

Large Red Head Macule

Benjamin Barankin, MD, FRCPC

Meet Michele

- Michele is a four-month-old girl born five weeks early to a healthy mother
- Soon after birth, her mother noticed a red macule on the occiput of her head, which has steadily increased in size into a red vascular growth; it even bled four weeks ago
- Her mother had been told not to worry about this lesion, but because of the bleeding, she is concerned that it may be more serious than was initially thought
- Michele is otherwise healthy, growing and feeding well



What is your diagnosis?

- a) Cherry angioma
- b) Port wine stain
- c) Hemangioma of infancy
- d) Venous lake
- e) Pyogenic granuloma

Send in your correct answer for a chance to win a CME courier pack!

Win



Fill in the information below and fax this page to:

1 (888) 695-8554

If you diagnose correctly, you will be entered in our monthly draw.

Please circle the letter you believe corresponds to the correct answer.

Your Answer: a b c d e

Name: _____

Address: _____

Tel: _____

E-mail: _____

Or e-mail the answer to cme@sta.ca and include "CME courier pack" in the subject line. Also, include your NAME, ADDRESS and PHONE NUMBER.

See page 2 for the answer to last month's case



Here is the answer to last month's case

Meet Earl...

- A skin-coloured tender papule has been present on his left ear helix for several months
- He has tried applying over the counter cortisone and antibiotic cream with no benefit
- This lesion is not growing, nor does it bleed
- Earl has a history of basal cell carcinoma and hypertension
- He is currently on hydrochlorothiazide and ramipril, and he is allergic to penicillin



What is your diagnosis?

- | | | |
|----------------------------|---|-------------------|
| a) Basal cell carcinoma | c) Venous lake | e) Dermatofibroma |
| b) Squamous cell carcinoma | d) Chondrodermatitis nodularis chronica helicis | |

Answer: D

This is a case of chondrodermatitis nodularis chronica helicis (CNCH) (**answer d**), a common and benign, painful, firm nodule found on the helix or antihelix of the ear. Of note, while most CNCH lesions can be painful to the point of waking patients from sleep, cutaneous tumours are generally not likely to cause pain.

This lesion typically affects middle-aged people and more commonly the elderly, particularly males. The average size is 0.5 to 1 cm. The exact etiology is uncertain, but lesions are believed to be a result of a chronic and excessive pressure on the ear. Trauma, cold, and sun damage, along with dermal inflammation

and edema, are likely to contribute to the development of this lesion.

CNCH can occur in all races, though it is most common in fair-skinned Caucasians. The diagnosis is typically clinical, although a biopsy is warranted if the diagnosis is not clear (*e.g.*, BCC or SCC suspected).

The lesion is unlikely to resolve on its own. Management ideally involves offloading pressure from the ear, but this is difficult since patient preference regarding which side they choose to sleep on is difficult to alter. Special pillows that relieve pressure can be purchased on

the Internet at: www.cnhpillow.com.

Topical and intralesional steroids can provide some benefit, as can liquid nitrogen cryotherapy. If these methods fail, surgery can then be employed, and can include curettage, wedge excision, and laser ablation. Surgery often provides excellent curative and cosmetic results.

cme

Benjamin Barankin, MD, FRCPC

Congratulations

to our winner for the month of
March 2011!

Dr. Jacques Bender

St-Eugene, Ontario