

IMAGES IN DERMATOLOGY

[Translated article] Cannonball Pattern in a Tufted Angioma



Angioma en penacho, patrón en perdigonada

A. Giacaman^{a,*}, M.J. Beato Merino^b, A. Martín-Santiago^a

^a Departamento de Dermatología, Hospital Universitario Son Espases, Spain

^b Departamento de Anatomía Patológica, Hospital Universitario La Paz, Spain

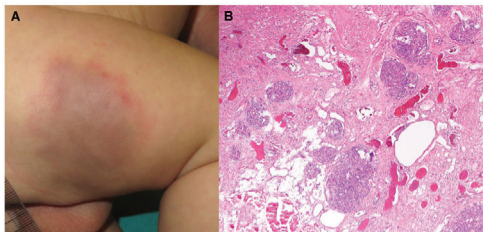


Figure 1

A 3-year-old boy exhibited a congenital, erythematous-violaceous plaque with discreet hypertrichosis on his right thigh (Fig. 1A). Histopathological examination revealed the presence of fibrosis and lobules formed by capillaries on both the superficial and deep dermis, distributed in a "shotgun" pattern and surrounded by crescent moon-shaped vessels (Fig. 1B, HE $\times 10$).

Since the first months of life, the patient had recurrent episodes of pain, increased local size and temperature,

sometimes associated with fever and elevated acute phase reactants. Although the blood test results did not reveal the presence of thrombocytopenia or fibrinogen changes, they showed sustained elevation of D-dimer and hypogammaglobulinemia. The patient was treated with acetylsalicylic acid, ticlopidine, topical sirolimus, oral sirolimus, heparin, and oral corticosteroid cycles. Due to persistent pain and difficulty walking, surgical treatment was eventually performed.

Tufted angioma (TA) and kaposiform hemangioendothelioma are rare vascular tumors that fall within the same spectrum. In more than half of the cases, TA tends to resolve spontaneously. There are times, however, when it may present with pain and functional impairment, and even become complicated with the Kasabach-Merritt phenomenon, which means that patient monitoring is essential.

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* Corresponding author.

E-mail address: anizagiacaman@gmail.com (A. Giacaman).

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