Correspondence

Successful Management of Angiolymphoid Hyperplasia with Eosinophilia by Radiofrequency

Dear Editor,

Angiolymphoid hyperplasia with eosinophilia (ALHE) is a rare idiopathic condition, usually seen in adults and characterised by the presence of isolated or grouped papules, plaques or nodules in the skin of the head and neck region. Commonly, affected areas include periauricular region, forehead and scalp. Various medical and surgical modalities are used for the treatment of this condition with variable success.

A 52-year-old male presented with complaints of extremely itchy dark-colored lesions over the left retro-auricular area and concha for 8 years. The lesions started on the left retro-auricular area and then, affected left ear over a period of 1 year. The patient gave a history of severe pruritus present throughout the day and sometimes also interfering with sleep and daily work. There was a history of profuse bleeding on manipulation. The patient did not give a history of preceding trauma or inflammatory dermatosis. He received treatment with topical steroids, antihistamines and intralesional steroids without improvement.

Cutaneous examination revealed multiple-grouped erythematous to hyperpigmented soft to firm papules and nodules coalescing to form plaques present over the left retro-auricular area, concha and external auditory canal [Figure 1a and b]. Laboratory investigations of the patient did not reveal any abnormality except for mild peripheral eosinophilia.

Skin biopsy taken from a hyperpigmented nodule on the left post-auricular region revealed proliferation of small blood vessels, lined by enlarged endothelial cells with predominantly perivascular and interstitial infiltrate composed of lymphocytes and eosinophils [Figure 2a]. These distinctive endothelial cells had cobblestone appearance with uniform ovoid nuclei and intracytoplasmic vacuoles [Figure 2b and c]. Hence, a final diagnosis of ALHE was made.

The patient was treated with radiofrequency (RF) ablation under local anaesthesia. After a single session of RF, there was significant improvement with almost complete resolution of pruritus. Lesions healed completely in 3 weeks [Figure 3a and 3b] without any recurrence even at 2 years of follow-up.

Associated skin findings in ALHE include pain, pruritus and spontaneous bleeding after minor trauma. Patients usually present single lesions, but multiple nodules are seen in 20% of patients. Other features include regional lymphadenopathy and peripheral eosinophilia which is an inconstant feature. Histologically, it is characterised by proliferation of vascular channels with inflammatory infiltrate composed of lymphocytes and eosinophils.

It can have a spontaneous remission, but symptomatic and disfiguring lesions may require treatment. Commonly used medical modalities include topical and intralesional corticosteroids. Other reported modalities include intralesional...
interferon alpha-2a, indomethacin, pentoxifylline and chemotherapeutic agents such as vinblastine, mepolizumab (anti interleukine-5), oral isotretinoin, propranolol and topical imiquimod.

Surgical excision is the treatment of choice but as the lesions are often multilobulated and poorly delineated, local recurrences may be seen in 33%-50% of cases. In addition, surgery can be disfiguring and difficult, especially in the periauricular region. Mohs micrographic surgery with complete margin examination has also been considered.\(^2\) Thus, other treatment options such as radiotherapy, curettage, shave excision with electrodessication and cryotherapy may be helpful.\(^3\)

Continuous wave carbon dioxide, argon lasers and pulsed dye laser, have been successfully used, but there is a risk of scarring after treatment.\(^4,5\) RF has also been used as a treatment modality but lesions with deeper component might not be completely ablated leading to recurrences; hence, it has been used in combination with sclerotherapy. Intralesional RF using probes where the uninsulated part stays inside the area to be treated, also ablates lesions effectively. Post-inflammatories depigmentation may be a side effect. As it is a blind procedure, it cannot be done in areas where important structures such as major nerves and vessels lie in the vicinity of the lesion.

Sclerotherapy with polidocanol and bleomycin has been reported in the treatment of ALHE.\(^6\) Sclerosants can treat the deeper vascular component while RF ablates the lesions; thus, the combination technique is synergistic.

In view of the availability of different treatment modalities, proper selection of these methods should be decided on parameters such as number, size and site of the lesions, previous treatment used, evaluation to look for the deeper component and side effects of the treatment modality.\(^7\)

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Dear Editor,

Smoking-related lip pigmentation is a common cosmetic concern, both among smokers and even in people who have quit smoking for a long time. Tobacco-associated melanin pigmentation also known as smoker's melanosis has been reported in 22% of smokers and is dose dependent. Polycyclic amines such as nicotine and benzopyrenes, present in tobacco, can activate the melanocytes to produce melanin, perhaps as a protective adaptation of oral mucosa against tobacco agents, leading to hyperpigmentation. It presents as a diffuse black-brown macule that can involve gingiva, followed by buccal mucosa, lips and hard palate. Here, we report a case of lip pigmentation in a chronic smoker, which cleared after single session of 1064 nm Q-switched neodymium-doped yttrium aluminium garnet (NdYAG) laser treatment.

A 32-year-old male with chief complaint of dark-coloured lips made the request for elimination of the pigmentation for aesthetic reasons. He reported noticing darkening of the lips for over 3 years, mainly in the lower lip. The patient denied taking any medication or any other dark pigmentation in other locations. He had stopped smoking a year before the consultation although he had smoked 25 cigarettes per day for more than 6 years. On examination, multiple black-brown macules measuring 1 cm × 1 cm were detected over both lips but predominantly over the lower lip [Figure 1a]. Baseline investigations performed showed normal results. A diagnosis of smoker's melanosis was given based on the smoking history and the absence of any abnormalities in investigations. A 1064 nm Q-switched NdYAG laser treatment for the lip was proposed. It was performed under topical anaesthesia cream. 500 mJ/pulse energy with pulse duration of 20 nanoseconds was delivered using 3 mm spot size at 2 Hz pulse repetition. Sunscreen was advised. On the second visit after 4 weeks, there was a significant clearance of pigmentation and the patient was satisfied with the treatment [Figure 1b]. He did not report any post-operative pain, swelling or other complications. After 7 months of follow-up, the patient had no symptoms or signs of lip pigmentation.

The term 'smoker's melanosis' was described by Hedin et al. in 1977 to characterise a benign limited melanin pigmentation occurring in tobacco smokers. Lip pigmentation due to smoking causes aesthetic concern among young individuals, especially hampering their professional life. Techniques such as dermabrasion and cryosurgery tried in smoker's melanosis have been associated with some limitations such as lack of precision, variability in depth of penetration, blistering and scarring. Laser carries an advantage over the other modalities as it targets accurately and provides good visualisation of field. Monteiro et al. showed clearance of...