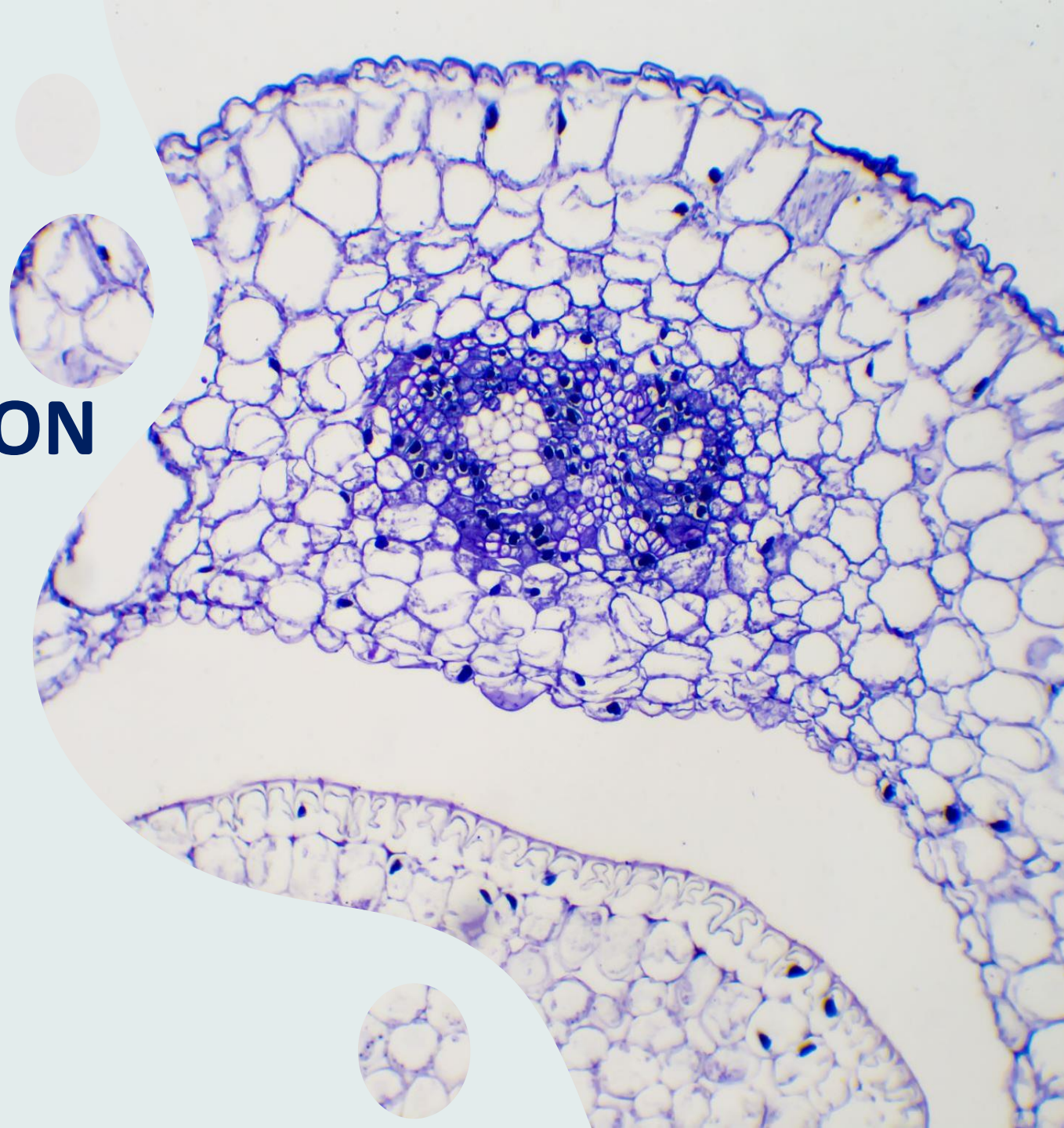


“ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA: AN UNCOMMON PRESENTATION OF AN UNCOMMON DERMATOSIS”



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INTRODUCTION

Introduction - Angiolymphoid hyperplasia with eosinophilia (ALHE), an uncommon benign vascular proliferation, was initially thought to be a late stage of Kimura's disease but is now considered a separate entity.

ALHE may coexist with Kimura's disease.^[1]

We report a case of ALHE with anemia (Hemoglobin = 10.6gm%) and diabetes mellitus (Blood Sugar = 178mg%). These associations have not been reported previously. Our patient also had lymphadenopathy, a feature of Kimura's disease.

CASE DESCRIPTION

Case report - A 34-year-old male woodcutter by profession presented with itchy multiple skin colored to reddish raised lesions present over lower lip and chin area for 1.5 years.

Examination revealed multiple soft to firm, smooth and shiny, erythematous papules and nodules, few are hemorrhagic bleed on touch, varying in size from 0.5cm to 1.5cm present on lower lip and chin with few excoriations.

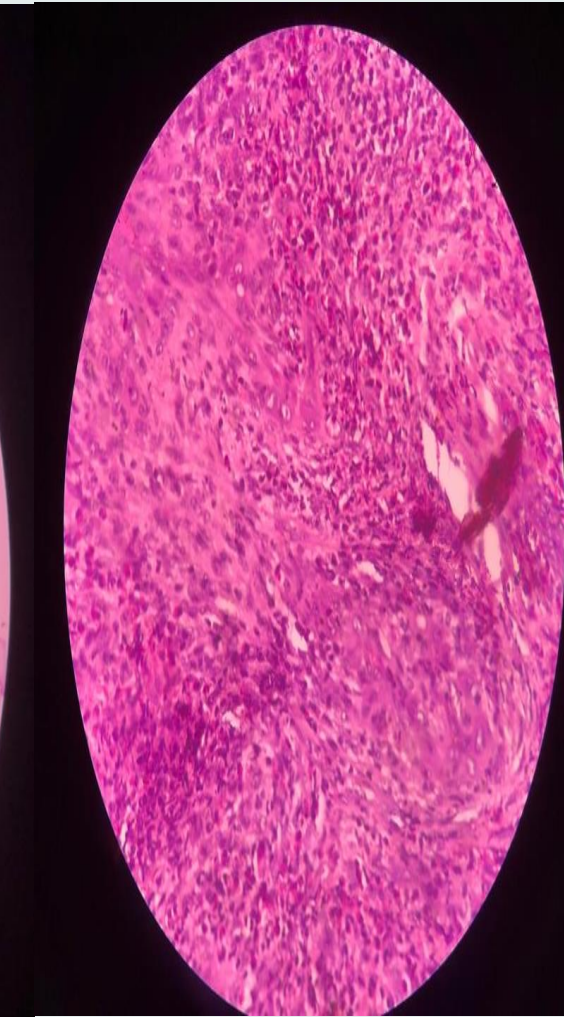
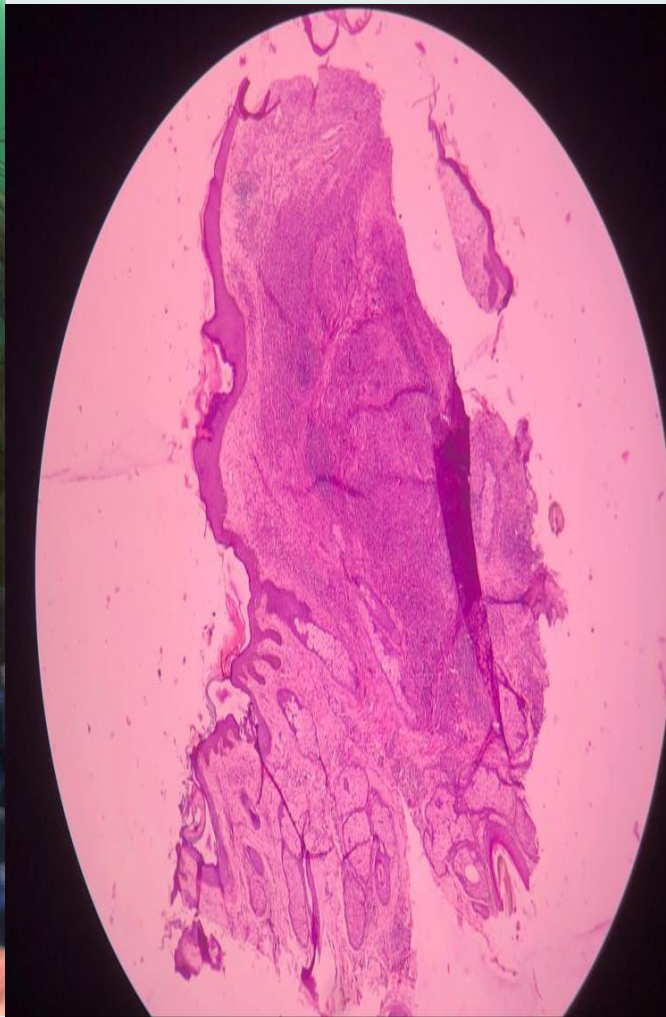
There was an associated regional lymphadenopathy. Known case of Diabetes Mellitus for 6 years.

CASE DESCRIPTION

Laboratory reports: Hemoglobin=10.6gm%, Eosinophil count - 17.3%, Blood Sugar 178 mg% , HBA1c 6.2%, ESR 132 mm/Hr, HCV, HbsAg, VDRL all came Negative. PAS stain negative.

Histopathology revealed increased thick-walled capillaries and venules in upper dermis surrounded by an infiltrate of lymphocytes and eosinophils with mild edema and proliferating fibroblasts. Patient is admitted under plastic surgery for surgical excision of the lesions.

CLINICAL AND HISTOLOGICAL PICTURES



DISCUSSION

- ALHE was first described in 1969 by Wells and Whimster and it was considered that ALHE to be a late stage of Kimura's disease.
- It is now generally accepted that these are two separate entities.
- It is an uncommon benign but potentially disfiguring vascular proliferation.
- It has a particular predilection for head and neck area, especially for the ears.

- The condition presents with erythematous or skin-colored dome-shaped dermal papules or nodules, often associated with spontaneous bleeding, pain, pulsation, pruritus, and growth.[2]
- The frequent presence of mural damage or rupture in intralesional large vessels of ALHE has suggested a role of trauma or arteriovenous shunting in its pathogenesis.[3]
- Histologically, it appears as an angiomatous lesion with abundant proliferating blood vessels lined by prominent endothelial cells with a “histiocytoid” or “epitheloid” appearance and vacuolated cytoplasm.
- There is diffuse infiltration by lymphocytes and eosinophils.[4]

- Treatment of ALHE is dictated in part by the number, location, and size of the lesions. Rare instances of spontaneous regression have been reported.
- Patients with solitary or a few small lesions may benefit from excision or Moh's surgery. About one-third of lesions recur after excision.
- Other treatment modalities used successfully include systemic and intralesional steroid administration, interferon therapy, cryotherapy, laser therapy, and topical application of tacrolimus.[5]

CONCLUSION

Angiolymphoid Hyperplasia with Eosinophilia rare entity with uncontrolled sugar levels and anemia, along with features overlapping with Kimura's disease has not been reported previously.

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