



“What’s this on the back of my neck?”

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A 31-year-old black male presents with a pruritic and occasionally tender nodule on his occipital scalp (Figure 1). He has a history of “beard bumps” and epilepsy for which he takes valproate sodium.



Figure 1. Tender nodule on the occipital scalp.

1. What is the most likely diagnosis?

- a) Squamous cell carcinoma
- b) Hidradenitis suppurativa
- c) Tinea capitis
- d) Acne keloidalis nuchae
- e) Prurigo nodularis

2. Which of the following groups of people are least likely to be affected?

- a) African-Americans/Canadians
- b) Hispanics
- c) Caucasians
- d) Asians
- e) East Indians


3. What are some possible treatment options?

- a) Potent topical corticosteroids with or without topical tretinoin
- b) Intralesional steroids
- c) Careful liquid nitrogen cryotherapy
- d) Laser-ablative therapy with post-operative imiquimod or intralesional steroids
- e) All of the above

Acne keloidalis nuchae (AKN) are keloidal papules and plaques on the occipital scalp and nape of the neck, most commonly observed in young adult African-American/African-Canadian men. These lesions are often painful, pruritic and cosmetically bothersome. The etiopathogenesis is

still under debate, but may be related to such factors as short haircuts, having curved hair follicles, irritation from clothing, chronic low-grade bacterial infections and medications, such as antiepileptics. Others suspect that it is a primary cicatricial/scarring alopecia.

Early on, patients develop asymptomatic, small follicular papules and pruritic and/or painful pustular lesions on the occipital scalp and nape of the neck. Lesions coalesce into large plaques which may drain and have odorous discharge. There are no comedones.

Potent topical steroids and/or retinoids, liquid nitrogen cryotherapy, as well as intralesional steroid therapy are the mainstays of medical therapy. Surgical or laser excision with post-operative preventative measures, such as intralesional steroids and topical imiquimod, should be considered if medical therapy fails. 

“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

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Answers: 1-d; 2-c; 3-e