

Recurrent targetoid hemosiderotic hemangioma

Seray Külcü Çakmak¹, Rıdvan Güneş¹, Emine Tamer¹, Ferda Artüz¹, Ayşe Yılmaz Çiftçi²

¹Dermatology Clinic, Ankara Numune Education and Research Hospital, Ankara, Turkey, ²Pathology Clinic, Ankara Numune Education and Research Hospital, Ankara, Turkey

Corresponding author: Assoc. Prof. Seray Külcü Çakmak, E-mail: seraycakmak@gmail.com

Sir,

Targetoid hemosiderotic hemangioma (THH) which is also known as hobnail hemangioma is a rare benign vascular neoplasm [1]. Although episodic and cyclic morphological changes can occur, spontaneous regression and recurrence is very rarely reported [2,3]. We report a case of THH that recurred after previous complete resolution.

CASE REPORT

A 43-year-old woman presented with a 5-mm violaceous papule with a surrounding annular, ecchymotic halo on the right side of the flank (Fig. 1). The patient stated that the lesion had appeared 1-week ago. She described the onset of a similar lesion at the same place 1-year ago and the lesion had regressed completely within 2 months without any treatment. The patient's past medical history included diabetes mellitus, depression and lower extremity venous insufficiency and she had been using metformin, sertraline and calcium dobesilate therapies. The patient did not give any history of trauma to the area of the lesion. Histopathology of the lesion revealed ectatic vascular spaces lined with a single layer of prominent plump endothelial cells protruding in to the lumen of vessels and the patient was diagnosed as THH (Fig. 2).

The patient's informed consent was obtained.

Prior to the study, patient gave written consent to the examination and biopsy after having been informed about the procedure

DISCUSSION

THH is a solitary vascular neoplasm which was first described by Santa Cruz and Aronburg in 1988 [4].



Figure 1: Violaceous papule with a surrounding annular, ecchymotic halo

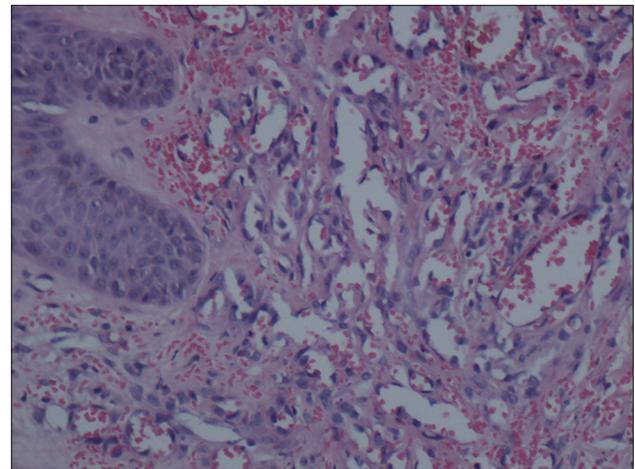


Figure 2: Ectatic vascular spaces which lined with a single layer of prominent plump endothelial cells protruding in to the lumen of vessels (H&E X20)

Though the etiology of THH is not clear trauma to a pre-existing hemangioma and influence of sex hormones have been proposed [5,6]. THH occurs

How to cite this article: Külcü Çakmak S, Güneş R, Tamer E, Artüz F, Yılmaz Çiftçi A. Recurrent targetoid hemosiderotic hemangioma. Our Dermatol Online. 2015;6(2):235-236.

Submission: 14.11.2014; **Acceptance:** 29.01.2015

DOI:10.7241/ourd.20152.63

predominantly on the proximal extremities and trunk and often presents as a small violaceous papule or nodule with an ecchymotic halo, which leads to a targetoid appearance [2,3]. The halo may expand peripherally and eventually disappear [3]. However the halo may not be present in all cases and the term hobnail hemangioma is used to describe the non-targetoid variant [2]. Cyclic changes have been described in palpability, size and color of THH [5,7].

Histopathologically ectatic vascular spaces which are often lined with a single layer of prominent plump endothelial cells protruding in to the lumen of vessels are observed in the papillary dermis and vascular spaces and collagen dissecting narrow vessels are observed in the deeper dermis [5,6].

The clinical differential diagnosis includes melanocytic nevus, melanoma, dermatofibroma, hemangioma, insect bite reaction and the histopathological differential diagnosis includes Kaposi's sarcoma, retiform hemangioendothelioma, eosinophilic hemangioma, progressive lymphangioma and angiokeratoma [6,7].

THH may be removed for diagnostic and cosmetic purposes and there is no recurrence after excision [3].

We present this case as complete and spontaneous regression with subsequent recurrence has been very rarely reported in the literature.

CONSENT

The examination of the patient was conducted according to the Declaration of Helsinki principles. Written informed consent was obtained from the patient for publication of this article

REFERENCES

1. Yang M, Chang JM. Targetoid hemosiderotic hemangioma (Hobnail Hemangioma): Typical clinical and histological presentation. *Chin Med J*. 2013;126:3399.
2. Tan C, Zhu WY, Lai RS. A recurrent case of targetoid hemosiderotic haemangioma. *Acta Derm Venereol*. 2008;88:181-2.
3. Gendernalik SB, Gendernalik JD. Recurrent targetoid hemosiderotic hemangioma in a 26-year-old man. *J Am Osteopath Assoc*. 2011;111:117-8.
4. Santa Cruz DJ, Aronberg J. Targetoid hemosiderotic hemangioma. *J Am Acad Dermatol*. 1988;19:550-8.
5. Al Dhaybi R, Lam C, Hatami A, Powell J, McCuaig C, Kokta V. Targetoid hemosiderotic hemangiomas (hobnail hemangiomas) are vascular lymphatic malformations: A study of 12 pediatric cases. *J Am Acad Dermatol*. 2012;66:116-20.
6. Yoon SY, Kwon HH, Jeon HC, Lee JH, Cho S. Congenital and multiple hobnail hemangiomas. *Ann Dermatol*. 2011;23:539-43.
7. Sahin MT, Demir MA, Gunduz K, Ozturkcan S, Türel-Ermertcan A. Targetoid haemosiderotic haemangioma: Dermoscopic monitoring of three cases and review of the literature. *Clin Exp Dermatol*. 2005;30:672-6.

Copyright by Seray Külcü Çakmak, et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: Nil, **Conflict of Interest:** None declared.