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Superficial Cutaneous Angiomyxoma: A Rare Tumor; a Case Report

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Abstract **Case Report**

Introduction: superficial cutaneous angiomyxoma is a relatively recent individualization. It is a paucicellular, lobulated, poorly limited myxoid tumor containing numerous small blood vessels around which inflammatory elements, in particular neutrophils, are scattered. ***Case history:*** a 50-year-old patient with no previous medical history presented with an erythematous, ulcerated skin tumor on the left arm, measuring 5 cm long. A biopsy was performed, and the tumor was found to be a superficial angiomyxoma. The patient underwent surgical excision with 1 cm peripheral margins to avoid recurrence, and the loss of substance was closed in 2 planes. Postoperative follow-up was unremarkable. ***Conclusion*:** superficial angiomyxoma must be distinguished from other subcutaneous myxoid lesions. The sporadic form is characterized by its tendency to recur locally, especially in the case of associated epithelial components.

Keywords: superficial angiomyxoma, myxoid tumor, superficial angiomyxoma.

INTRODUCTION

Superficial cutaneous angiomyxoma is a fairly recently individualized entity, first described by Allen *et al*., some fifteen years ago [1].

It is a lobulated, paucicellular, myxoid tumor, rather poorly limited, containing numerous small blood vessels around which inflammatory elements, in particular neutrophils, are scattered.

CLINICAL CASE

A 50-year-old patient with no previous medical history presented with an erythematous, ulcerated skin tumor on the left arm, measuring 5cm in length. (figure1) A biopsy was performed, and the tumor was found to be a superficial angiomyxoma.

The patient underwent surgical excision with 1 cm peripheral margins to prevent recurrence, and the loss of substance was closed in 2 planes. Postoperative follow-up was unremarkable.

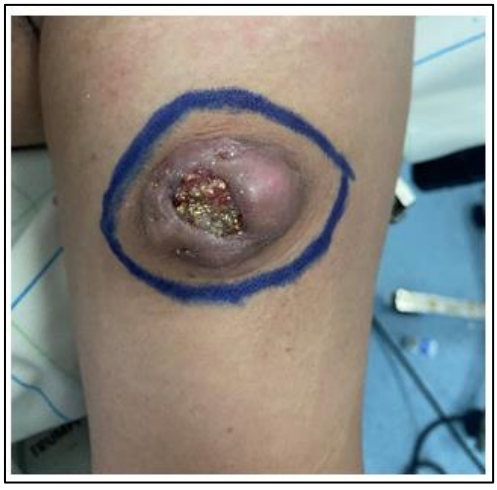

Figure 1: cutaneous angiomyxoma

DISCUSSION

Superficial cutaneous angiomyxoma is a rare benign tumor, arising in the dermis, but may extend into the hypodermis, distinguishing it from the deep form or aggressive angiomyxoma.

Clinically, it presents as a solitary subcutaneous nodule, poorly limited and slow-growing, although in some cases it may take the form of papules or polyploid lesions up to 3 to 4 cm in size [2].

Preferred sites are the trunk, head region and lower limbs. Both sexes are equally affected, with a predominance in adulthood [3].

Histologically, the tumor is composed of spindle or stellate cells dispersed in a myxoid stroma dotted with numerous blood vessels. A mixed inflammatory infiltrate includes neutrophils and occasional giant cells. On immunohistochemical examination, tumor cells are CD4 positive [2- 4].

The treatment of choice is complete removal of the tumor, although the risk of recurrence is estimated at 23%. No cases of metastasis have been reported [1- 5].

Superficial cutaneous angiomyxoma is a distinct anatomoclinical entity and must be differentiated from other myxoid tumors. The differential diagnosis involves focal cutaneous mucinosis, mucoid pseudocyst, neurothekeoma, myxoid neurofibroma, myxoid liposarcoma and myxofibrosarcoma [2].

It must also be differentiated from the multiple form affecting mainly the eyelids and external ear. Nearly 85% of patients with auricular myxomas are thought to have a Carney syndrome combining cardiac myxomas, pigmented skin lesions, endocrine anomalies and schwannomas; this syndrome is important to diagnose, given the life-threatening nature of cardiac myxomas and psammomatous melanocytic schwannomas [6].

CONCLUSION

Superficial angiomyxoma must be distinguished from other subcutaneous myxoid lesions. The sporadic form is characterized by its tendency to recur locally, especially in the case of associated epithelial components.

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