Case Report

Intratendinous Epithelioid Haemangioma of the Forearm: A Rare Localization

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Abstract

The epithelioid hemangioma, also called angiolymphoid hyperplasia with eosinophilia, is a rare benign vascular tumor that manifests as nodules. Histopathological examination shows vascular spaces of various sizes lined by prominent endothelium, and inflammatory infiltrates composed of eosinophils, histiocytes, mast cells and lymphocytes. We report a case of epithelioid hemangioma characterized by skin lesion in the right upper limb. This is an unusual location, since the lesions occur most often in the head and neck.

Keywords: Haemangioma epithlioid, inratendinous, forearm.

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INTRODUCTION

The epithelioid haemangioma is a rare benign vascular tumor. We report one case of a haemangioma group tendon of the posterior compartment of the forearm in a patient of 50 years old.

CASE REPORT

Mr. R., 50 year-old man, without a particular pathological history, consulted for a swelling of the right forearm gradually increasing in volume two years ago. All moved in a context of apyrexia and conservation condition. Clinical examination found swelling of 8 cm by 4 cm, taking the distal posterior right forearm (Fig. 1), painless, low mobility in relation to the deep and superficial, without local inflammatory signs. The remaining physical examination was normal, including without axillary lymph node. X-ray and computed tomography revealed a tumor of soft tissue without bone involvement (Fig. 2). Surgical excision was performed under plexus block. The approach was centered on the posterior tumor. It was an encapsulated mass at the myotendinous junction of the common extensor tend of the fingers from the interosseous vascular pedicle (Fig.3). We performed a complete resection with ligation of feeding vessels. The histological study showed part of a tumor composed of proliferation of small capillaries, lined with endothelial cells of epithelioid appearance in favor of epithelioid haemangioma (Fig. 4). Evolution was favourable over one year.



Fig-1: Clinical examination found swelling of 8 cm by 4 cm, taking the distal posterior right forearm



Fig-2: Tomography revealed a tumor of soft tissue without bone involvement



Fig-3:(A) Encapsulated mass at the myotendinous junction of the common extensor tendons of the fingers. (B) Interosseous vascular pedicle



Fig-4: The histological study showed part of a tumor composed of proliferation of small capillaries, lined with endothelial cells of epithelioid appearance in favor of epithelioid haemangioma

DISCUSSION

The epithelioid haemangioma, or angiolymphoid hyperplasia with eosinophilia is a rare benign vascular tumor. The pathogenesis remains unknown, and discusses theories of trauma. In epidemiological terms the average age of patients was 35 years with a female predominance [1]. This lesion occurs most superficial level of the head and neck, especially around the ear, and the distal members especially in the fingers. The localization of epithelioid haemangioma is exceptionally deep, they occur readily in contact with the tissue overlying the bone [2]. In this case the tumor is deep at the expense of the extensor tendons of the Epithelioid vascular tumors are a forearm. heterogeneous group of lesions, there are three forms: benign vascular tumors (epithelioid haemangioma), the local malignant (epithelioid tumors haemangioendothelioma) and malignant (epithelioid angiosarcoma) [3, 4]. They may be solitary or multiple [5, 6]. It is a circumscribed lesion of the subcutis or dermis, sometimes it affects the deep soft tissues, it is rarely the starting point vascular. The histology of the tumor found vaguely lobulated arrangement: it consists

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of clusters of small capillaries around a vessel of medium size. Endothelial cells have an epithelial appearance with a round nucleus protruding into the lumen. This lesion is associeted with inflammatory cells, especially eosinophils but also lymphocytes, plasma cells and mast cells. Sometimes there are lymphoid piles [7-9]. In all cases, the diagnosis is confirmed histologically. This will also eliminate other differential diagnoses, mainly Kimura's disease, Kaposi's sarcoma, angiosarcoma and bacillary angiomatosis [1, 10]. The epithelioid haemangioma is a tumor that tends to recur locally in one third of cases but not metastasis [11]. Treatment of epithelioid haemangioma should consist of complete surgical excision. Recurrences are common if the tumor infiltrates the surrounding structures [12].

CONCLUSION

The epithelioid haemangioma is a rare benign vascular tumor. Treatment should consist of complete surgical excision to avoid recurrences.

REFERENCES

- Kanik AB, Oh CH, Bhawan J. Disseminated cutaneous epithelioid hemangioma. Journal of the American Academy of Dermatology. 1996 Nov 1;35(5):851-3.
- 2. Fetsch JF, Weiss SW. Observations concerning the pathogenesis of epithelioid hemangioma (angiolymphoid hyperplasia). Modern pathology: an official journal of the United States and Canadian Academy of Pathology, Inc. 1991 Jul;4(4):449-55.
- Tsang WY, Chan JK. The family of epithelioid vascular tumors. Histology and histopathology. 1993 Jan 1;8:187-.
- 4. Rosai J, Gold J, Landy R. The histiocytoid hemangiomas: a unifying concept embracing several previously described entities of skin, soft tissue, large vessels, bone, and heart. Human pathology. 1979 Nov 1;10(6):707-30.
- 5. Weiss SW, Enzinger FM. Epithelioid hemangioendothelioma and related lesions. Semin Diagn Pathol. 1986 Nov;3(4):259-87.
- El Harroudi T, Moumen M, Tijami F, El Otmany A, Jalil A. Hémangiome épithélioïde géant de la main. Chirurgie de la main. 2008;27(5):240-2.
- Allen PW, Ramakrishna B, MacCormac LB. The histiocytoid hemangiomas and other controversies. Pathology annual. 1992;27:51-87.
- Chan JK, Hui PK, Ng CS, Yuen NW, Kung IT, Gwi E. Epithelioid haemangioma (angiolymphoid hyperplasia with eosinophilia) and Kimura's disease in Chinese. Histopathology. 1989 Dec; 15(6):557-74.
- Weiss SW, Enzinger FM. Epithelioid hemangioendothelioma: à vascular tumor often mistaken for a carcinoma Cancer. 1982 Sep 1; 50(5):970-81.

- 10. Kalbermatten DF, Kalbermatten NT, Fritsche E, Von Wartburg U. Cavernous haemangioma in the hand mimicking subacute tenosynovitis. Chirurgie de la main. 2002 Jan 1;21(3):202-5.
- 11. Olsen TG, Helwig EB. Angiolymphoid hyperplasia with eosinophilia: a clinicopathologic study of 116 patients. Journal of the American Academy of Dermatology. 1985 May 1;12(5):781-96.
- 12. Nagay L, McCabe SJ, Wolff TW. Haemangioma of the digital nerve: a case report. Journal of Hand Surgery. 1990;15(4):487-8.