



## Angiolymphoid Hyperplasia With Eosinophilia (AHE) (Case Report)

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### ABSTRACT

Angiolymphoid hyperplasia with eosinophilia is a benign proliferation of vascular channels with a surrounding infiltrate of lymphocyte and eosinophils (Du Vivier A., 2012, Mitchell and Lynch, 1996). It is rare and occurs predominantly in females in the third or fourth decade. Cases have been reported in association with arteriovenous fistulae and malformation (Bologna et al., 2008). Clinically present with pink to red-brown, dome-shaped, dermal papules or nodules of the head or neck, especially about the ears and on the scalp (Rao BK., 1992, James et al., 2006). It may occur in the mouth, trunk, extremities, penis and vulva (James et al., 2006). Peripheral blood eosinophilia is seen in about 20% of patients (Rao BK., 1992). It is benign and spontaneous regression may occur but recurrences develop in one-third of the cases.

### Keywords:

Angiolymphoid hyperplasia,  
eosinophilia (AHE)

## 1.0 Introduction

Angiolymphoid hyperplasia with eosinophilia is a benign proliferation of vascular channels with a surrounding infiltrate of lymphocyte and eosinophils (Du Vivier A., 2012, Mitchell SW, Lynch PJ., 1996). It is rare and occurs predominantly in females in the third or fourth decade (Bologna et al., 2008, Calonje et al., 2018). Cases have been reported in association with arteriovenous fistulae and malformation (Bologna et al., 2008). Clinically present with pink to red-brown, dome-shaped, dermal papules or nodules of the head or neck, especially about the ears and on the scalp (Rao BK 1992, James et al., 2006). It may occur in the mouth, trunk, extremities, penis and vulva (James et al., 2006, Bologna et al., 2008). These nodules tend to be sessile or plaque-like, may multiple and are prone to secondary ulceration or bleeding. In only a small proportion of cases there are concomitant lymphadenopathy and a circulating eosinophilia (Calonje et al., 2018). AHE can be asymptomatic or it can be painful, pruritic or pulsatile. Multiple lesions can form "grape-like". AHE may be confused with Kimura's disease that present as subcutaneous swelling in the periauricular and submandibular region in young Asian men (Rao BK., 1992, James et al., 2006, Bologna et al., 2008). Kimura's disease usually associated with allergic conditions such as asthma, allergic rhinitis and eczema and is frequently accompanied by lymphadenopathy, peripheral blood eosinophilia and an elevated IgE level (James et al., 2006, Kimura et al., 2003).

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## 2.0 Case Study

We report 27 years Libyan female who presented with asymptomatic red, translucent papules and nodules occurring inside and around the ear sine 6 months back. These lesions are not itchy or painful. General examination of the patient is normal and blood chemistry showed no abnormality. Skin biopsy and histopathologically showed large numbers of blood vessels of various sizes which are lined by large endothelial cells, there is an intense eosinophilinfiltrate in the surrounding. The histological feature is going with the diagnosis of Angiolymphoid hyperplasia with eosinophilia. To the best of our knowledge, this is the first case of angiolymphoid hyperplasia with eosinophilia reported by Dermatology Department, Tripoli Central Hospital.



Figure 1: AHE, multiple pink papulonodules inside the ear

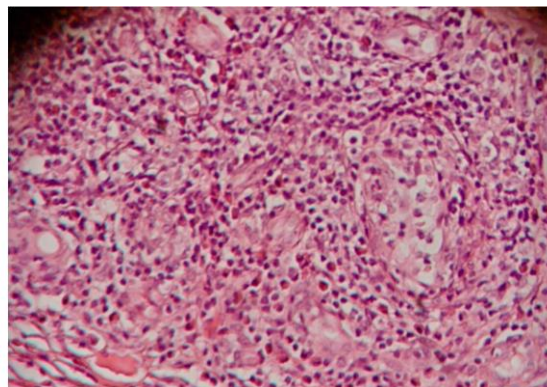


Figure 4: AHE (Proliferation of the blood vessels with prominent endothelial cells and diffuse lymphocytic infiltrate with many eosinophils).



Figure 2: AHE, multiple pink papules around the ear

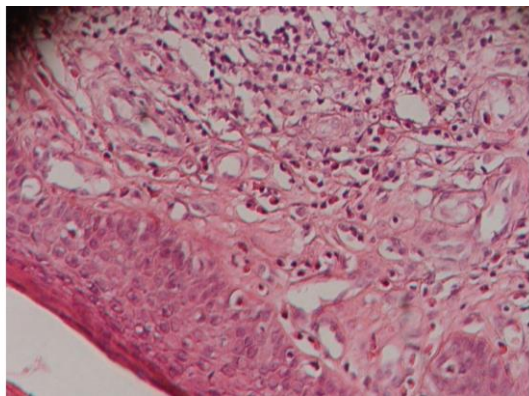


Figure 3: The histopathology of Angiolymphoid hyperplasia

### 3.0 Discussion

Angiolymphoid hyperplasia with eosinophilia was first described in 1969 by wells and Whimster (Bologna *et al.*, 2008). An apparently benign locally proliferating lesion composed of vascular channels with a surrounding infiltrate of lymphocytes and eosinophils (Mitchell and Lynch., 1996, James *et al.*, 2006). It is rare and occurs predominantly in females in the third or fourth decade and shows a marked predilection for females and occurs most often as painless, dull-red nodule in the head and neck region (Kimura *et al.*, 2003, Bologna *et al.*, 2008, Calonje *et al.*, 2018). AHE can be asymptomatic or it can be painful, pruritic or pulsatile. Some patients have regional lymph node enlargement and peripheral eosinophilia. AHE may resemble benign lymphoid hyperplasia, lymphoma cutis, sarcoidosis and richly vascular metastatic tumor (Bologna *et al.*, 2008, Calonje *et al.*, 2018). AHE have been reported from many parts of the world but appear to be more common in Japan than in other countries (Kimura *et al.*, 2003). The cause is unknown, but antigenic stimulation following insect bites has been postulated. Peripheral blood eosinophilia may be present and is said to be more common in the Kimura disease. AHE should be differentiated from Kimura's disease, in that in Kimura's disease, the lesion are deeper seated, with no initial overlying skin lesions, while in angiolymphoid hyperplasia with eosinophilia, smaller dermal popular lesion are presents. It is reasonable to observe the lesion for 3-6 months and wait for spontaneous regression. Although spontaneous regression have been reported, surgical excision is generally required. About one-third of cases recur after excision. Carbon dioxide laser or electrosection or radiotherapy may be helpful (Champion *et al.*, 2006).

## Referances

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