## Hand Papule

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31-year-old man presents with a papular Alesion to the dorsal aspect of his hand. He first noticed it in his early 20s. The lesion has remained unchanged since then.

## What is your diagnosis?

Blue nevi are benign dome-shaped papules with a smooth surface and are usually solitary. They can develop any time in life but they most commonly appear during the second decade of life. Once they have appeared they tend to remain unchanged. They are dark blue in colour because the melanocytes are located deeper in the skin than brown nevus. They are seen in 1-2% of the white adult population, 3-5% of Asians and rarely in the Black population. Blue nevi are twice as common in women as in men.

There are two types of blue nevi, the common blue nevi, which are usually less than 1 cm in diameter and the cellular blue nevi that are usually more than 1 cm. The common blue nevi are ordinarily located in the dorsal aspect of hands, head, neck and sacral region. Although infrequent, the cellular blue nevi can be associ- colour, but if a blue nevus demonstrates any ated with malignant melanoma, in this case, a sudden increase in size or ulceration can be observed. These ones are more commonly seen on the sacral region and buttocks but sometimes they are seen in the dorsal aspect of the feet and hands.

On rare occasions, the blue nevi can be associated with other skin lesions (e.g. lentigides, ephelides) or systemic lesions (e.g. atrial



Figure 1: Papule on hand

mixomas, neurofibromas pheochromocytoma, acustic neuroma) constituting the Carey Syndrome, which has been thought to be a dominant autosomal condition.

Another form of presentation is the Familial multiple blue nevi, in which the patient has multiple blue nevi since birth in different locations of the body. This form of nevi is not associated with other cutaneous or systemic lesions.

In rare cases blue nevi can flatten and fade in change in form or size, it should be biopsied to rule out melanoma. A simple excision with a wide border should be performed. If the patient has an unusual lesion or many lesions, a dermatologist's opinion should be requested.

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