



Rapidly Growing Cheek Plaque

Benjamin Barankin, MD FRCPC

A 91-year-old female presents with a three-month history of a rapidly growing, large, and occasionally tender plaque with a central crust on her cheek.

1. What is the most likely diagnosis?

- Verruca vulgaris
- Squamous cell carcinoma
- Basal cell carcinoma
- Prurigo nodularis
- Keratoacanthoma

2. Which of the following are true statements?

- This is rare under age 20
- Men are more commonly affected by this lesion
- Caucasians are most prone to this lesion
- This lesion is uncommon in dark skin
- All of the above

3. How might you manage this condition?


- Excise
- Topical retinoid
- Topical salicylic acid
- Potent topical steroid
- All of the above

A keratoacanthoma (KA) is a common, low-grade tumour that pathologically resembles a squamous cell carcinoma. Some physicians believe KA to be a variant of squamous cell carcinoma (SCC) and thus suggest a similar treatment. A keratoacanthoma is characterized by rapid growth and can, in many cases, resolve on its own over a few months. There is often a solitary, firm skin- to red-coloured papule with a central crateriform keratin plug. Due to rare instances of metastases or invasion (possibly misdiagnosed SCC), surgical treatment is warranted in many cases. Etiologic factors for this



tumour are multifold, including ultraviolet radiation, immunosuppression, smoking, human papilloma virus, tar or pitch exposure, trauma, and genetic factors.

Keratoacanthomas typically affect elderly Caucasians, especially men. Several variants of this tumour exist, including eruptive keratoacanthoma of Grzybowski (multiple non-involuting KAs) and multiple Ferguson-Smith keratoacanthoma (rare, autosomal dominant, self-healing, and affecting young adults).

Treatment options are largely surgical. Occasionally systemic retinoids are employed for multiple KAs. For poor surgical candidates or those with lesions that, due to size and location, are difficult to excise, intralesional methotrexate, 5-FU or bleomycin can be effective. Aggressive liquid nitrogen cryotherapy can also be considered. 

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

Dr. Barankin is a Dermatologist and Medical Director of the Toronto Dermatology Centre, Toronto, Ontario.