

# Letter to the Editor

## Foot angioliipomas: the third case of the literature

*Dear Editors,*

although angioliipomas are benign neoplasms and have been first described by Bowen in 1912<sup>1</sup>, their management is still not clear. Primary excision, the main standard treatment, has often been failed by local recurrences that imposed successive wider operations and/or post-operative radiotherapy<sup>2,3</sup>. Two cases occurring in the foot have been previously described. We report the third and the management we adopted.

A 12 years-old girl presented to our university for a benign mass of the foot's first and second finger. She previously underwent, in another institution, an extensive evaluation consisting of foot x-ray, telethermography, biopsy and wide excision. Final histology seemed to diagnose a benign lipoma. After six months, the lesion recurred and, two years later, she came back to our attention. The girl presented with a soft mass of the left big toe and second finger (Figure 1). No pain, tingling or numbness were present. Past medical and familiar history, as well as general examination were negative. Foot x-ray demonstrated a soft-tissue lesion while MRI showed no apparent bone infiltration (Figures 2 and 3). Neurological and orthopedic consultations were also negative. Local biopsy was suspicious for angioliipoma for its increased vascular component. Wide surgical excision was performed and histology with immunohistochemistry confirmed and quantified the vascular component. After one year of follow-up patient showed no local recurrences.

We believe that the main challenge of these otherwise benign tumors is first to establish a correct diagnosis. They belong to a wider spectrum ranging from benign pure lipomas, composed of adipose tissue, to benign pure angiomas, composed of vascular tissue. They probably lie in the middle of this spectrum and, according to the relative percentages of adipose and vascular tissues, can be divided as lipomatous or angiomatous types<sup>2,3</sup>. Immunohistochemistry, if histology is not diriment, can be of some help in the final diagnosis. Contrarily to lipomas and angiomas, the possibility to infiltrate bone and bone marrow renders them more susceptible to local recurrences. In these cases, only bone amputation or postoperative radiotherapy can provide a definitive cure<sup>2,3</sup>. We found that MRI could be a useful tool more than neurological or orthopedic routine consultations alone to diagnose local areas of infiltration.

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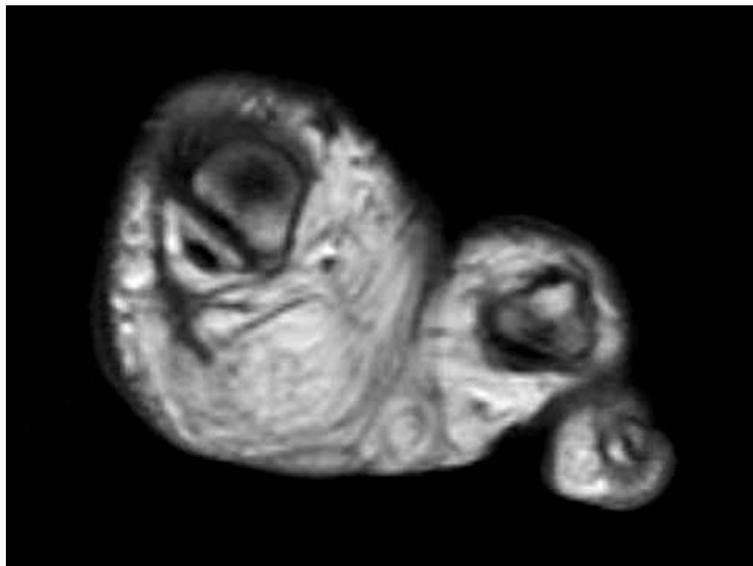
**Figure 1.** Left foot angioliipoma affecting big toe and second finger.



**Figure 2.** Left foot X-Ray.

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**Figure 3.** Left foot MRI.

#### References

- 1) BOWEN JT. Multiple subcutaneous hemangiomas together with multiple lipomas occurring in enormous numbers in an otherwise healthy muscular subject. *Am J Med Sci* 1912; 1: 189-192.
- 2) WERTHEIMER SJ, BALAZSY JE. Infiltrating angiolioma in the foot. *J Foot Surg* 1992; 31:17-24.
- 3) TIGHE C, LYNN JA. Angiolioma of the foot. A review of the literature and case report. *J Am Podiatr Med Assoc* 1994; 84: 85-89.

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