

>> DIAGNOSIS AT A GLANCE

By Kirkland Lau, DO, and Stephen M. Schleicher, MD

CASE 1



A 77-year-old man has a 1.7-cm nodule on his right lower back. The lesion has been present for several years and has been steadily increasing in size. He denies associated pruritus or pain, but bleeding episodes have become more frequent. He gives a history of multiple sunburns, which were especially frequent when he served in the Army. The patient has no personal or family history of skin cancer. Examination reveals a somewhat friable erythematous mass with blackish pigmentation of the borders. Inguinal and axillary lymph nodes are nonpalpable.

What is your diagnosis?

CASE 2



A 75-year-old woman presents with a large tumor of the left inferior periorbital region. She claims that it was first noted several months ago. She has a history of chronic sun exposure but denies prior skin cancer. The lesion, measuring greater than 2.0 cm, impedes her downward vision. It is occasionally tender and spontaneously bleeds. Also noted is a smaller, asymptomatic lesion of her left nasal sidewall. This, like the periorbital tumor, is flesh colored and contains telangiectasias.

What is your diagnosis?

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>> DIAGNOSIS AT A GLANCE CONTINUED

CASE 1



The patient has malignant melanoma. On histologic examination, radial and vertical growth phases were both present. The greatest thickness was 3.45 mm and the Clark level of invasion was III (tumor involving most of the upper dermis). Ulceration was present, and the precursor lesion was likely a dermal nevus. Lymphovascular invasion was not identified. A wide surgical excision was performed, and a sentinel lymph node was biopsied from the right axilla. Melanoma was not identified in the lymph node. Blood work and chest x-ray were also normal. All subsequent follow-up examinations have been unremarkable.

CASE 2



This is the noduloulcerative form of basal cell carcinoma, which is the most common morphologic type, constituting up to 75% of all such carcinomas. Basal cell carcinoma has the highest incidence of any cancer, with nearly 1 million new cases diagnosed annually in the United States. While lesions may be seen on any part of the body, the most frequent sites are the head and neck. Metastatic spread is extremely rare. Depending on lesion size, morphology, and location, treatment options include surgery, curettage and electrodesiccation, liquid nitrogen cryosurgery, radiation therapy, and the topical immunomodulator imiquimod.

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