

Retiform Hemagioendothelioma: Dermoscopic-pathological Correlation

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Case Presentation

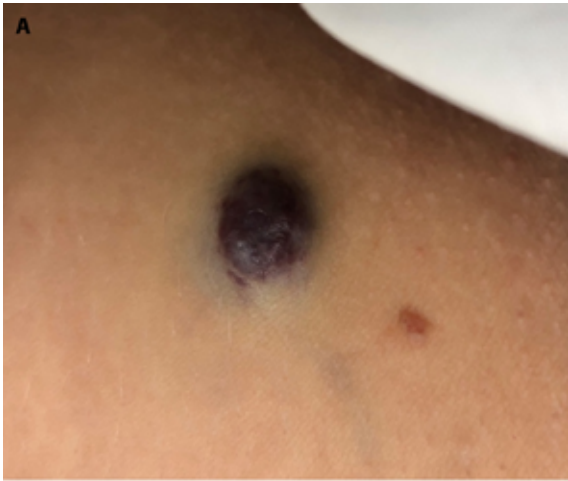
A-31-year-old female presented with a single, asymptomatic, slowly growing, soft, cystic, dark-red nodule (with bluish periphery) of size 2 cm x1 on the medial aspect of left upper thigh, of 4-5 years duration (Figure 1A). Dermoscopy revealed multiple deep red-colored globules of variable sizes separated by grayish white septae (Figure 1B).

Histology showed a tumor composed of infiltrating vascular channels, which was poorly circumscribed and was composed of partially compressed, anastomosing vessels lined by hobnail endothelial cells. The vessels were separated by attenuated fibrous walls. Immunohistochemistry was positive for CD34 highlighting the florid vascular proliferation.

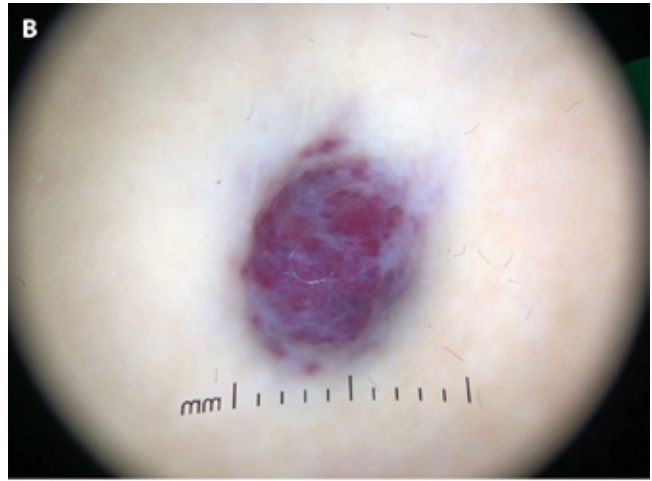
Based on the above features, a diagnosis of retiform hemangioendothelioma was made.

Teaching point

Retiform hemangioendothelioma is a rarely infiltrative neoplasm, that mostly presents as an isolated growth, commonly involving the lower limbs [1,2]. Surgical excision has been used most commonly, although recurrences have been reported [2]. The unique feature observed was the grayish white septae separating the globules. Histologically, these septae conformed to the attenuated fibrous walls. To our knowledge, this is the first case describing the dermoscopic features for this entity.



A. CLINICAL



B. DERMOSCOPY (DERMLITE 10x)

Figure 1. (A) Clinical picture showing dark-red nodule. (B) Dermoscopy (Dermlite 10x) revealing multiple deep red-colored globules of variable sizes separated by grayish white septae.

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