INTRODUCTION
Epithelioid hemangioendothelioma is an uncommon malignant vascular tumor usually involving soft tissue and, in rare cases, the skin. It was first described as a distinct entity by Weiss and Enzinger in 1982. The tumor was later reported in virtually all sites including lung, soft tissue, and bone. In the skin, this neoplasm is usually observed at the distal sites of extremities. Wide excision is necessary for examination of regional lymph nodes which are expected metastatic regions although distant metastasis is rare.

CASE
A 51 year-old female were presented with tumoral lesions at the left side of the chin for two months, which had started with a red rash. Prior to admission to our clinic, excisional biopsy had been performed 15 days ago by ENT clinic and the result was cavernous hemangioma. After excisional biopsy, new tumoral lesions arose at the suture site with pain and increase in temperature at the site. The patient was consulted to our clinic after unsuccessful treatments. At the dermatological examination, there were lobulated, sharply bordered, painful, eritematous tumour which is 3x3 cm in size and have telangiectasias at the surface of the lesion. (Figure 1, 2)

There was no history of any diseases. There was no family history. The lesion which was totally excised was compatible with epithelioid hemangioendothelioma clinically and histopathologically. There was no tumour at the excision sites. The case is presented because of its rarity.

DISCUSSION
The cutaneous involvement of epithelioid hemangioendothelioma is very rare. It usually arises in bones, liver, lungs and kidneys. The potential risk for metastasis is high. In our case, there was not any visceral or skeletal involvement. The skin lesions are not specific and the differential diagnosis include pyogenic granuloma, Kaposi sarcoma and angiosarcoma. The lesions are characterized by painful solitary nodules. The lesions of our case were clinically compatible with epithelioid hemangioendothelioma. The incidence of epithelioid hemangioendothelioma is the same in men and women, and it occurs in nearly all ages, but is rare in childhood.

Microscopically, the tumor was composed of anastomosing channels. The channels were surrounded by poorly oedematous inflammatory stroma, focal fibrinoid area and stromal spindle cells. The tumoral cells were epithelioid cells with abundant acidophilic and often vacuolated cytoplasm. Their nuclei were moderately atypical and had large vesicular with some grooves. Few mitotic figures were observed. The surgical margins were clear. (Figure 3)

 REFERENCES