VIRGINIA DERMATOLOGY SOCIETY

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A Case of Acroangiodermatitis Mimicking Vasculitis

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A 40-year-old male with Down syndrome presented to dermatology with a five-year history of edema and a plaque on the right lower leg. The patient was previously diagnosed with vasculitis. Due to concerns regarding the patient's ability to tolerate the procedure, a biopsy was not preformed. The patient was treated with prednisone and azathioprine, with no response. Laboratory evaluation for systemic vasculitis was unrevealing. Examination of the right distal leg showed pitting edema with an erythematous circumferential plaque with overlying hemorrhagic crust (Fig 1). A biopsy showed focal vascular congestion, hemosiderin deposition, and angioplasia within the superficial dermis. Immunoperoxidase stains were negative for HHV-8 and D2-40, excluding Kaposi sarcoma and angiosarcoma, respectively. Tissue culture grew few *Staphylococcus lugdunensis* and *Staphylococcus aureus*. A diagnosis of acroangiodermatitis was made based on clinicopathologic correlation. The patient was treated with compression stockings, doxycycline, topical clobetasol mixed with mupirocin, leading to improvements after 6 weeks.

Acroangiodermatitis is a rare, benign angioproliferative disorder often occurring with venous insufficiency, characterized by violaceous, indurated macules and plaques commonly affecting the lower extremities. Clinically, acroangiodermatitis can mimic malignancies such as Kaposi sarcoma, angiosarcoma, and vasculitis. Both clinical and histologic evaluation are crucial for accurate diagnosis. Histology of acroangiodermatitis generally shows severe stasis changes with superficial dermal angioplasia. Immunohistochemical studies to rule out Kaposi sarcoma and angiosarcoma are recommended. Treatment of acroangiodermatitis involves addressing the underlying pathology, often venous insufficiency. Dermatologists should keep acroangiodermatitis in the differential of a violaceous plaque on the lower extremity in the context of edema.

Figure 1. Erythematous, edematous circumferential plaque on the right lower leg in the setting of pitting edema. Hemorrhagic crust forming mounds on top of the plaque.