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UNUSUAL CASE OF GROUPED ERYTHEMATOUS DUSKY PAPULES IN AN ADULT MALE

Dr. Bipina Upadhyaya, Dr. N.K. Kansal, Dr. Riti Bhatia, Department of Dermatology
Dr. Prashant Durgapal, Department of Pathology
AIIMS Rishikesh

INTRODUCTION

Post-traumatic occurrence of vascular-looking papules is a rare clinical presentation. It can pose a diagnostic and treatment challenge. Herein, we report one such intriguing case and its management.

CASE REPORT

A 24-year-old, otherwise healthy, male presented with an eight-month history of multiple reddish papules on the right forearm, wrist and scalp, that developed two months after a road traffic accident over the ensuing post-traumatic scars (Figure 1a). The papules occasionally bled on minor trauma.

- **Examination** : Revealed five erythematous-to-violaceous vascular-appearing papules grouped on the right forearm near elbow and one similar reddish plaque on the ipsilateral wrist and a nodule on the temporal scalp. All lesions were present on the background of post-traumatic dyspigmentation and scarring.
- **Dermoscopy** : Polymorphous vascular pattern on an erythematous background (Figure 2).
- **Skin biopsy** : Revealed diffuse proliferation of dermal capillaries with plump endothelial cells without atypia, causing obliteration of small vessel lumina. The endothelial cells were positive for CD31 and CD34 immunohistochemistry (Figure 3 a, b).



Figure 1 a, b



Figure 2

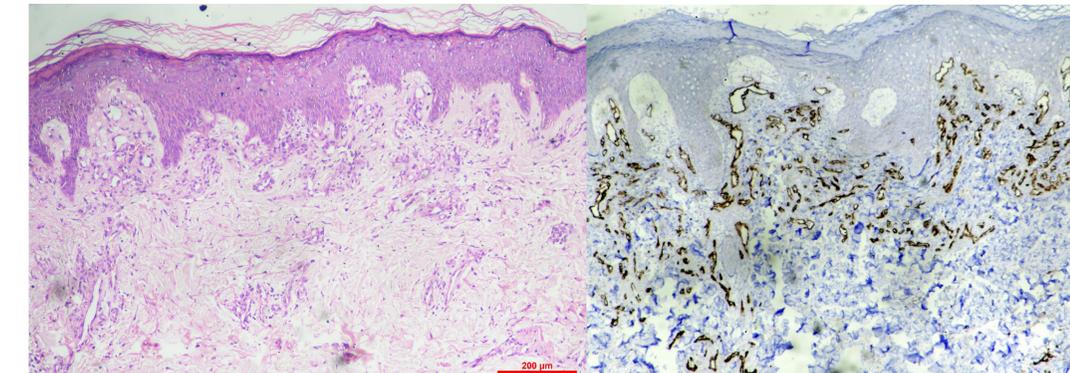


Figure 3 a, b

- **Diagnosis** : Reactive angioendotheliomatosis
- **Treatment** : Topical application of timolol maleate 0.5% ophthalmic solution (2 drops three times a daily) led to the complete resolution of all lesions with mild scarring at 6 weeks, (Figure 1 b) and treatment was stopped. The patient remained lesion-free at 1-year follow-up.

DISCUSSION

- Reactive angioendotheliomatosis (RAE), a reactive benign angioproliferative disorder, is now considered under the umbrella term of cutaneous reactive angiomatosis (CRA).
- Topical and systemic corticosteroids, topical β -blocker, vascular lasers, surgical excisions, radiotherapy have been tried, antibiotics to treat underlying infection.

CONCLUSION

This case highlights a rare instance of post-traumatic reactive angioendotheliomatosis in a young adult, diagnosed through clinicopathologic correlation and a focused IHC panel. The excellent therapeutic response to topical timolol suggests that β -blocker therapy to be a promising new treatment option for RAE.

REFERENCES

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