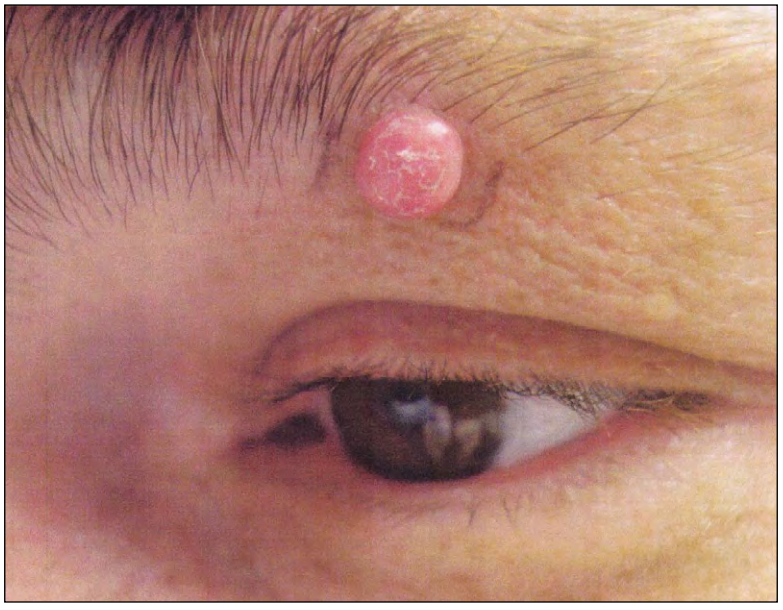
What Is Your Diagnosis?



A 43-year-old man presented with an enlarging, firm, pink nodule on his left eyebrow of 2 months' duration. The lesion intermittently bled but was otherwise asymptomatic. A tangential biopsy was performed.

PLEASE TURN TO PAGE 15 FOR DISCUSSION

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The authors report no conflict of interest.
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The Diagnosis: Angiolymphoid Hyperplasia With Eosinophilia

Angiolymphoid hyperplasia with eosinophilia (ALHE) is a benign vascular proliferation favoring young to middle-aged women and commonly presents as papules and nodules of the head and neck.[1-3] The relationship between ALHE and Kimura disease, a similar entity, has been the subject of controversy. Reports exist of both conditions arising in the same patient, thus suggesting a relationship between these entities.[2] However, both diseases currently are regarded as unrelated with distinguishing clinical and histologic features.[4-6] In cases of ALHE, lesions typically present as single or multiple, pink to reddish brown papules, nodules, or plaques on the head and neck (Figure 1).[1] A predilection for the auricular region has been observed.[7] Other reported locations include the colon, orbit, bone, parapharyngeal space, and oral mucosa.[5,8] Malignant degeneration has not been reported, though recurrences may be problematic in some patients.[2,3,9] Although the etiology of ALHE remains unknown, it is possible that the benign inflammatory proliferation observed histologically represents a healing response to a prior cutaneous insult in patients with underlying genetic and racial predisposition.[7] A history of trauma to the area often is not obtained.[7,8]

Histologic features that suggest the diagnosis of ALHE include a varied composition of lymphocytes and eosinophils surrounding aggregates of enlarged blood vessels with plump endothelial cells, known as hobnail endothelial cells (Figure 2). This particular appearance of plump endothelial cells protruding into the blood vessel lumen (Figure 3) stimulated the reference to ALHE as an epithelioid hemangioma or histiocytic hemangioma, both of which imply benignity and more appropriately describe the appearance of the vasculature.[7]

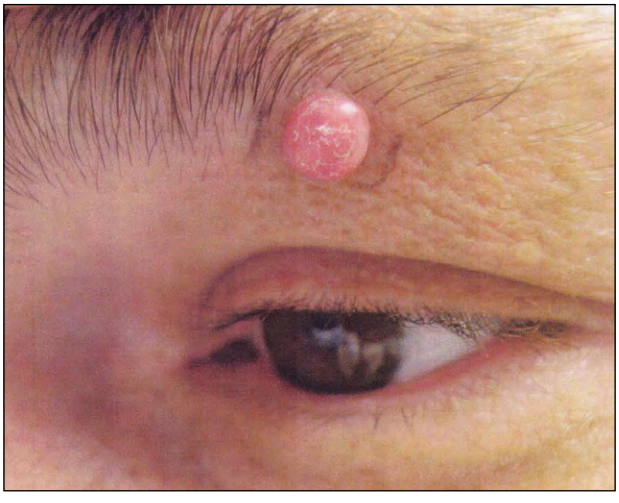

Figure 1. Firm pink nodule on the left eyebrow.

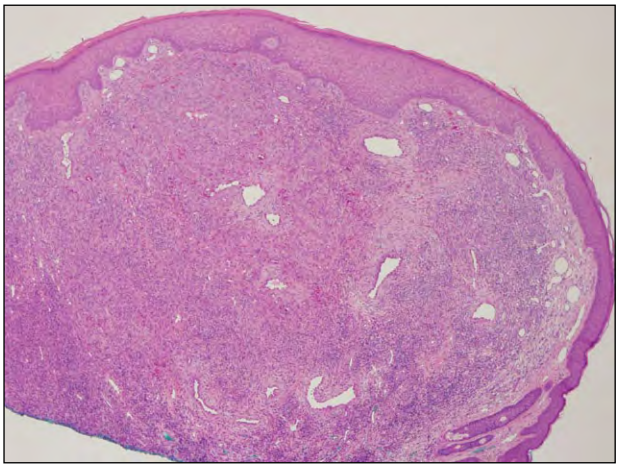

Figure 2. A biopsy of the lesion revealed a dermal nodule composed of prominent inflammatory cells surrounding dilated vascular spaces (H&E, original magnification ×40).

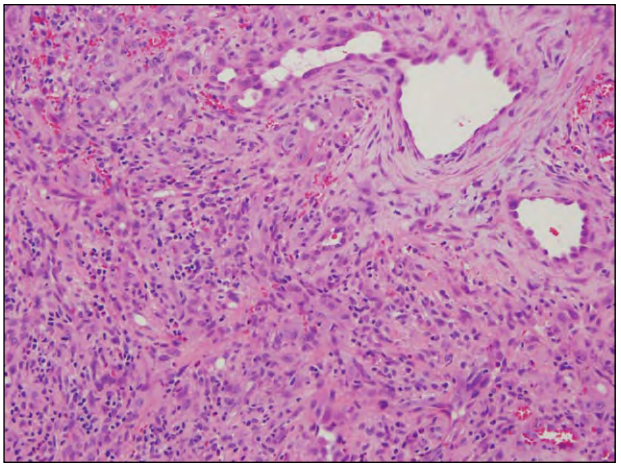

Figure 3. Higher magnification of the vessels lined by large hobnail endothelial cells surrounded by an inflammatory infiltrate composed of lymphocytes, histiocytes, and numerous eosinophils (H&E, original magnification ×200).

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Possible treatments of ALHE include surgical excision, medical therapy, or radiotherapy. Medical therapies include corticosteroids, indomethacin, retinoids, pentoxifylline, interferon alfa injections, intravenous vinblastine sulfate, and intralesional chemotherapeutic agents.[9] Physical destruction via lasers, electrodesiccation, and cryotherapy also have been reported. Mohs micrographic surgery has been reported to be beneficial for removal of large tumors, especially in cosmetically sensitive areas of the face.[9]

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