ABSTRACT

Cutaneous angiomyxomas are rare benign tumors of the skin that do not metastasize. Physician awareness is essential since this tumor can be the harbinger of the more deadly Carney complex. Carney complex may involve the integumentary, cardiac, and endocrine systems. This case reminds the reader to be familiar with the clinical manifestations of Carney complex when confronted with cutaneous angiomyxoma.

BACKGROUND

Cutaneous angiomyxomas (CA) are uncommon benign (multilobulated) tumors of the dermis and subcutis with a high incidence of recurrence following excision. Superficial angiomyxoma is a synonymous term used to differentiate these tumors from "aggressive angiomyxomas." Diagnosis of CA is based on distinctive histological features. The tumor was first described as part of Carney complex in 1985. CA can be the initial presenting lesion of Carney complex which is associated with significant morbidity and mortality. Dermatologists should be aware of the clinical and pathologic features of CA, as well as the manifestations of Carney complex. We present a case of a CA in a 49-year-old male with an asymptomatic raised lesion of the nose.

CASE HISTORY

A 49-year-old male presented complaining of a light brown, raised lesion on the right nasal sidewall. The lesion had been present for many years and had gradually increased in size. The lesion was not pruritic, painful or bleeding. He denied previous treatment for the lesion. Personal and family history was negative for cancer. Physical examination revealed an 8x8 mm flesh colored papule on the right nasal sidewall. Shave biopsy was performed. Histopathology revealed a proliferation of hypocellular myxoid tissue forming a nodule in the dermis with no cytologic atypia. No increase in staining was seen with MelanA or S100. Dermatopathology confirmed the diagnosis of CA.

CLINICAL IMAGES

PATHOLOGY

Histopathology revealed a proliferation of hypocellular myxoid tissue forming a nodule in the dermis with no cytologic atypia. No increase in staining was seen with MelanA or S100. Dermatopathology confirmed the diagnosis of CA.

REFERENCES


