



Case 1

A Meddlesome Mole

A 70-year-old female presents with a four-week history of a dark nodule behind the left ear that bleeds occasionally. She indicates that she was born with a mole in this area.

What is the diagnosis?

- a. Seborrheic keratosis
- b. Nodular basal cell carcinoma
- c. Venous hemangioma
- d. Blue nevus
- e. Nodular malignant melanoma



Answer

This patient has *nodular malignant melanoma* (answer e). The pathology report showed the melanoma arising from a congenital melanocytic nevus.

The treatment would include prompt complete surgical excision of the lesion, margins determined by the depth of invasion, with possible sentinel lymph node analysis (lymph node closest to the melanoma).

The prognosis is dependent on a number of factors, including thickness and ulceration. Long-term follow-up is essential.

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This month—4 cases:

1. A Meddlesome Mole
2. "What's on my child's body?"
3. A Case of Cold Feet
4. A Patchy Problem



Case 2

“What’s on my child’s body?”

A 15-month-old infant presents with numerous flesh-coloured papules. The duration of the papules is six months and they appear bilaterally on the trunk and upper limbs.

What can it be?

- a. Dystrophic calcification
- b. Chronic superficial folliculitis
- c. Molluscum contagiosum
- d. Verrucae plana (flat warts)
- e. Cutaneous cryptococcosis

Answer

The patient has *molluscum contagiosum* (answer c). This condition is caused by a poxvirus and is transmitted through skin-to-skin contact. The general treatment options include cryotherapy, cantharone, use of keratolytics/irritants, such as topical tretinoin, benzoyl peroxide, curettage/electrodessication under topical anesthesia and, lately, immune response modifiers, such as imiquimod.



Even though the lesions tend to resolve spontaneously (they may persist up to six months or longer if the human immunodeficiency virus is positive), therapy is undertaken to prevent further spread and possible secondary bacterial infection.

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Case 3

A Case of Cold Feet

A 74-year-old male presents with a two-year history of painful, purplish discoloration of the toes on both feet. His symptoms are mostly noticeable during the cold winter months and they almost resolve in warmer weather.

Arterial Doppler examination did not reveal any significant occlusive disease.

What is your diagnosis?

- a. Cholesterol embolism
- b. Leukocytoclastic vasculitis
- c. Methemoglobinemia
- d. Raynaud's phenomenon
- e. Pernio (chilblains)

Answer

The correct diagnosis is *Pernio (chilblains)* (answer e). This is a condition that occurs as a result of a cold-related injury. The symptoms are more apparent during the winter and abate during the summer months.

Cryoproteinemia is occasionally seen in association with this condition. The treatment consists of keeping the hands and feet warm with clothing, minimizing exposure to the cold and using bland emollients. Vasodilators may be considered as a therapeutic option for severely afflicted individuals.



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Case 4

A Patchy Problem

A 57-year-old male presents with a brown patch on his cheek that has slowly grown during the past eight years.

What do you think?

- a. Dysplastic nevus
- b. Squamous cell carcinoma
- c. Seborrheic keratosis
- d. Lentigo maligna
- e. Solar lentigo

Answer

Lentigo maligna (melanoma in situ) (**answer d**) describes a large, slow-growing, well-defined area of dark, irregular pigmentation found on the face and neck of elderly patients. With time, its edges become irregular and its colour becomes variegated. It is considered a pre-malignant lesion, many of which will develop into a lentigo maligna melanoma after five to 20 years; this is best noted by a new palpable nodule within the original patch.



It is typically treated with excision and Mohs micrographic surgery is often beneficial because of the propensity for recurrence and to minimize tissue loss. Less commonly, aggressive cryotherapy has been tried and, more recently, there are early beneficial reports for imiquimod 5% cream.

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