Angiokeratoma of the Glans: Value of Dermoscopy

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Abstract

Angiokeratoma is a fairly common benign vascular pathology, but localization in the glans is rare and poses a problem of diagnosis but also of treatment. The aim of this article is to present two cases of angiokeratoma of the glans and to focus on the interest of the dermoscopic examination to confirm the diagnosis.

Keywords: Angiokeratoma; Glans; Dermoscopy

Introduction

Angiokeratoma is a rare benign vascular disease characterized by dilation of thin-walled blood vessels located in the upper part of the dermis, mainly related to epidermal reactions such as acanthosis and/or hyperkeratosis.

Angiokeratomas of Fordyce are predominantly located on the scrotum and are only rarely found on the penis.

We report two cases of angiokeratoma of Fordyce located on the glans penis.

Case Report 1

A 24-year-old healthy male patient presented with multiple, tiny, lesions on the corona of the glans penis since four year. They were soft to firm, non-tender and measuring 2-3 mm in diameter (Figure 1). No Sexual contact was noted. There was no inguinal lymphadenopathy. The dermoscopy showed us some dark lacunae and a white veil. The diagnosis of angiokeratoma was certain for his data (Figure 2).

Routine laboratory investigations were normal and venereal Disease Research Laboratory (VDRL) and human immunodeficiency virus (HIV) tests were negative. Unfortunately, the patient refused a skin biopsy and is lost sight of this day.

Case Report 2

A 54-year-old male patient presented with multiple, tiny, erythematous lesions on the corona of the glans penis since four year. He was treated first as a condyloma causing him a family conflict but without improvement.

Clinical examination showed several well-limited, non-painful, erythematous papules on the glans penis (Figure 1). Dermoscopy was a very useful tool and showed some dark-blue lacunae and a white veil (Figure 2).

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**Figure 1:** Several well-limited, non-painful, erythematous papules on the glans penis.
Figure 2: HES staining G x 50 → Acanthosis papillomatosis + proliferation of dilated vessels between the epidermal ridges.
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We completed our investigation with a skin biopsy showing a lining of stratified squamous epithelium, which showed hyperkeratosis and irregular acanthosis. The papillary dermis revealed multiple thin-walled, ectatic blood vessels containing red blood cells (Figure 3).

![Figure 3: HES staining G x 100 -> Dilated vessels harboring granulomas or thrombosed.](image)

Laser ablation was the treatment for these lesions with a good result.

**Discussion**

Genital angiokeratoma is benign, usually idiopathic. They most commonly occur in the scrotum or vulva. In only a few reported cases, angiokeratoma of Fordyce occurred in the glans penis [1,2].

Pathogenesis of angiokeratomas is unclear but reported to be associated with a problem of vascular degeneration [3].

Angiokeratoma presents clinically by well limited red to purple papules. They range from 0.5 to 5 millimeters in diameter. Five subtypes of angiokeratomas have been described: angiokeratoma circumscription, angiokeratoma of Fordyce, angiokeratoma of Mibelli, solitary angiokeratoma and angiokeratoma corporis diffusum [4].

Dermoscopy is a simple and fast tool which allows to confirm the diagnosis without recourse to histological proof.

The classical criteria is characterized by a typical pattern: presence of clear lagoons, dark lagoons, whiteish veil and some hemorrhagic crust [5].

But beware on the clinical level, the angiokeratoma can mimic a melanoma, a Kaposi and even an angioma. Hence the interest of this dermoscopy to rectify the diagnosis. However, the angiokeratoma can present dermoscopic signs that can be found in other pathologies in particular a pigmented pattern, a whiteish-blue veil which can mimic a melanocytic lesion. Thus, the authors were able to delimit specific
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dermoscopic signs of this entity in three patterns: Pattern 1: Dark lagoon, Whitish veil Pattern 2: Dark lagoon, Whitish veil Peripheral erythema Pattern 3: Dark lagoon, Whitish veil Hemorrhagic crusts [5].

The clinical presentation of an angiokeratoma can be confusing with other diagnoses including melanoma, so when in doubt, histological evidence is required [6].

Histology is final, it shows hyperacanthosis with acanthosis.

The papillary dermis reveals numerous, dilated and congested thin-walled blood vessels which may occasionally be thrombosed.

In the event of a desire for treatment, several possibilities are available, in particular cryotherapy, electrocoagulation, laser, sclerotherapy, and surgical excision [7].

Conclusion

It is wise to say that the dermoscope is a fundamental tool in the practice of dermatologists. It makes it possible to eliminate the possibility of neoplasia in particular of melanoma but also to confirm the diagnosis of the angiokeratoma of the glans since most of the patients refuse a biopsy on the level of the glans.

Bibliography


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