THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Angiofibroma

Also known as ... Fibrous Papule of the face, Fibrous Papule of the nose, Adenoma Sebaceum

What is an Angiofibroma?
Angiofibromas are benign small skin coloured lesions (usually less than 5mm in size). Under the microscope, they are made up of dilated blood vessels, fibroblasts and collagen (cells and supporting material of the skin). They usually occur alone on the face and are called solitary angiofibroma or fibrous papule of the face.

Less commonly, there may be multiple angiofibromas around the nose, cheeks and chin. This cluster of angiofibromas was previously called adenoma sebaceum. Multiple angiofibromas may sometimes be associated with a genetic condition called tuberous sclerosis complex.

Angiofibromas can also present as pearly penile papules on the penis or periungual fibromas around the nails (also known as Koenen's tumour).

What causes Angiofibromas?
Angiofibromas are a result of overgrowth of dilated blood vessels, fibroblasts and collagen in a localised area. What triggers this is not well understood.

What do Angiofibromas look like?
They are small firm, smooth, skin-coloured, pink to red dome shaped raised spots on the skin. Angiofibromas generally range from 1-5mm.

What other problems can occur with Angiofibromas?
There are no other problems associated with a single angiofibroma. Multiple angiofibromas may sometimes be associated with rare genetic conditions including tuberous sclerosis complex and multiple endocrine neoplasia syndrome type 1.

How are Angiofibromas diagnosed?
Angiofibromas are diagnosed by your doctor based on their appearance. Your doctor may use a special tool called a dermoscope to have a closer look. In cases where the lesion needs to be differentiated from other similar looking skin lesions, your doctor may decide to perform a biopsy (take a sample of the skin) and send it to a pathologist who will examine it under the microscope**.**

How are Angiofibromas treated?
Angiofibromas do not require any treatment but if their appearance is of concern, there are a number of options that can be considered on an individual basis. These include:

- cosmetic camouflage
- excision (the angiofibroma is completely removed surgically)
- shave or punch biopsy (removing part of the angiofibroma)
- electrosurgery (using an electrical device to destroy the angiofibroma)
- topical application of sirolimus (also called rapamycin which is an mTOR inhibitor) for multiple angiofibromas associated with tuberous sclerosis complex.

What is the likely outcome of Angiofibroma?
Angiofibromas tend to persist without change.

This information has been written by Dr Anousha Yazdabadi
Updated April 2018