

Dermatoscopy of Vascular Lesions



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KEYWORDS

• Dermatoscopy • Dermoscopy • Vascular lesions • Angioma • Hemangioma • Kaposi sarcoma

KEY POINTS

- The correct identification of vascular lesions through dermoscopy is important in avoiding useless excisions and ruling out aggressive malignant tumors.
- With dermoscopy, most vascular lesions exhibit lacunae; that is, well-demarcated, variably colored areas, corresponding to the vascular proliferation of the lesions.
- When no specific dermoscopic features are detectable, biopsy is mandatory for the diagnosis to exclude malignancies.

INTRODUCTION

The evaluation of vessels through dermoscopy plays a key role in the correct recognition of skin tumors, infections, and inflammatory diseases.¹ The adequate interpretation of the shapes and distribution of vascular structures is definitely among the most important steps in the diagnostic pathway. With dermoscopy, it seems obvious that skin diseases that originate from cutaneous vessels are expected to show predominant vascular structures that, if promptly recognized, lead the observer to the right diagnosis. In practice, the correct identification through dermoscopy of vascular tumors (VTs) is highly important to avoid inopportune excisions and to rule out aggressive malignant tumors mimicking VTs and lacking specific dermoscopic features, such as amelanotic melanoma, poorly differentiated squamous cell carcinoma, Merkel cell carcinoma, dermatofibrosarcoma protuberans, and primary cutaneous B-cell lymphoma.²⁻⁸

Vascular lesions (VLs) refer to all the cutaneous diseases that either originate from or affect vessels, both blood and lymphatic, including benign

and malignant tumors, malformations, and inflammatory diseases.

This article reviews the literature concerning the dermoscopic features of VLs and provides an easy, practical guide. **Table 1** lists the dermoscopic features of the VLs described in this article.

INFANTILE HEMANGIOMA AND CHERRY ANGIOMA

Infantile hemangiomas (IHs) and cherry angiomas (CAs) are benign tumors that develop from blood vessels; they can be considered the most common VTs observed in children and adults, respectively. Although different in clinical presentation and biological behavior, IHs and CAs are described together because they share common dermoscopic features. Lacunae (or lagoons) are well-demarcated round or oval areas in which the color can range from red to reddish-brown or reddish-blue, and the size can vary within the lesion. Their presence is a quite constant dermoscopic finding in IH and CA^{9,10} (**Figs. 1-3**). Additional features, such as a variably colored background (red, red-blue, and red-white

Disclosure: None.

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Dermatol Clin 36 (2018) 389-395

<https://doi.org/10.1016/j.det.2018.05.006>

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Table 1
Dermoscopy features commonly seen in vascular lesions

VLs	Dermoscopic Features
Infantile hemangioma and cherry angioma	<ul style="list-style-type: none"> • Variably colored lacunae and background • Isolated vessels • Jet-black area (thrombosed hemangioma)
Angiokeratoma	<ul style="list-style-type: none"> • Dark lacunae • Blue-whitish veil • Ulceration • Rainbow pattern
Pyogenic granuloma	<ul style="list-style-type: none"> • Reddish homogeneous areas • White rail lines • White collarette • Ulceration • Vessels
Targetoid hemosiderotic hemangioma	<ul style="list-style-type: none"> • Lacunae • Ecchymotic ring • Peripheral network • Shiny lines
Angioma serpiginosum	<ul style="list-style-type: none"> • Small multiple round to oval lacunae
Microvenular hemangioma	<ul style="list-style-type: none"> • Small regular red globules • Fine pigment network
Port-wine stain	<ul style="list-style-type: none"> • Superficial port-wine stain: dotted or globular vessels • Deep port-wine stain: linear or tortuous vessels, gray-whitish veil, pale circular areas surrounding brownish dots
Lymphangioma circumscriptum	<ul style="list-style-type: none"> • Variably colored lacunae • Vascular structures • Hypopyon sign • Scales
Kaposi sarcoma	<ul style="list-style-type: none"> • Variably colored lacunae • Rainbow pattern • Scales • White collarette • Structureless areas • Vascular structures
Angiosarcoma	<ul style="list-style-type: none"> • Reddish or purple structureless areas • White lines (nodular part)
Pigmented purpuric dermatoses	<ul style="list-style-type: none"> • Coppery-red background • Round to oval dots • Gray dots • Network

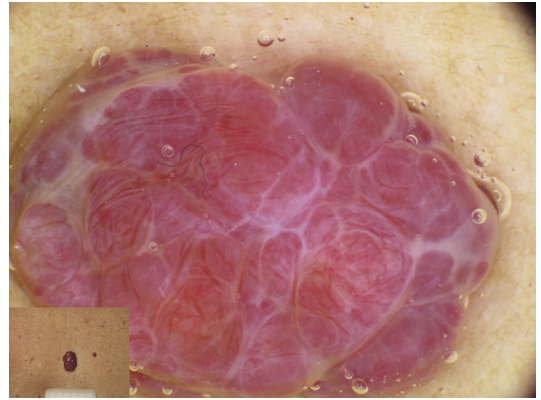


Fig. 1. Dermoscopy of cherry angioma showing red whitish lacunae and scattered vessels (original magnification $\times 10$). In the inset the clinical presentation as red nodule of the back.

homogeneous) and isolated dilated vessels or vascular network can be found. In most cases, angiomas are easily diagnosed but differential diagnosis between thrombosed hemangioma (TH) and melanoma may be challenging. With dermoscopy, TH usually shows a sharply demarcated jet-black area corresponding to the thrombus and associated with the classic lacunae¹¹ (Fig. 4).

ANGIOKERATOMA

Angiokeratomas are acquired benign vascular proliferations histologically characterized by a combination of dilated subepidermal vessels with epidermal acanthosis and hyperkeratosis. Angiokeratoma can present as isolated or multiple, blue-violaceous to black or red, 2 to 10 mm papules or plaques with a scaly surface. At least 5 different types have been described, including angiokeratoma of Mibelli, solitary angiokeratoma, angiokeratoma corporis diffusum (usually

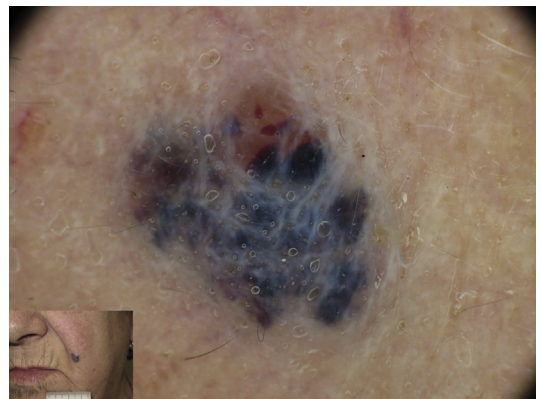


Fig. 2. Dermoscopy of angioma showing blue lagoons (original magnification $\times 10$). The lesion presented clinically as a bluish nodule of the face (see inset).

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