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DERMATOPATHOLOGY

DIFFUSE DERMAL ANGIOMATOSIS: PERSISTENT ULCERATIONS OF THE THIGHS SECONDARY TO ATHEROSCLEROSIS

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Background: Diffuse dermal angiomatosis (DDA) is considered a very rare variant of cutaneous reactive angioendotheliomatosis (CRAE) that was first described in 1994. It typically involves the thighs, lower abdomen and buttock area; however, it has been reported to involve the breasts in cases of macromastia. The pathogenesis of DDA remains unclear. It is thought to be secondary to tissue hypoxia due to occlusive or inflammatory vascular process leading to local ischaemia that induces vascular endothelial growth factor production.

Observation: An 87 year old lady presented with a 3 month history of extremely painful indurated and ulcerated plaques over the proximal aspect of her thighs. She described purple skin changes in these areas that within weeks became thickened, tender and eventually ulcerated.

Her significant medical history includes atrial fibrillation, permanent pacemaker, aortic stenosis, ischaemic heart disease, congestive cardiac failure, deep vein thrombosis, type 2 diabetes mellitus, hypertension and raised body mass index.

On examination, she had a large deep irregular necrotic ulcer arising within a violaceous indurated plaque on the lateral aspect of her left thigh. Further, multiple purple reticulated areas with superficial ulceration were identified over the medial aspect of her right thigh and abdominal apron. These were all extremely tender on palpation.

Two separate biopsies demonstrated similar features with diffuse vascular proliferation within the dermis. Within the subcutis there is fat necrosis and septal blood vessels show marked atheroma formation with severe narrowing of vascular lumina. Histochemical stains for vascular markers including CD31, CD34 and ERG further confirm the diagnosis of diffuse vascular proliferation.

Key message: This case highlights the significance of considering DDA as a differential for multiple and persistent ulcerations as it can indicate severe underlying ischaemia. In the context of atherosclerosis, prompt diagnosis is crucial in order to assess potential











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therapeutic options such as revascularisation.



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