

Olgu Sunumu ve Literatür Derlemesi

Painless Cutaneous Angioleiomyoma Located in Finger

Parmakta Yerleşen Ağrısız Bir Kutanöz Anjioleiomyoma

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Abstract

Solitary cutaneous angioleiomyoma is known as a benign tumor which originates from the smooth muscle of veins. It is usually found in lower extremities, sometimes located in hands. We present a 72 year old male with a painless 2.5 cm tumour in his right third finger for ten years. Histopathological examination showed tumor with dilated multiple cavernous vessels smooth muscle cells. The case was diagnosed as angioleiomyoma with cavernous type. There was no recurrence after three months following the excision.

Key Words: Angioleiomyoma, Finger, Painless.

Özet

Soliter kutanöz anjioleiomyoma ven duvarlarındaki düz kaslardan kaynaklanan benign tümör olarak bilinir. Genellikle alt ekstremitelerde bazen elde yerleşir. Biz 72 yaşında, 10 yıldır sağ el 3. parmakta 2.5 cm çapında ağrısız tümörü olan bir erkek hastayı sunuyoruz. Tümör lokal anestezi altında eksize edildi. Histopatolojik inceleme tümörün düz kas hücreleri de içeren dilate çokça kavernöz damarlardan oluştuğunu gösterdi. Olgu kavernöz tip soliter anjioleiomyoma olarak tanı aldı. Eksizyondan 3 ay sonrasına kadar rekürrens görmedik.

Anahtar Kelimeler: Anjioleiomyoma, Parmak, Ağrısız.

Introduction

Solitary cutaneous angioleiomyoma is one of the fifth type of leiomyoma (1). It is known as a benign tumor which is originated from the smooth muscle of the vein walls. It is usually found in lower extremities, sometimes located in hands. This painful benign, soliter and subcutaneous tumor has well-circumscribed and is infrequently located intradermally (2,3,4). It is usually smaller than 2 cm, but sometimes it can be as bigger as 4cm. women are prone to have the disease more than men (1,2,4). Tumor cells are originated from smooth muscle cells and they do not have mitotic activity. The classification was made as follows: capillary (solid), cavernous and venous (1,2). We presented a painless angioleiomyoma case which is located in hand.

Case

A 72 years old male had a painless 2.5 cm tumour in his right third finger for ten years. The tumour was excised under local anesthesia. The tumour was originally 2.5 cm, with gray color, elastic and multicystic. During histopathological examination with heamatoxilen-eosin staining, we found that the tumour had dilated, multiple cavernous vessels which is surrounded by round cells undefined margins. It also contains some smooth muscle cells (Figure 1). Mitosis, hypercellularity, pleomorphism, hemorrhage and necrosis were not seen. During immunohistochemical studies, Alpha smooth muscle

actin (α -SMA), Factor VIII-related antigen (FVIII) and desmin antibodies were used. Although the tumour cells showed positive reaction with α -SMA (Figure 2), and desmin, on the other hand, endothelial cell had positive reaction with FVIII (Figure 3). The case was diagnosed as soliter angioleiomyoma with cavernous type. We did not observe any recurrence three months after the excision.

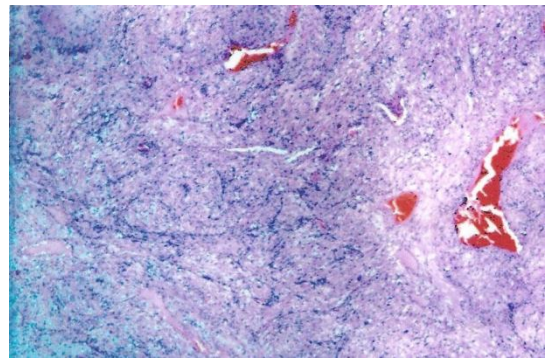


Figure 1. Spindle cell tumor with many numbers of vessels (H&E X40)

Discussion

Vascular leiomyoma (angioleiomyoma) is a benign tumor which is originated from smooth muscles. It is a small, painful, and slow growing tumor which is usually located in lower extremities. It is more common in women. It is seldomly located in the hand (17%) (1,5,7). We presented a case who was a male with a tumour on his finger for ten years. Although

more than 50% of angioleiomyomas are presented with pain (2,6), our patient did not have pain.

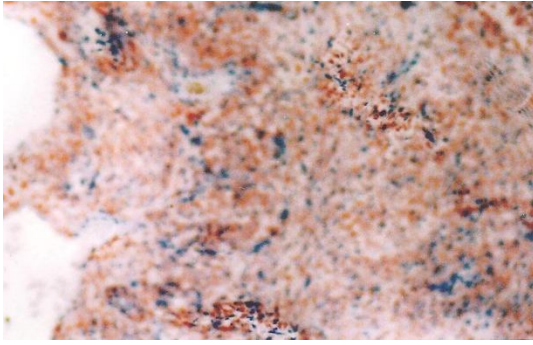


Figure 2. Smooth muscle cells positively stained with α -SMA (AECX100)

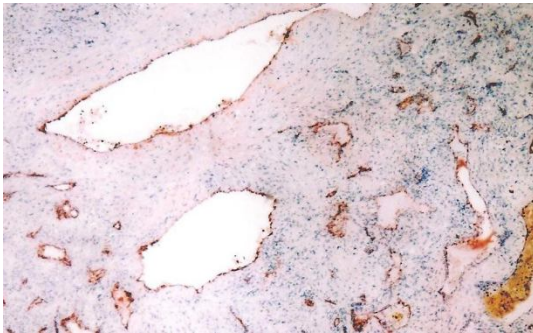


Figure 3. Vascular structures stained with FVIII (AECX40)

Histopathologically, vascular leiomyomas have three different types: Solid, venous and cavernous. The solitary type has multiple small vascular channels with smooth muscle cells. The cavernous type has dilated vascular channels with some smooth muscle cells. The venous type has very few smooth muscle cells with thick walled venous channels (1,3,5,7). After H&E and immunohistochemical staining, we found dilated vascular channels with very few smooth muscle cells in our case.

The differential diagnosis of angioleiomyoma are lipoma, fibroma, ganglia, cutaneous angioleiomyoma and glomus tumors. Histomorphological findings and immunohistochemical staining (vimentin, desmin and Alpha SMA) are used for differential diagnosis (3, 7, 8).

Although our patient did not have classical presentation of angioleiomyoma, after the histopathological and immunohistochemical findings, we diagnosed the case as vascular leiomyoma with venous type. We decided to present the case because of its unusual location and atypical clinical presentation.

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