IMAGE

Targetoid Hemosiderotic Hemangioma

A 10-year-old boy presented with 1-year history of a gradually progressive non-tender, soft-to-firm, dome-shaped, brownishblack papule (6x6 mm) with a peripheral erythematous halo situated above the umbilicus (*Fig.* 1). There was no history of preceding trauma, acute illness or any drug intake. Other mucocutaneous areas were uninvolved. Excision biopsy confirmed the clinical impression of targetoid hemosiderotic hemagioma (THH); no recurrence was noted on regular follow-up.

THH is an acquired benign vascular lesion presenting as a solitary, red-violaceous to brown targetoid papule with a hemorrhagic halo; usually adolescent onset. Classic histology shows biphasic pattern: dilated vessels lined by hobnail endothelial cells with intraluminal papillae in the papillary dermis; and angulated and slit-like vascular spaces dissecting the collagen bundles in the reticular dermis, with plenty of extravasated erythrocytes and hemosiderin deposition at the periphery (accounting for the targetoid appearance). They are often misdiagnosed as melanocytic nevus (coarse hair, absence of halo, presence of melanocytic nests), infantile hemangioma (bright red lobulated plaque with typical growth pattern), dermatofibroma (painful, positive dimpling sign), solitary angiokeratoma (no halo, hyperkeratosis and dilated vessels only in papillary dermis on histology) or melanoma (rare in pre-

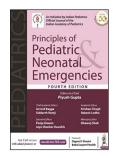


Fig. 1 Targetoid hemosiderotic hemagioma characterized by a dome-shaped, brownish-black papule with surrounding erythematous halo.

pubertal age, atypical melanocytic nests). Complete removal is sufficient to treat the condition.

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Principles of Pediatric and Neonatal Emergencies

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The fourth edition of the Principles of Pediatric and Neonatal Emergencies is a much awaited revised and updated version after nine years. This book is of immense importance as pediatric emergency medicine is an upcoming sub specialty of pediatrics in India now. The book has eight sections along with annexures of drug dosages. The chapters include all systemic emergencies along with syndromic approach of many life-threatening conditions. A separate section on surgical emergencies along with approach to injured child is relevant as most centers see many such cases in day-to-day practice. Emergency procedures are explained well along with pictorial assistance and ray diagrams.

This book is a 'must read' for all postgraduates and clinicians involved in the management of sick children.

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