



Brown Bump on the Back

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A 47-year-old male presents with a large, brown, crusted plaque on his lower back that has an erythematous border. He finds the lesion pruritic and occasionally painful.

1. What is the most likely diagnosis?

- Squamous cell carcinoma
- Hypertrophic actinic keratosis
- Irritated seborrheic keratosis
- Verruca vulgaris
- Actinomycetoma

2. Which of the following statements is false?

- This lesion is common in young people
- The cause of this lesion is unknown
- Both sexes are equally affected
- This lesion is more common in Caucasian skin
- This lesion is typically common in older people

3. How could you manage this lesion?

- Curettage
- Shave excision
- Potent topical steroid
- Systemic antifungal
- a and b

A seborrheic keratosis (SK) is the most common benign tumour of old persons and presents as warty papules and plaques of various size. The etiology is currently unknown. These lesions are less common in dark skin; in dark skin, these lesions present as a variant of small



Figure 1. A large, brown, crusted plaque on the lower back.

lesions on the face termed dermatosis papulosa nigra. These lesions are typically asymptomatic, but they can be annoying, pruritic or catch on clothing. Lesions are cosmetically unattractive to many people, but more importantly, other lesions such as skin cancer can hide between these SKs. The sign of Leser-Trélat denotes multiple eruptive SKs in the presence of internal malignancy (typically GI adenocarcinoma).

Treatment options include the application of liquid nitrogen cryotherapy, glycolic or trichloroacetic acid. Electrodesiccation and/or curettage are also effective, as is shave excision.



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

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