

Clinical Image

Brown-Black, Papular, Verrucous Lesion on the Face: What is Your Diagnosis?

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History

A 70 years old male patient admitted to our clinic with a 10 years history brown, macular lesion that is 1×1,5 cm in size and up on that lesion, a 1 year history, sharp edged, brown- black, verrucose, papular lesion that is protruded from the skin and is 0,5×0,5 cm in size (Figure 1a).

Skin biopsy taken from the lesion revealed hyperkeratosis, acanthosis, scattered melanocytes in the epidermis and lymphocytes and macrophages in the superficial dermis, but didn't reveal any atypia or mitosis (Figure 1b).

What is your diagnosis?

- Seborrheic keratosis
- Lentigo maligna
- Intradermal nevus
- Malignant melanoma
- Melanoacanthoma



Figure 1a: Brown-black, maculopapular lesion that is 1×1,5 cm in size.

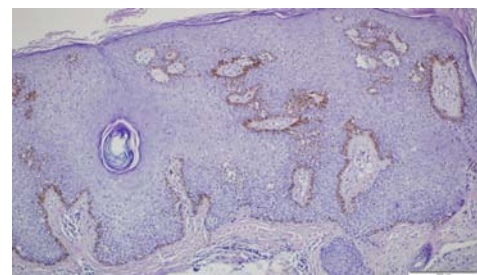


Figure 1b: Hyperkeratosis, acanthosis, scattered melanocytes in the epidermis and lymphocytes and macrophages in the superficial dermis, but didn't reveal any atypia or mitosis.

What is your treatment approach?

- Surgical excision
- Chemical keratization
- Cryotherapy
- Follow-up
- Mohs surgical excision

We applied cryotherapy two times, and then the entire lesion cured (Figure 1c).

Diagnosis: Melanoacanthoma

Melanoacanthoma is a solitary benign skin tumor that is common with middle- old aged people and is usually placed on the head, trunk, lips or eyelids. Melanoacanthoma can imitate the clinical presentations of seborrheic keratosis and malignant melanoma. But characteristic histopathological attributes allow differentiation of these 3 diseases. Recently, melanoacanthoma is thought to be a rare variant of seborrheic keratosis rather than a distinct entity. Melanoacanthoma is a benign skin tumor, so it can be treated with curettage, cryotherapy or simple excision.



Figure 1c: Lesion regressed after cryotherapy treatment.