

A dusky red papule

STEVEN KOSSARD FACD

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 23-year-old woman noted a sudden darkening of a long-standing lesion on her right anterior shoulder (Figure 1). Dermatoscopy revealed a series of red to blue-black globules separated by a lace-like white veil that outlined the edge of the globules (Figure 2). Skin biopsy demonstrated a cluster of dilated, thin-walled vascular channels filled with red cells immediately beneath the epidermis (Figure 3).

Diagnosis

These findings indicated that the lesion was a thrombosed haemangioma.

Discussion

Saccular or globular patterns associated with red to blue-black colour are characteristic of a haemangioma. Occasionally intratumoural haemorrhage may produce a single blue-black globule, but aggregated globules would be rarely seen. The white veil on dermatoscopy is produced by the cap of epidermis and dermis, which covers the vascular channels seen on biopsy.

Keypoint

A white veil representing the overlying epidermis may mask vascular channels that are recognised by their saccular or globular outline. MT



Figure 1. Dusky red papule on the patient's right shoulder.



Figure 2. Dermatoscopy demonstrating red to blue-black globules with a superimposed pale veil.

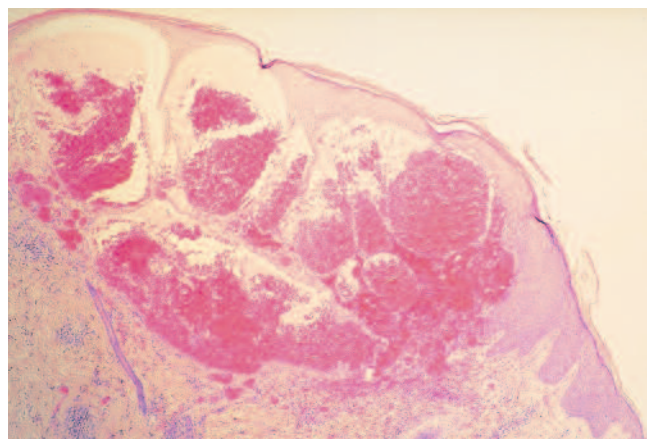


Figure 3. Skin biopsy showing clusters of dilated vessels within the upper dermis.

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Darlinghurst, NSW.