HAEMANGIOMAS AND VASCULAR MALFORMATIONS

ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA: A MULTIDISCIPLINARY APPROACH.

Claudia Menicanti [(1)] - Riccardo Cavalli [(1)] - Emilio Berti [(2)]

Irccs Cà Granda Foundation, Department Of Pathophysiology And Transplantation, University Of Milan, Milan, Italy., Dermatology Unit, Milano, Italy [(1)] - Irccs Cà Granda Foundation, Department Of Pathophysiology And Transplantation, University Of Milan, Milan, Italy., Dermatology Unit, Milano, Italy [(2)]

Background: Angiolymphoid hyperplasia with eosinophilia (ALHE) is a rare vascular disease characterized by single or multiple angiomatous papules typically located on the scalp and the face. Sometime subcutaneous nodules, located mainly in the scalp, are the main features of the disease. The pathogenesis is still controversial; some authors consider ALHE a neoplastic benign disease while others believe that trauma can produce arteriovenous shunting being ALHE a reactive process. The diagnosis is straightforward easy by its unique histological characteristics including prominent proliferation of plump endothelial cells and accompanying eosinophilic and lymphocytic inflammation. Treatment of ALHE, that could be disfiguring, is still poorly standardized due to doubts concerning the pathophysiology; surgical excision appears to be the most effective therapy even though recurrences are frequent.

Observation: We present two cases of ALHE, without comorbidities, that have been treated off label with propranolol, taper off prednisone, and cyclosporine for eight months. The treatment regimen was well tolerated and the patients had a positive response with improvement in size, inflammation and symptoms related to the lesions. Successive angio-MRI with shunt embolization was performed by neuroradiologists prior to plastic surgical excision that resulted easy and radical. To date, after two years from the intervention, there have been no recurrences and patients are satisfied with the aesthetic result.

Key message: Treatment of ALHE is still unclear and challenging. Complete surgical excision is the preferred choice, but recurrence may happen if excision is incomplete. Other alternative treatments have been reported with variable levels of success. We have decided to treat our patients with a medical and surgical polytherapy, which targeted all histological aspects and allowed a radical excision. To the best of our knowledge, this is the first report of such multidisciplinary approach for the treatment of ALHE.