a wide age range, but there is a peak incidence in the second decade of life. In a minority of cases, a minor injury, usually of a penetrating kind, has occurred a few weeks before the nodule appears. Lesions may also occur at the sites of burns (Malakar S and Malakar RS, 2000). The most common sites of lobular capillary hemangiomas were the head and neck area in both sexes even when

the mucosal lesions were excluded. A study reported that the trunk and upper extremities were the most commonly affected sites (Harris MN *et al.*, 2000), whereas another study reported that the head and neck region was the most commonly affected site in children under 17 years of age (Patrice SJ *et al.*, 1991). Our patient had a pattern of lesions which were rare when compared to previous studies. Peak incidence was seen in men aged <30 years, and the fourth and fifth decades of life in women (Koo MG *et al.*, 2017), a previous study reported that the second, third and fourth decades of life were associated with increased incidence of PG in women. Our patient was in the 6th decade of life. Conservative treatment for PG involves cryosurgery, surgical excision, shave excision, or curettage followed by electrocauterization, and in our case, we chose to have the lesion surgically excised.

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