

A saccular lesion

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The diagnosis of pigmented lesions is a daily challenge in general practice. Dermatoscopy can provide extra clues, but requires significant expertise. This series will help you hone your skills.

Case presentation

A 74-year-old woman noted the sudden appearance of a dark papule on her right knee (Figure 1). Dermatoscopy revealed a mosaic of closely set, small, dark red saccules surrounded by larger blue–black and red saccules that were obscured by a milky veil. The lesion had smooth, rounded borders and lacked a visible pigment network (Figure 2). Skin biopsy demonstrated a series of vessels with fresh or organised thrombi, along with a smooth lining of endothelial cells (Figure 3).

Diagnosis

The lesion was a thrombosed haemangioma.

Discussion

The presence of red to blue–black saccules and lack of a pigment network were the main clues to the correct diagnosis. The colour variation of the vessels on dermatoscopy is a reflection of their variable depth within the dermis and the presence of fresh or organised thrombi. The milky veil is due to the filter of normal skin interposed above the thrombosed vessels.

Keypoint

Haemangiomas are characterised by red to blue–black saccules, which may form a closely set mosaic when viewed with dermatoscopy. MT

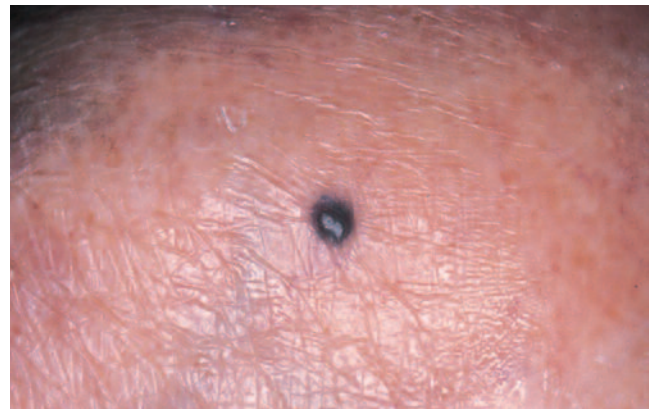


Figure 1. Dark papule on the patient's right knee.

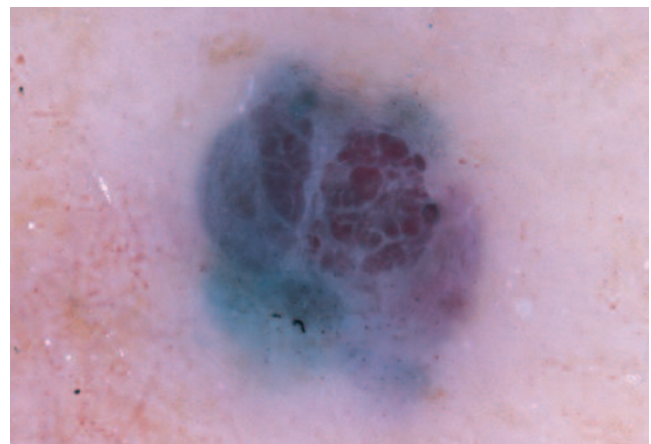


Figure 2. Dermatoscopy showing a closely set mosaic of dark red saccules surrounded by large blue–black saccules with smooth rounded silhouettes. There is a milky veil of normal skin over the saccules.

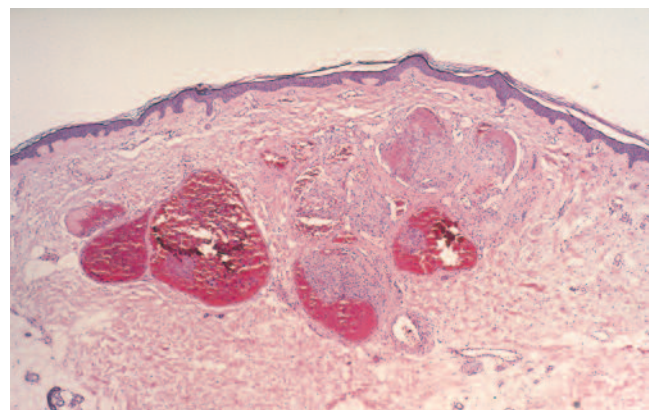


Figure 3. Skin biopsy demonstrating a series of dermal vessels with fresh and organised thrombi, along with a smooth lining of endothelial cells.

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