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# Eccrine Angiomatous Hamartoma of the Ankle Since Infancy: A Recurrent Case Successfully Managed with Sclerotherapy

## Case Report

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**Abstract**

Eccrine angiomatous hamartoma is an uncommon benign cutaneous lesion composed of proliferating eccrine structures associated with vascular channels. It usually appears during infancy or childhood and most often affects distal parts of the limbs. We describe a 13-year-old boy who presented to the dermatology clinic in March 2023 with a slowly enlarging swelling on the medial aspect of the right ankle that had been present since early childhood. The lesion measured approximately 7 × 7 cm and had become painful over the preceding two years. The patient had previously undergone surgical removal in 2020, but the lesion reappeared within six months. Clinical examination revealed a violaceous irregular plaque extending towards the plantar surface. Histopathology demonstrated numerous eccrine coils within the dermis associated with multiple thin-walled vascular channels, consistent with eccrine angiomatous hamartoma. Intralesional 3% polidocanol sclerotherapy was administered, resulting in marked reduction in lesion size and tenderness during follow-up.

## Introduction

Eccrine angiomatous hamartoma (EAH) represents a rare benign adnexal malformation characterized by an increased number of eccrine glands accompanied by vascular proliferation in the dermis. The condition was initially reported in the nineteenth century and later defined histologically as a hamartomatous growth containing eccrine and vascular elements.

In most reported cases, lesions are present at birth or develop during early childhood. Clinically, EAH typically manifests as a localized plaque or nodular lesion that may appear erythematous, violaceous, or skin colored. Pain and localized sweating are frequently reported because of the presence of functioning eccrine glands and vascular structures.

The lower limbs, especially the feet and ankles, are the most frequently affected anatomical locations. Histopathological examination remains essential for confirmation of diagnosis, as the clinical appearance may mimic other vascular or adnexal lesions.

## Case Report

A 13-year-old male presented with swelling over the medial aspect of the right ankle since infancy. The lesion had an insidious onset and gradually increased in size over several years, reaching approximately 7 × 7 cm. Pain developed over the preceding two years, described as intermittent and aggravated by prolonged standing or walking.

The patient had undergone surgical excision three years prior; however, recurrence occurred within six months. There was no history of bleeding, ulceration, or systemic symptoms.

On examination, a solitary irregular reddish-violaceous plaque was noted over the medial right ankle extending onto the plantar surface (Figure 1). The surface showed crusting, scaling, and surrounding hyperpigmentation (Figure 2). The lesion was firm, tender, non-compressible, and non-pulsatile. No bruit was audible. Local temperature was raised. Regional lymph nodes were palpable but benign.

Routine laboratory investigations were within normal limits except mild elevation of ESR and CRP.

Histopathological examination revealed increased eccrine glandular structures within the dermis along with numerous thin-walled capillary-sized vascular channels embedded in fibrous stroma (Figure 3). Higher magnification demonstrated eccrine coils intimately admixed with vascular channels without cytological atypia (Figure 4). These findings were consistent with eccrine angiomatous hamartoma.

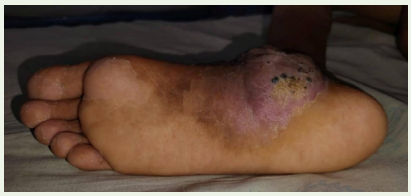

**Figure 1:** Clinical photograph showing a solitary, irregular, reddish-violaceous plaque over the medial aspect of the right ankle extending onto the plantar surface. Surrounding hyperpigmentation and surface irregularity are visible.

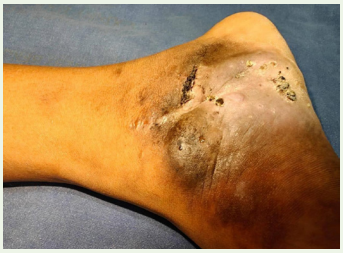

**Figure 2:** Closer view of the lesion demonstrating crusting, scaling, and multiple black pinpoint areas over stretched hyperpigmented skin.

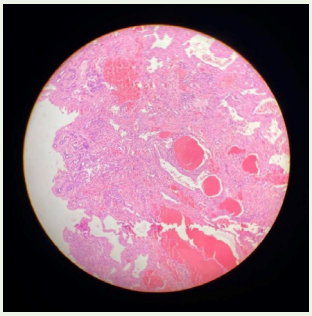

**Figure 3:** Histopathological examination (hematoxylin and eosin stain, low magnification) showing increased eccrine structures within the dermis associated with numerous thin-walled vascular channels embedded in fibrous stroma.

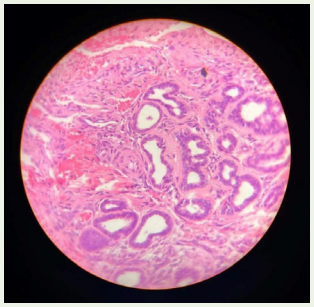

**Figure 4:** Histopathology (hematoxylin and eosin stain, higher magnification) demonstrating eccrine coils intimately admixed with capillary-sized vascular channels without cytologic atypia, consistent with eccrine angiomatous hamartoma.

Considering prior recurrence and cosmetic concerns, intralesional sclerotherapy with 3% polidocanol was administered weekly for twelve sessions. Significant reduction in lesion size, tenderness, and vascular prominence was observed. No adverse effects occurred during follow-up.

## Discussion

EAH is considered a developmental anomaly involving abnormal induction of eccrine and vascular elements during embryogenesis. It typically presents at birth or during early childhood, although delayed presentation has been reported.

Pain in EAH may be attributed to vascular congestion or involvement of small nerve fibers. Hyperhidrosis occurs due to proliferation and functional activity of eccrine structures. Clinically, lesions may vary from asymptomatic plaques to painful nodules with sweating.

The differential diagnosis includes tufted angioma, arteriovenous malformation, glomus tumor, and adnexal tumors. Clinical features alone are often insufficient, making histopathological confirmation essential.

Surgical excision remains the conventional treatment and is usually curative. However, recurrence may occur, especially in incompletely excised or large lesions. Alternative modalities include laser therapy, botulinum toxin injections, and sclerotherapy.

In the present case, recurrence following surgical excision highlights the limitations of surgery in extensive lesions. Intralesional polidocanol sclerotherapy resulted in marked clinical improvement without complications, supporting its role as a minimally invasive and effective treatment option.

## Conclusion

Eccrine angiomatous hamartoma should be considered in congenital or early-onset vascular-appearing plaques associated with pain or hyperhidrosis. Histopathological examination is essential for diagnosis. This case emphasizes the possibility of recurrence after surgical excision and demonstrates that sclerotherapy can be an effective and safe alternative in recurrent or cosmetically sensitive cases.


**Citation:** Bhattacharya S. Eccrine Angiomatous Hamartoma of the Ankle Since Infancy: A Recurrent Case Successfully Managed with Sclerotherapy. Indian J Dermatol Res. 2026;4(1): 107.

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