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Multiple acroangiodermatitis of the left big toe: A case report from the university clinic of dermatology-venereology of the national university hospital center Hubert Koutoukou MAGA of Cotonou in Benin

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Abstract
Angioacrodermatitis, or Pseudo-Kaposi sarcoma, is a vascular anomaly observed at the extremities in patients with venous insufficiency, often triggered by trauma. Acroangiodermatitis may resemble Kaposi's sarcoma, but unlike Kaposi's sarcoma, acroangiodermatitis is not characterized by progressive changes, and there is a lack of spindle cells and vessels resembling slits on histopathological analysis. Thus, in clinical practice, it is important to recognize acroangiodermatitis and exclude Kaposi's sarcoma, as there may sometimes be similarity with this entity. Topical treatment with neutral corticosteroid preparations and local is often helpful. 35-year-old patient, a communications advisor, who consulted for asymptomatic solid lesions on the left big toe, evolving continuously for 10 years, progressively increasing in size. A toe injury preceded the onset of the lesions. He had no other medical history. On examination, there were angioma-like masses, firm with a discretely keratotic surface, well-defined, painless on palpation adherent to deep and superficial planes, of variable shape, numbering four (4), measuring 2 cm x 4 cm, the largest of which had a parrot beak appearance. There was a discreet increase in local temperature, but no bruit or thrill was noted. The HIV retroviral serology and blood glucose levels were normal. Histopathology revealed vascular proliferation with dilated luminal vessels separated by fibrosis. The diagnosis of acroangiodermatitis or pseudo-Kaposi sarcoma was made. Acroangiodermatitis is a vascular pathology that presents a differential diagnostic challenge with Kaposi's disease. Histopathology is the cornerstone of diagnosis.

Keywords: Acroangiodermatitis, multiple, big toe, Benin

Introduction
Angioacrodermatitis, or Pseudo-Kaposi sarcoma, is a vascular anomaly observed at the extremities in patients with venous insufficiency, often triggered by trauma [1]. Acroangiodermatitis may resemble Kaposi's sarcoma, but unlike Kaposi's sarcoma, acroangiodermatitis is not characterized by progressive changes, and there is a lack of spindle cells and vessels resembling slits on histopathological analysis. Thus, in clinical practice, it is important to recognize acroangiodermatitis and exclude Kaposi's sarcoma, as there may sometimes be similarity with this entity. Topical treatment with neutral corticosteroid preparations and local is often helpful. However, the use of compressive dressings and dermatological follow-up are recommended [1-3].
We report a case of multiple acroangiodermatitis of the left big toe.

Observation
This was a 35-year-old patient, a communications advisor, who consulted for asymptomatic solid lesions on the left big toe, evolving continuously for 10 years, progressively increasing in size. A toe injury preceded the onset of the lesions. He had no other medical history. On examination, there were angioma-like masses, firm with a discretely keratotic surface, well-

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defined, painless on palpation adherent to deep and superficial planes, of variable shape, numbering four (4), measuring 2 cm x 4 cm, the largest of which had a parrot beak appearance. There was a discreet increase in local temperature, but no bruit or thrill was noted. (Face 1 and Face 2).

The HIV retroviral serology and blood glucose levels were normal. Histopathology revealed vascular proliferation with dilated luminal vessels separated by fibrosis (Face 3 and Face 4).

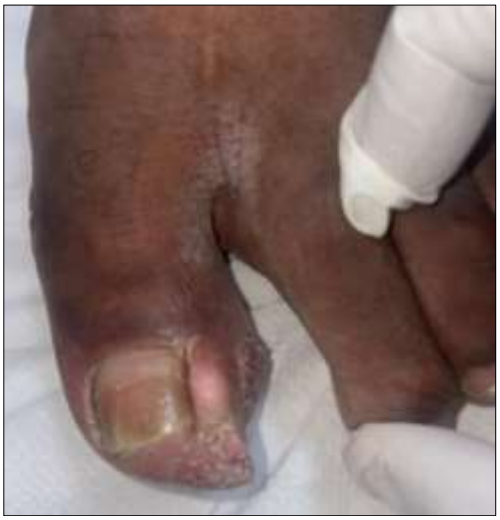

Fig 1: Angiomatous mass with a parrot beak appearance on the left big toe

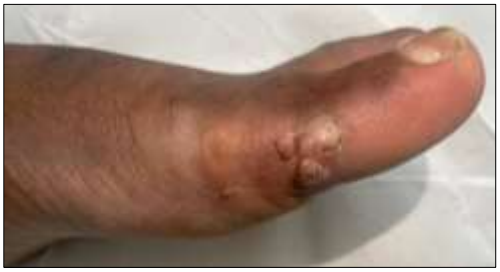

Fig 2: Angiomatous masses on the left big toe

The diagnosis of acroangiodermatitis or pseudo-Kaposi sarcoma was made considering the history of preceding trauma and the histopathological findings revealing vascular proliferation with dilated luminal vessels separated by fibrosis (Figure 3 and 4).

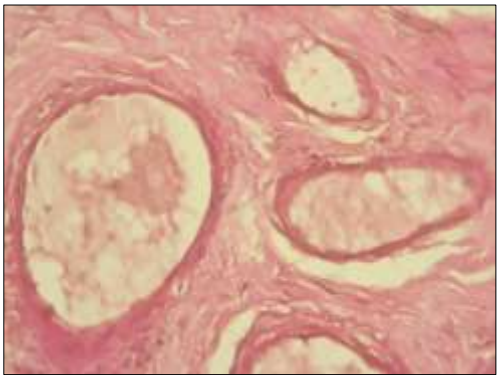

Fig 3: Vascular proliferation with dilated vessels separated by fibrosis

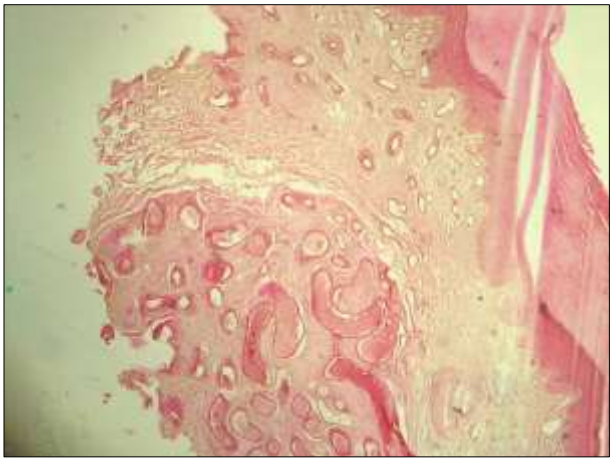

Fig 4: Vascular proliferation

The venous Doppler ultrasound showed some obstructions of the veins in the affected region. The patient was referred to vascular surgery for management.

Argument

Chronic inflammation involving reactive proliferation of capillaries and dermal fibrosis due to chronic tissue hypoxia explains the occurrence of this condition, along with the notion of preceding trauma (pathergy phenomenon). This condition is rarely described, and it is important to be familiar with it to differentiate it from other commonly encountered vascular anomalies [4-6]. A thorough medical history allows for some diagnostic clues before confirmation with paraclinical tests such as Doppler ultrasound and, most importantly, histopathology. Managing this condition always involves a multidisciplinary approach, as was the case with our patient. This observation draws attention to clinicians when encountering any angiomatous mass in the extremities, always investigating the presence or absence of the notion of pathergy, which, once present, may suggest a diagnosis other than Kaposi's disease, as was the case with our patient, and always conducting an appropriate vascular examination to identify venous insufficiency [7-9].

Conclusion

Acroangiodermatitis is a vascular pathology that presents a differential diagnostic challenge with Kaposi's disease. Histopathology is the cornerstone of diagnosis. Our patient had more than three lesions, which also highlights the uniqueness of our observation.

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