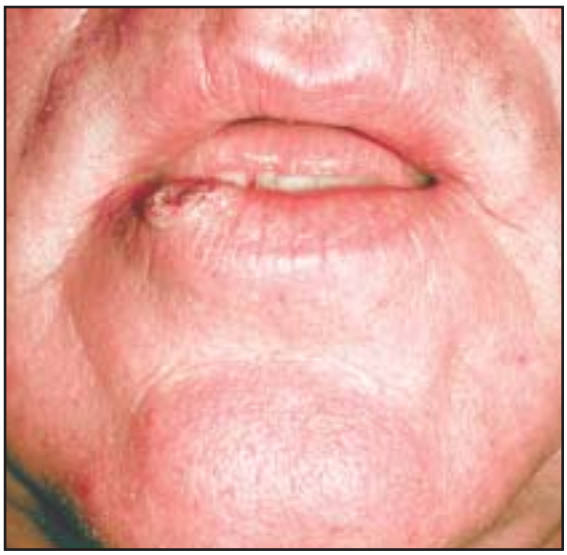
Case 1

"What's on my lip?"

A 76-year-old man presents with an ulcerated, erythematosus, hard nodule on his lower lip. The lesion has been growing slowly and there is induration at the base.



What's the diagnosis?

a. Solar keratosis
b. Basal cell carcinoma
c. Pyogenic granuloma
d. Squamous cell carcinoma
e. Malignant melanoma

Answer

This patient's lesion is a *squamous cell carcinoma* (SCC) (**Answer d**). Although less common than a basal cell carcinoma, generally the older the patient, the more likely it is to be a SCC. Approximately 60% of solar keratoses become SCCs, occurring frequently at sites of maximum sun exposure.

SCC can be clinically distinguished from a basal cell carcinoma by the production of keratin, its faster growth (1 cm to 2 cm over a few months), and its location. Lesions on the lip are particularly prone to metastasize, as in 10% of cases, and must be treated promptly. Moh's micrographic surgery is considered the gold standard when available. Other treatments include cryosurgery, standard excision, and radiation therapy.

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This month—6 cases:

Case 2

"Please, get this off my back!"

A 67-year-old woman presents with a 2-cm pigmented, exophytic growth on her back. She is concerned it may be a malignant melanoma.

What's the diagnosis?

a. Actinic keratosis
b. Seborrheic keratosis
c. Pigmented basal cell carcinoma
d. Malignant melanoma
e. Common wart

Management involves...

f. Curettage and cautery
g. Cryotherapy
h. Surgical excision
i. Radiation
j. f or g

Answer

This lesion is a *seborrheic keratosis* (**Answer b**). These lesions are very common, particularly with advanced age. They have a flat, but warty surface and appear as if they are "stuck on" to the skin. The trunk and areas of pressure are common sites for the lesions. They are mainly a cosmetic concern, but can bleed if irritated.

Initially they are skin-coloured and insignificant, but gradually become larger and vary in colour from light brown to jet black. They are often multiple, but tend to be isolated, rather than in a circumscribed group.

Although effective, surgical excision is never the treatment of choice. *Cautery and curettage* and *cryotherapy* **(Answer j)** using liquid nitrogen are recommended treatments. When using cryotherapy, the lesion should be frozen for five to 10 seconds.

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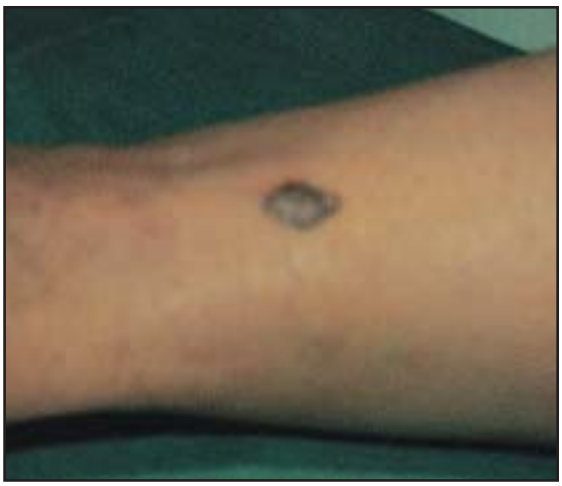
Case 3

What's Behind this Lesion?

A 58-year-old woman presents with a darkly pigmented lesion on her forearm that is growing in size.



What's the diagnosis?

a. Seborrheic keratosis
b. Giant/open comedone
c. Malignant melanoma
d. Lentigo maligna
e. Pigmented basal cell carcinoma

Answer

This patient has a *pigmented basal cell carcinoma* **(Answer e)**. The characteristic rolled edge seen in a pigmented basal cell carcinoma is the key distinguishing feature from the often-confused nodular malignant melanoma. The border tends to be rolled and raised above the centre, as if a piece of string lay around the border. Simply stretching the skin can make this feature visible in a flat lesion.

A basal cell carcinomas is a slow-growing (1 cm over five years) malignancy that begins as a small pink or pearly papule with obvious telangiectasia over the surface. The tumour rarely metastasizes, but can cause severe local damage, giving it the popular name of "rodent ulcer".

Therapy is guided by tumour size, location, histology, and history (recurrent versus primary). First-line therapies include cryosurgery, surgical excision, curettage and electrodesiccation, and Moh's micrographic surgery.

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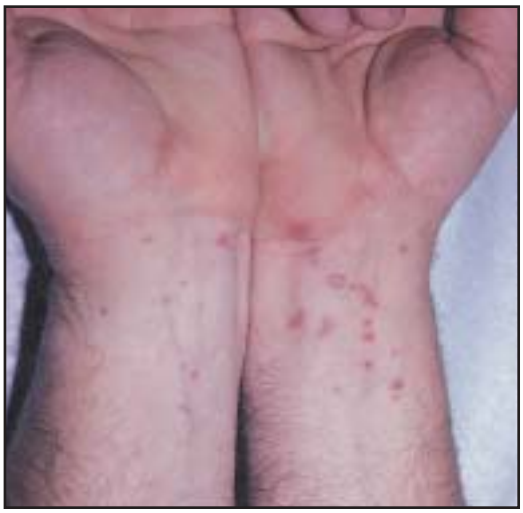
Case 4

Investigate this Case

A 38-year-old man presents with pruritic, mauve lesions on the flexor surfaces of his wrists. The lesions are fixed in shape and site and feel normal on palpation. The borders are well-defined. Some of the lesions have a flat and shiny surface.



What specific investigations are necessary?

a. Liver function tests
b. Lesion biopsy
c. Serology for hepatitis B and C
d. Fungal culture
e. a and c

Answer

This patient has lichen planus. Although the flexor aspect of the wrist is the most characteristic location, other common sites include the trunk, limbs, and previous sites of trauma (such as operation scars or scratch marks [Koebner phenomenon]).

Lichen planus can resolve on its own (papules change colour from mauve to brown), but treatment is often demanded due to extreme itch. Superpotent topical steroids should be used twice a day for two to four weeks. Intralesional corticosteroids and oral antihistamines may also provide relief.

Studies have shown up to 20% of patients with lichen planus have anti-hepatitis C antibodies. Others have indicated an association with abnormal liver function tests, particularly chronic active hepatitis. Therefore, it is important to monitor a patient's *hepatitis B and C status*, as well as *liver function* **(Answer e)**.

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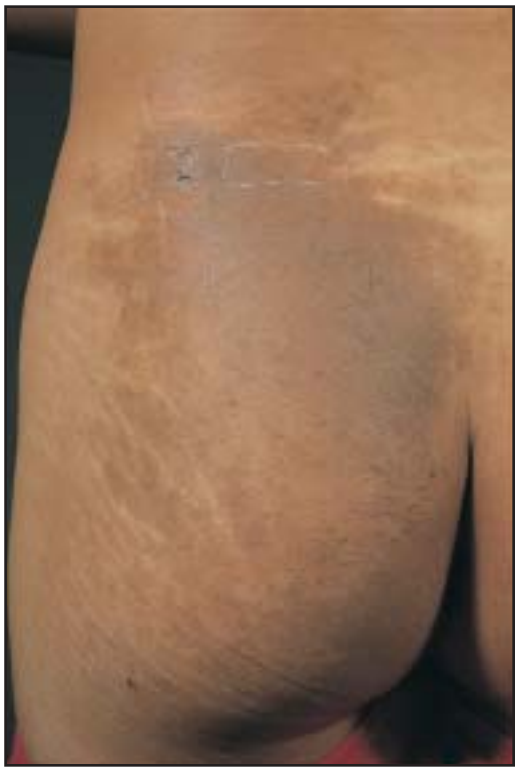
Case 5

"This is a pain in the butt!"

A 26-year-old man presents complaining of a brown, hairy patch on his left buttock. It has developed slowly since puberty.



What's the diagnosis?

a. Compound nevus
b. Café au lait spots
c. Mongolian spot
d. Becker's nevus
e. Acanthosis nigricans

Answer

This is a *Becker's nevus* **(Answer d)**. A pigmented, irregularly shaped patch (> 5 cm) with a geographic border most commonly appearing over the shoulder, scapula, or anterior chest wall. It has a prevalence of 0.5% in post-pubertal males.

Not present at birth, but developing slowly over puberty, Becker's nevus is often noticed for the first time after sun exposure. Hypertrichosis occurs within the lesion. There can be associated abnormalities, including unilateral breast hypoplasia, acanthosis nigricans, and Bowen's disease.

This patient can be reassured that the risk of malignant transformation appears to be very low and does not necessitate regular screening for melanoma. Although benign, the lesion will persist.

Laser treatment is effective for reduction of the pigmentation and hypertrichosis.

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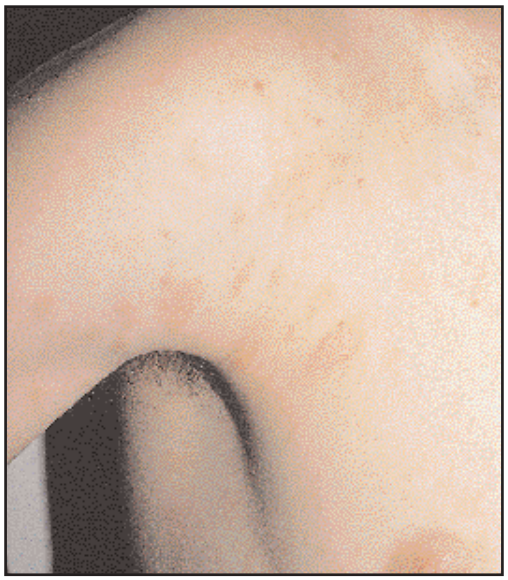
Case 6

"But will it go away?"

A 14-year-old presents with multiple lesions found chiefly on his trunk. The lesions are oval, salmon-coloured patches with fine scales peripherally attached. He has no fever. Histology reveals characteristics of subacute dermatitis with an infiltrate in the upper dermis consisting of small mononuclear cells. The epidermis showed spongiosis.



What's the diagnosis?

a. Rubella
b. Pityriasis rosea
c. Roseola
d. Guttate psoriasis
e. Scabies

Answer

This patient has *pityriasis rosea* **(Answer b)**, a mild, self-limiting eruption seen predominantly in adolescents and young adults during the spring and fall. It is characterized by fine, scaling, ovoid lesions parallel to Langer's lines, sometimes referred to as the "Christmas tree" pattern. It is often bilateral and symmetric, and may be preceeded by a single scaling lesion (known as the herald patch). Patients should be reassured the disease typically resolves spontaneously in six to eight weeks.

Pruritis and cosmetic reasons are the main indications for treatment. Topical corticosteroids can help with the inflammation and emollients and oral antihistamines may also have some benefit. For more difficult cases, phototherapy (UVB) has helped.

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