"Doc, what is happening to my arm?"

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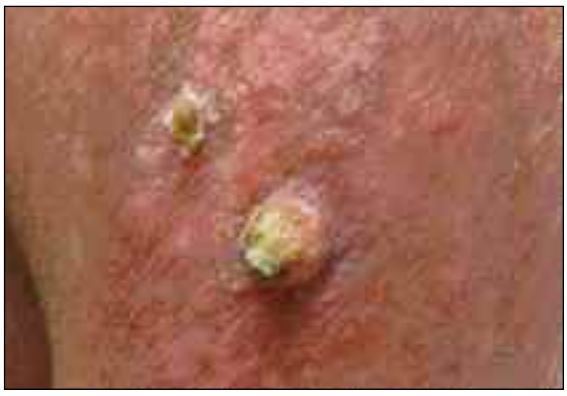
A 44-year-old male with a long-standing history of severe eczema presents with an asymptomatic, rapidly growing nodule on his arm. He takes metformin for diabetes and the occasional ASA.



1. What is the most likely diagnosis?

a. Keratoacanthoma
b. Verruca vulgaris
c. Squamous cell carcinoma
d. Basal cell carcinoma
e. Irritated seborrheic keratosis

2. Which of the following is not a common location for this lesion?

a. Face
b. Neck
c. Dorsum of upper extremities
d. Trunk

3. How could you manage this lesion?

a. Excision
b. Radiation
c. Intralesional methotrexate
d. Intralesional 5-fluorouracil
e. All of the above

Keratoacanthoma is a low-grade malignancy closely resembling a squamous cell carcinoma (SCC) and many pathologists now classify it as a variant of SCC. It grows rapidly over several weeks and in many cases will resolve on its own without treatment. Since there have been reports of progression to invasive and metastatic carcinoma, surgical treatment is typically advised. Etiologic factors include most likely sunlight and chemical carcinogens, although there may be a role for trauma, HPV, genetic factors and an immunocompromised state. This lesion is most common after age 50 and uncommon in dark skin.

Treatment options include various surgical procedures, intralesional methotrexate and 5-fluorouracil, topical imiquimod or 5-fluorouracil and radiation. Occasionally, multiple lesions are present and systemic retinoids can be considered in this scenario. Dx

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

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