



# ANGIOKERATOMA

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Angiokeratoma is a benign skin lesion, appearing more commonly in older individuals. Angiokeratomas can be described as wart-like, red to black papules. Angiokeratomas vary in color, size, and shape; however, they are usually dark red to black in color. They range in size from papule lesions (up to 5 millimeters in size) to small plaque lesions (6 millimeters or higher in size). When touched, angiokeratomas feel hard and cannot be blanched, or faded, by compressing them. They may have an uneven surface described as "pebbled".

The lesion is formed because of thrombosed, or clotted, blood vessels that have distended into the papillary dermis and epidermis, which is the upper most layer of the skin. These thrombosed vessels give angiokeratomas their firm consistency. Overlying these blood vessels are an increased number of epidermal skin cells which also contributes to the lesions rough feel.

Angiokeratomas can be solitary, most commonly on the legs, or appear in multiples as part of other diseases. It is thought that solitary angiokeratomas may be caused by previous trauma in the area where the lesion later appears. Angiokeratoma of Fordyce are multiple angiokeratomas on the scrotum or vulva on middle-aged or elderly persons; most appear dark red and can be quite numerous into the hundreds. Some of these angiokeratomas will actually blanch when compressed if the blood vessels comprising them have not thrombosed. Other diseases which commonly have angiokeratomas are Angiokeratoma of Mibelli, which is a rare autosomal dominant disease with the angiokeratomas found on the knees, elbows, and backsides of the hands. Another rare disorder called **Fabry disease**, an x-linked recessive disease, may demonstrate multiple red and small (less than 1 millimeter) angiokeratomas on the trunk. The multitude of angiokeratomas which present in Fabry disease is alluded to in its name: angiokeratoma corporis diffusum.

Because some angiokeratomas can mimic melanomas, these lesions are sometimes excised or biopsied to assure that they are not cancer. They are also excised if symptomatic, if for example, they bleed easily with slight trauma or spontaneously bleed. However, because they are benign lesions, if a dermatologist provides reassurance based on clinical appearance of the lesion, a patient may choose to opt for no treatment.

Treatment options include **electrocautery**, fulguration, **laser ablation**, excision, or **cryotherapy**.

**This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.**

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