"What's this bump on my back?"

Benjamin Barankin, MD

A 62-year-old male accountant presents with a four-month history of an occasionally tender flesh-colored lesion on his back. On examination it is soft to palpation and in fact "buttonholes" with pressure. He has no other such lesions and takes an angiotensin II receptor blocker for hypertension. There is no family history of skin diseases.

1. What is the most likely diagnosis?

a) Neurofibroma
b) Lipoma
c) Leiomyoma
d) Neurilemoma
e) Neurofibromatosis

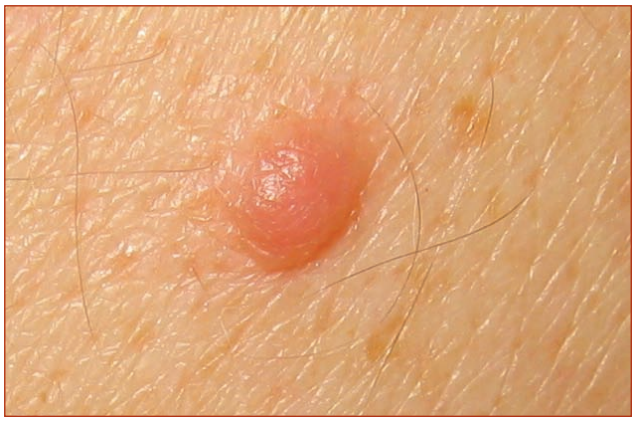
2. What is the concern with this finding?

a) Malignant degeneration
b) It suggests that a work-up is necessary for tuberous sclerosis
c) The lesion can occasionally become irritated and painful
d) This patient likely has neurofibromatosis
e) Spread of lesions

3. How could you treat this lesion?

a) Radiation
b) Potent topical steroids
c) Excisional biopsy
d) Topical imiquimod
e) Topical retinoid

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



A neurofibroma is typically a well-circumscribed pink to skin-colored soft papule that "buttonhole" indents when pressed. A solitary neurofibroma is not uncommon and in the absence of other features (*i.e.*, café-au-lait macules, axillary/inguinal freckling, bone, neurologic and endocrine problems, *etc*.) does not warrant work-up of the neurofibromatosis syndrome. If bothersome, a neurofibroma can be surgically excised with minimal risk of recurrence. The three subtypes of neurofibroma are cutaneous, subcutaneous and plexiform. The plexiform subtype is specific for neurofibromatosis-1.

The risk of malignant transformation of a neurofibroma occurs in the presence of the neurofibromatosis syndrome where a 12% risk of transformation exists. If neurofibromatosis is suspected, patients should be evaluated using published diagnostic criteria. Genetic counselling and evaluation of other family members should be performed for those suspected to be affected by the syndrome. Dx

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Answers: 1-a ; 2-c ; 3-c