Meyerson Phenomenon in Lobular Capillary Hemangioma

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Sir,

Meyerson phenomenon (MP), first described by Meyerson,
is an inflammatory reaction surrounding a preexisting melanocytic nevus or nonmelanocytic lesion. We are reporting a case who developed an eczematous lesion surrounding lobular capillary hemangioma which responded to excision of the vascular lesion.

A 32-year-old man, a known case of adult-onset atopic disease, had asymptomatic papular lesion over left lower back for 6 weeks. He presented with pruritus around the same for 15 days. No history of any preexisting melanocytic nevus, trauma, any oral drug intake/topical application or excessive sun exposure was available. Clinical examination revealed a central, firm, lobulated papule of dusky red color and about 5 mm in diameter with a collarette of scale at the base. Surrounding this central lesion, there was scaling and an erythematous halo of size about 6 cm × 4 cm [Figure 1a]. A diagnosis of pyogenic granuloma with Meyerson phenomenon was suspected. Central lesion was excised and sent for histopathology. Surrounding eczema subsided within 4 weeks of excision [Figure 1b]. Histopathology showed stratified squamous epithelium with focal papillomatosis, distinctive lobules of dilated and congested capillaries in an erythematous stroma in the dermis with lymphocytic infiltrate around the capillaries suggestive of lobular capillary hemangioma [Figure 2a and 2b].

MP, also known as halo dermatitis or Meyerson nevus, is an eczematous inflammatory reaction to central cutaneous lesion. It has been described with conditions like seborrheic keratosis, molluscum contagiosum, dermatofibroma, stucco keratosis, lentigo, keloid, insect bite, as well as basal cell and squamous cell carcinomas. There are few reports of MP with vascular conditions like capillary malformation and angiookeratoma; however, there are no reports with lobular capillary hemangioma. Lobular capillary hemangioma (pyogenic granuloma) is a reactive, sessile/pedunculated tumor-like lesion of varying color from red, purplish, to pink, depending on the vascularity of the lesion. MP is mainly found in young adults and has no sex predilection. MP generally appears around a single lesion most commonly on the trunk. Usually, it is asymptomatic although sometimes it may manifest pruritus. It is generally more common in atotics. Sunburn, chemotherapy, or treatment with interferon alpha has been implicated as triggering factor. Pathogenesis of MP is not clear; however the interaction between CD4 T lymphocytes and ICAM-1 may play an important role. The role of excessive proinflammatory cytokines secreted from endothelia of these aberrant vasculature is suggested as leading to eczema. In pyogenic granuloma, there is proliferation of capillaries, which may lead to exaggerated CD4 accumulation leading to eczematous changes. Pigmentary disturbance in halo nevus, in contrast, is mediated through CD8 cells. MP needs to be differentiated from halo nevus, allergic contact dermatitis, and hemosiderotic hemangioma. Halo nevus is normally associated with pigmentary disturbance only with no preceding or associated eczema. In allergic contact dermatitis, there is eczematous lesion which will not respond to excision of central lesion. Hemosiderotic hemangioma presents as a violaceous, targetoid lesion with a papular center surrounded by a paler, intermediate area, and a peripheral purpuric halo. There is no eczematous reaction around the lesion. MP tends to resolve spontaneously or with excision of central lesion in 4–6 weeks but occasionally may persist longer. Topical corticosteroid therapy may be given in case of intense inflammation and itching.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but
Correspondences

Anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

References
1. Carmen C, Marina A, Miraglia E, Sandra G, Gilda F, Federica F, et al. Meyerson phenomenon: Description of a case. J Dermatolog Clin Res 2014;2:1017.
2. Gulin SJ, Rados J, Loncaric D, Ceovic R, Marinovic B. Sudden eruption of multiple Meyerson naevi. J Surg Dermatol 2017;2:80-2.
3. Kim SJ, Kim YC. Eczema within a capillary malformation: A case of Meyerson phenomenon. Ann Dermatol 2016;28:781-2.
4. Oliveira A, Cardoso J, Zalaudek I. Solitary angiokeratoma with Meyerson Phenomenon. J Am Acad Dermatol 2017;76:16-8.
5. Loh J, Kenny P. Meyerson phenomenon. J Cutan Med Surg 2010;14:30-2.

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