



## “What’s on my lip?”

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A 52-year-old Caucasian male presents with an asymptomatic purple papule on his lip. The lesion has been present for a few years and has never bled or been symptomatic. He does have a history of excessive sun exposure and sunburns in his youth. He is concerned that he may have a sun-induced skin cancer.



Figure 1. Purple papule on lip.

### 1. What is the most likely diagnosis?

- Kaposi’s sarcoma
- Pigmented basal cell carcinoma
- Venous lake
- Melanoma
- Pyogenic granuloma

### 2. Which of the following increase one’s risk of this lesion?

- Male
- Elderly
- Chronic sun exposure
- Family history
- a, b and c

### 3. What management should be suggested?

- Electrosurgery
- Laser
- Reassurance
- Excision
- All of the above

Venous lakes are blue-violaceous, soft papules that can be up to 1 cm in diameter on sun-exposed skin, due to a vascular ectasia. They commonly affect the lips and ears of elderly patients. It is important to consider the differential diagnosis, which includes:

- melanocytic nevus,
- blue nevus,
- pyogenic granuloma and
- cherry hemangioma.


Ominous lesions, such as the following, should also be considered:

- pigmented basal cell carcinoma,
- melanoma and
- Kaposi’s sarcoma.

Venous lakes are thought to be related to chronic sun exposure and resultant damage; thus, occurring in middle-age and more so in the elderly. Men are more commonly affected, although women more commonly seek treatment. Along with dilatation of superficial venous structures, vascular thrombosis may play a role. These lesions are typically asymptomatic.

Management options include:

- reassurance,
- electrosurgery,
- excision and
- laser therapy.

Less commonly, cryosurgery or sclerotherapy are employed. 

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