ACQUIRED TUFTED ANGIOMA
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HOW TO CITE THIS ARTICLE:

ABSTRACT: The acquired tufted angioma was not a well known clinical entity which may simulate Kaposi Sarcoma histologically. It was a rare benign vascular tumor of unknown pathogenesis. Twenty five percent are congenital and fifty percent appear in the first year of life. The clinical presentation was non specific with a high predilection for the head, neck and thoracic region. We are reporting two cases of acquired tufted angioma both of which presented as pain less welling in the lower limb. This unusual presentation of this lesion signifies this publication.

KEYWORDS: Acquired tufted angioma, Kaposi sarcoma, lower limb.

INTRODUCTION: Tufted angioma was an uncommon benign vascular neoplasm, localized to the skin and subcutaneous tissues with no documented systemic or metastatic involvement. Tufted angioma were described in the literature under different names including Nakagawa's angioma, Nakagawa's angio blastoma, progressive capillary hemangioma and acquired tufted angioma of the skin and subcutaneous tissue.¹Tufted angioma was more common in the Asian population. However numerous cases have been reported in Europe.² Cases have been reported to occur during pregnancy³ with spontaneous resolution after child birth, and one case, which ultimately regressed spontaneously, developed after a liver transplant.⁴Myamato and others reported a case that exhibited partial spontaneous regression. Tufted angioma was characterized by slow angiomatous proliferation with no racial predilection and occurs equally in both sexes. The lesions are usually symptomatic but painful episodes have been described.⁵

CASE HISTORY: A 42 years male presented with a swelling in the lateral side of the right foot for a week. Local examination revealed a swelling of 4x3 cm, spherical in shape, mild tenderness present, mobile, transillumination negative. Initial clinical diagnosis of Ganglion right foot was made. Excision biopsy was performed on the lesion and sent for histopathological examination. Macroscopy reveals grey white tissue piece measuring 1 ml in aggregate.

A 37 years male presented with a swelling in the right lateral malleolus of 10 days. Local examination revealed a swelling of 5x4 cm, spherical in shape, non tender, mobile and soft in consistency. Initial clinical diagnosis of Implantation dermoid right foot was made. Excision biopsy was performed and sent for histopathological examination. Macroscopy reveals grey white tissue piece measuring 4x2 cm.

MICROSCOPY: Collections of small blood vessels appear in the form of slit like spaces which contain RBC’s. There are areas of collection of cells which are spindle shaped and have plump nuclei which appears to be of endothelial origin. In some of the areas, the newly formed blood vessels appear like epithelioid hemangioma. There was a vague lobulation of the lesions. Areas of hemorrhage and thrombosis present and there was significant number of inflammatory cells with predominance of lymphocytes and plasma cells.
Features are consistent with Acquired Tufted Angioma

DISCUSSION: Described by Wilson Jones & Orkin in 1989. More than fifty percent cases of acquired angioma occur within the first year of life and most of cases of tufted angioma develop before the age of five, fewer than fifty percent of cases with tufted angioma are older than 50 years. In individuals older than 60 years the disease was very rare. Tufted angioma presents clinically as ill defined slowly progressive dull red, brownish or purple macules or plaques with mottled surfaces. The lesion was described as solitary and rarely involves the subcutaneous tissues. It slowly enlarges over six months to ten years; after which no further growth occurs. No causes of tufted angioma have been established. Trauma does not appear to be a predisposing factor, although a report describes the appearance of a lesion of tufted angioma at the site of previous arthropod bite. The sites most commonly involved are the upper trunk, neck and shoulder. Less commonly the face, scalp and proximal extremities. The lesion slowly progresses and covers the wide segments of the body. Partial regression may occur but complete regression was rare. Microscopically there was circumscribed foci of closely set capillaries scattered through the dermis, discrete ovoid and angiomatous lobules give rise to canon ball appearance. Vascular lumina are compressed by enlarged endothelial cells and contain few RBCs. Immuno histochemistry shows actin as a perithelial component among the tumor capillaries, also there was positivity for VWF usually limited to a few vessels. Most of the features resemble juvenile hemangioma, more likely represents a limited form of Kaposi form hemangioendothelioma in an adult unassociated with Kassabach-Merrit syndrome.

DIFFERENTIAL DIAGNOSIS:
KAPOSI SARCOMA: In Kaposi sarcoma there will be elongated spindle cells with background shows extensive haemorrhage.

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REFERENCES:
CASE REPORT


All the microscopic pictures were taken using Nikon cool pix model 8400
X indicates the power of objective
Stain used – Haematoxylin & Eosin.

CASE HISTORY 1 :

![Microscopic Picture 1]

Fig 1 : H & E stained 4X 10X 20X
Collection of Capillaries Lined by Endothelial cells; Slit iike Spaces and Areas Of haemorrhage

CASE HISTORY 2 :

![Microscopic Picture 2]

Fig 1 : H & E Stained 4X 20X 20X
Collection of blood vessels which are small sized contain RBC Collection of small blood vessels and also collection of endothelial cells.
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