Clinician Reviews

Whatever You Do, Don't Touch It

Joe R. Monroe, MPAS, PA

About 2 years ago, an itchy solitary lesion manifested on this 49-year-old man's ankle; it has slowly grown in size and prominence. Although there is no associated pain or tenderness, he presents for evaluation because he is worried he may have skin cancer. This concern stems from a family history of "melanomas," which further questioning reveals to more likely have been basal cell carcinomas (BCCs) or squamous cell carcinomas (SCCs). (This patient, like many, holds the misconception that *all* skin cancers are melanoma.)

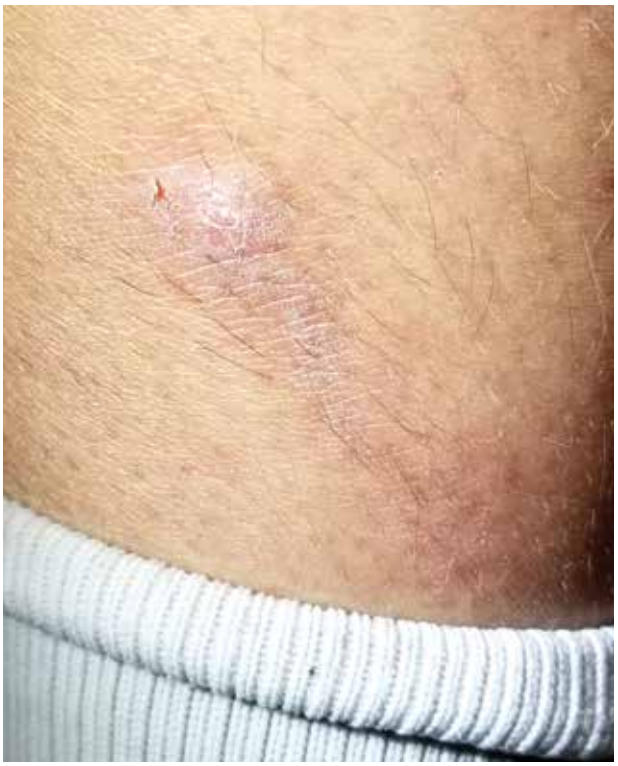
The patient has spent a good deal of time in the sun over the years, but he tolerates it rather well, seldom burns, and is able to keep a tan for an extended period.

He denies picking at the lesion in question. But he does admit that he will "touch" or "rub" it many times a day.

Examination reveals a firm, roughly round, scaly epidermal nodule on the lateral aspect of the patient's left lower leg. Its pigmentation matches the rest of his skin. There is little evidence of sun damage elsewhere on his body, and no other lesions.

The most likely diagnosis of this lesion is

a) Squamous cell carcinoma
b) Basal cell carcinoma
c) Melanoma
d) Prurigo nodularis



ANSWER

The correct answer is prurigo nodularis (PN; choice "d"), also known as "picker's nodules."

DISCUSSION

PN describes *localized* lichen simplex chronicus—a condition in which, for any number of reasons (bug bite, dry skin, eczema, or even a tiny scratch), a patient continually scratches or rubs an area of the skin. This habit can lead the skin to roughen and, over time, become raised and "lesional." Patients with PN find it difficult to leave their lesions alone, and the more they rub or scratch them, the more prominent they become.

These lesions often grow large enough that patients become concerned about the possibility of skin cancer; indeed, SCC (choice "a") and BCC (choice "b") are in the differential, along with wart and seborrheic keratosis. Melanoma (choice "c") rarely presents with this morphology; it more likely manifests as a dark, flat freckle.

TREATMENT

With PN, it is sufficient to simply shave off the lesion under local anesthesia and submit the sample to pathology. This removes the lesion *and* confirms the diagnosis. Biopsy results of PN are very characteristic, showing a thickened epidermis and little else. Other treatment options include cryotherapy or intralesional steroid injection (5 to 10 mg/cc triamcinolone suspension).

For patients with increased risk for skin cancer, removal and a pathology exam are mandatory. **CR**

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