Acral pseudolymphomatous angiokeratoma of children with rainbow pattern: A mimicker of Kaposi sarcoma

Víctor Hugo Pinos León, MD, and Jennyfer Daniela Granizo Rubio, MD

Quito, Ecuador

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CLINICAL PRESENTATION

A 13-year-old girl presented with a 6-year history of multiple asymptomatic lesions on her left heel. The clinical examination revealed multiple exophytic, angiomatous, hyperkeratotic papules with diameters ranging from 4 to 7 mm (Fig 1). In addition, satellite brownish hyperkeratotic papules with well-defined borders were observed.

DERMOSCOPIC APPEARANCE

The dermoscopic study revealed a cluster of reddish/violet or brownish nonmelanocytic lesions. The majority of these lesions presented a combination of colors within the visible light spectrum (ie, rainbow pattern) in the midperipheral area, with central whitish-pink areas. In addition, irregular isolated linear vessels and a whitish scaly surface were observed in the central area (Fig 2). Among these lesions, the smallest papules displayed a homogenous pattern of brownish shadowed areas with whitish-pink bases.
HISTOLOGIC DIAGNOSIS

A diagnosis of acral pseudolymphomatous angiokeratoma of children was made after histopathologic examination revealed flat epidermis, vacuole-type interface changes, mild exocytosis, significant dermal vascular proliferation, and a dense infiltrate composed of lymphocytes, plasma cells, and eosinophils (Fig 3).

Fig 2. Acral pseudolymphomatous angiokeratoma of children dermoscopic image obtained using a polarized light contact dermoscope, showing a rainbow pattern in the peripheral area of the lesion accompanied by whitish-pink areas, irregular isolated linear vessels, and a whitish scaly surface.

Fig 3. Acral pseudolymphomatous angiokeratoma of children histopathology (hematoxylin-eosin stain). Inset shows high-power view of the infiltrate composed of a mixture of lymphocytes, plasma cells, and eosinophils, along with marked proliferation of thick-walled blood vessels exhibiting swollen endothelial cells.

KEY MESSAGE

Acral pseudolymphomatous angiokeratoma of children is a rare benign dermatosis of unknown origin classified as a pseudolymphoma. To our knowledge, only 1 dermoscopic description has been published to date. In that report, acral pseudolymphomatous angiokeratoma of children was dermoscopically described as punctate vessels, irregular linear vessels, and whitish-pink areas without structures. In this report the most representative finding was a rainbow (ie, multicolor) pattern located mainly in the periphery of the lesions. Originally considered a finding highly specific to Kaposi sarcoma (sensitivity 36.2%; specificity 100%), the rainbow pattern has also been observed in multiple other entities such as nail melanoma, stasis dermatitis, lichen planus, basal cell carcinoma, scars, and atypical fibroxanthoma. The findings shown in this report suggest that the notion of rainbow pattern being a dermoscopic finding highly specific of Kaposi sarcoma should be revisited.
REFERENCES

