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What is your diagnosis?

Tanınız nedir?

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A 42-year-old male patient applied to the dermatology outpatient clinic with a fast growing lesion on the trunk that was present for 15 days. The lesion did not cause itching or bleeding. There was no history of trauma. He had no other medical illness and his family history was unremarkable. On dermatological examination, a 15x10 mm targetoid red-purple plaque containing a purple halo was detected on the left side of the trunk (Figure 1). Dermatoscopic examination revealed red to purple homogenous areas corresponding to ecchymosis in the halo of the lesion. There were red to purple lagoon like areas, reddish hemorrhagic crusts and homogenous red areas in the middle of the lesion. There were also linear white fence like structures surrounding the lagoon like areas (Figure 2). It was excised completely. There is a slightly polypoid lesion with irregular dilated vascular spaces within the subepidermal and superficial dermal locations on histopathological sections. The vascular lumens are filled with erythrocytes and lined by prominent endothelial cells. Some of the endothelial cells have a hobnail appearance. There is no cellular atypia or nuclear pleomorphism. The intervening stroma is sparsely cellular, fibrous and contains scattered lymphocytes (Figure 3, 4). What is your diagnosis in the presence of current clinical and histopathological findings?

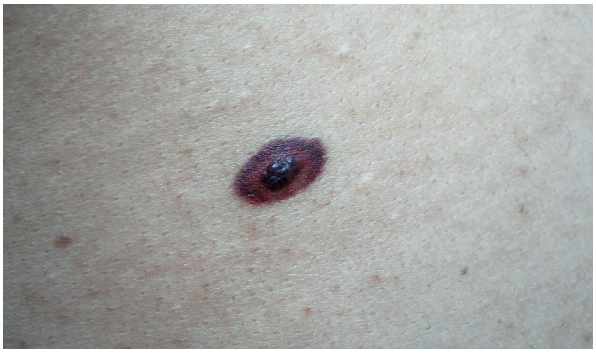

Figure 1. Targetoid lesion on the trunk

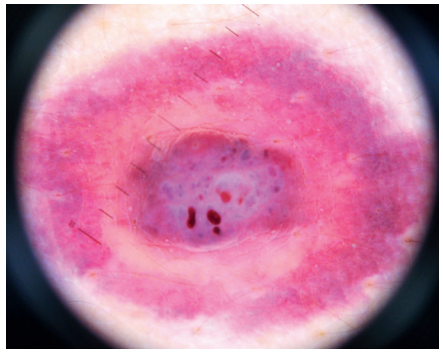

Figure 2. Dermatoscopic appearance of the lesion

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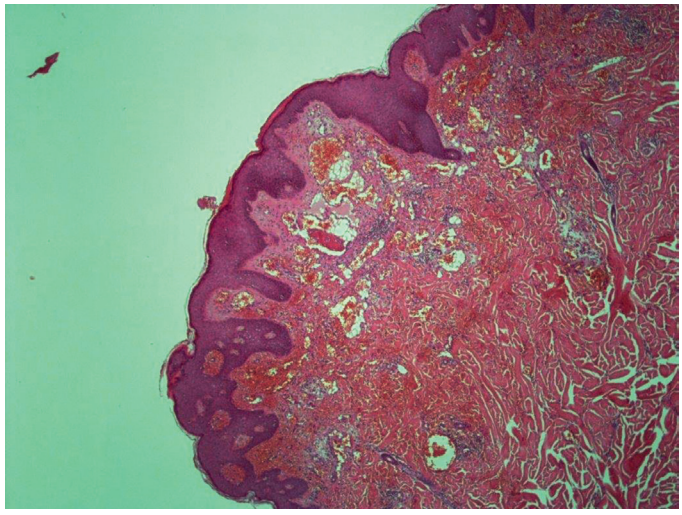

Figure 3. Polypoid vascular lesion (hematoxylin&eosin x40)

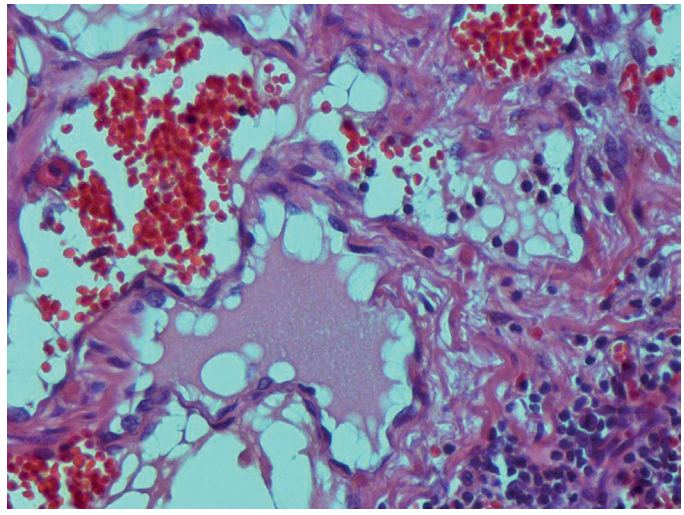

Figure 4. Irregularly dilated vascular spaces with some hobnail endothelial cells (hematoxylin&eosin x400)

Diagnosis: Hobnail hemangioma

Hobnail hemangioma was first described in 1988 as targetoid hemosiderotic hemangioma[1]. It is clinically characterised by targetid appearance composed of a violaceous papule and a surrounding ecchymotic or brown ring[1]. Hobnail hemangioma typically contains vascular channels lined by hobnail endothelial cells on histopatological examination[1]. Hobnail hemangiomas are usually located in the skin of the trunk and extremities[1]. It is an acquired vascular malformation and may sometimes develop following trauma[2]. Actions of estrogen and progesterone as vasoactive agents may also cause the development of this lesion[2]. Presented case had a typical clinical appearance similar to the first one described and the lesion was composed of a violaceous papule with a pale rim and a surrounding violaceous ecchymotic halo[3]. Dermatoscopic examination can help differential diagnosis. Lagoon like areas, intervening white lines and reddish structureless areas that are sometimes surrounded by a reddish halo and crusts are the dermatoscopic findings of this lesion[4,5]. Hobnail hemangiomas can show repetetive cyclic morphological changes with time and this is especially seen in females as a result of hormonal influences[4]. At first hobnail hemangioma was believed to be a benign vascular tumor but recent immunohistochemical studies revealed that it should be reclassified as a lymphatic malformation[1]. Hobnail hemangioma is a benign condition that is treated by simple excision with no reported cases of recurrence or metastasis[2].

Ethics

Informed Consent: *Consent form was filled out by all participants.*
Peer-review: *Internally peer-reviewed.*

Authorship Contributions

Surgical and Medical Practices: H.M.A., B.A., Concept: B.A., Design: B.A., Data Collection or Processing: O.A., Analysis or Interpretation: O.A., B.A., Literature Search: B.A., Writing: B.A., H.M.A.
Conflict of Interest: *No conflict of interest was declared by the authors.*
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